



Please write clearly in dark ink

www.gov.uk/ukhsa

SENDER'S INFORMATION

Sender's name and address

Postcode

Report to be sent FAO

Contact Phone Ext

Email

Purchase order number

Project code

UKHSA outbreak/investigation

ILog number

PATIENT/SOURCE INFORMATION

 Human Animal* Food* Water* Environment* Other*

*Please specify

 InPatient Outpatient GP Patient Other*

*Please specify

Risk groups:

 Intravenous drug use Homeless Hostel*

*Please specify

 Prison Inmate Prison Staff Care home Prison name*:

*Please specify

NHS number

Sex male female Medico-legal case

Surname

Date of birth D D M M Y Y Y Y Age

Forename

Patient's postcode

Hospital number

Patient's HPT

Hospital name (if different from sender's name)

Ward/ clinic name

Ward type

SAMPLE INFORMATION

Your reference

Do you suspect that the isolate you are referring could be
hazard group 3 ? Yes No

Isolation site

Please provide preliminary ID and laboratory results

 Blood Nose Wound Throat swab

Presumptive identification

 Environment Skin Urine Sputum *S. aureus* MRSA *Streptococcus pyogenes* (group A) Vaginal swab *S. aureus* MSSA *Streptococcus agalactiae* (group B) Other (please specify) Coag Neg Staph *Streptococcus dysgalactiae* (group C & G) Coag Pos Staph *Streptococcus* spp.

Date of collection D D M M Y Y Time

 *Other (please specify)

Date sent to UKHSA D D M M Y Y

Hazard group 3 isolates (please telephone 020 8327 7475 to arrange)

Priority status

TESTS REQUESTED

 Species Identification Antimicrobial Susceptibility Testing
please (check our referral criteria in the BRD user manual) AMR gene detection
(*mecA/C* and *mupA/B* only) Typing (please specify) Linezolid resistance Extended toxin gene detection
(MIC determination and PCR) (S. aureus only) PVL toxin gene detection only
(S. aureus only)

SENDER'S LABORATORY RESULTS

MALDI-TOF ID Score/% Gram stain

Oxidase +/- Catalase +/- Growth requirement

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Clinical details

 Abscess Pyrexia/Fever
 Bacteraemia Septic shock
 Chest infection Septicaemia
 Cystic fibrosis Scalded skin syndrome
 Endocarditis Sudden infant death syndrome
 Fatal Toxic shock syndrome Pneumonia
 Scarlet Fever Necrotising fasciitis
 Postpartum sepsis

Reasons for request

 Confirmation of results (specify) Suspected cluster (specify)
 Unusual resistance (specify) Sporadic
 Therapeutic guidance Suspected hospital acquired
 Continuing investigation (specify) Suspected community acquired
 Increasing numbers (specify) Suspected community MRSA
 Inter-hospital transfer (specify)
 Other (please specify) Other (please specify)Foreign Travel? Yes* No

*Country