## Healthcare Pathogens

Characterisation and Resistance (multiple isolates)

**UK Health** Security Bacteriology Reference Department Phone: +44 (0)20 8327 7887 UKHSA Colindale Agency (AMRHAI) amrhai@ukhsa.gov.uk Bacteriology DX 61 Colindale Avenue, London NW9 5HT 6530002 www.gov.uk/ukhsa Colindale NW Please write clearly in dark ink SENDER'S INFORMATION Report to be sent FAO Sender's name and address Contact Phone Ext Purchase order number Project code UKHSA outbreak/investigation Postcode ILoa number **INVESTIGATION DETAILS** Do you suspect that any of the isolates you are referring could Investigation required Yes be Hazard Group 3? No Please provide preliminary ID and laboratory results Identification Presumptive Identification Antimicrobial Susceptibility Testing K. pneumoniae Acinetobacter B. cepacia complex Carbapenemase gene detection Other Klebsiella species Enterobacter Serratia Linezolid resistance (MIC determination and PCR) Enterococcus E. coli S. maltophilia Typing for outbreak investigations (WGS/VNTR) (please specify) P. aeruginosa Virulence Typing for K.pneumoniae Other (please specify) Reasons for referral Medico-legal case Unusual resistance (please specify below) Surveillance Additional information (please provide gram stain if unknown organism) New investigation Inter-hospital transfer Continuing investigation\* Therapeutic guidance \* Please provide UKHSA reference numbers for previous requests Date sent to UKHSA Number of isolates submitted Priority status PATIENT/SOURCE INFORMATION Sample information **Clinicial information** 

Patient Staff Your reference Sampling reasor NHS number Clinical Screening Ward type REFERENCE Surname Acquired in Isolation site LABORATORY Hospital Community Forename Ward name Symptoms **USE ONLY** Date/time of collection BAC 🗌 END 🗌 FATA DOB Sex 🗌 PNE 🗌 FEV Patient Staff Your reference Sampling reason NHS number Clinical Screening Ward type REFERENCE Surname Acauired in Isolation site Hospital Community LABORATORY Forename Ward name Symptoms **USE ONLY** Date/time of collection 🗌 BAC 🗌 END 🗌 FATA DOB Sex \_\_\_ PNE 🗌 FEV Patient Staff Your reference Sampling reason NHS number Clinical Screening Ward type **REFERENCE** Surname Acquired in Isolation site Hospital Community LABORATORY Forename Ward name Symptoms\* **USE ONLY** Date/time of collection BAC END FATA DOB Sex D PNE **FEV** Patient Staff Your reference Sampling reason Clinical NHS number Screening Ward type REFERENCE Surname Acquired in Isolation site LABORATORY Hospital Community Forename Ward name Symptoms\* **USE ONLY** Date/time of collection BAC 🗌 END 🗌 FATA DOB Sex D PNE ☐ FEV

\*Symptoms **BAC** = Bacteraemia END = Endocarditis FATA = Fatal PNE = Pneumonia FEV = Pvrexia/Fever

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PATIENT/SOURCE INFORMATION Sample information **Clinical information** Patient Staff Sampling reasor Your reference NHS number Clinical Screening Ward type REFERENCE Surname Acquired in Isolation site Hospital Community LABORATORY Forename Ward name Symptoms **USE ONLY** Date/time of collection BAC END FATA DOB Sex □ PNE □ FEV Patient Staff Your reference Sampling reason NHS number Clinical Screening Ward type REFERENCE Surname Acquired in Isolation site Community LABORATORY Hospital Forename Ward name **USE ONLY** Symptoms Date/time of collection 🗌 BAC END FATA DOB Sex 🗌 PNE 🗌 FEV 🗌 Patient 🗌 Staff Your reference Sampling reason NHS number Clinical Screening Ward type REFERENCE Surname Acquired in Isolation site LABORATORY Hospital Community Forename Ward name Symptoms\* **USE ONLY** Date/time of collection 🗌 BAC 🗌 END 🗌 FATA DOB Sex 🗌 PNE □ FEV Patient Staff Your reference Sampling reason NHS number Clinical Screening Ward type REFERENCE Surname Acquired in Isolation site LABORATORY Hospital Community Forename Ward name Symptoms **USE ONLY** Date/time of collection BAC END FATA DOB Sex D PNE □ FFV Patient Staff Your reference Sampling reason NHS number Clinical Screening Ward type **REFERENCE** Surname Acquired in Isolation site Community LABORATORY Hospital Forename Ward name Symptoms\* **USE ONLY** Date/time of collection BAC END FATA DOB Sex 🗌 PNE 🗌 FEV Your reference Patient Staff Sampling reason NHS number Clinical Screening Ward type REFERENCE Surname Acquired in Isolation site Hospital Community LABORATORY Forename Ward name Symptoms\* **USE ONLY** Date/time of collection 🗌 FATA BAC 🗌 END DOB Sex **PNE** □ FEV Patient Staff NHS number Your reference Sampling reason Clinical Screening Ward type REFERENCE Surname Acquired in Isolation site Hospital Community LABORATORY Forename Ward name Symptoms **USE ONLY** Date/time of collection BAC END FATA DOB Sex **PNE** □ FEV Sampling reason Patient Staff Your reference NHS number Screening Clinical Ward type REFERENCE Surname Acquired in Isolation site LABORATORY Hospital Community Forename Ward name Symptoms **USE ONLY** Date/time of collection END FATA **D** BAC DOB Sex PNE FEV Patient Staff Your reference Sampling reason NHS number Clinical Screening Ward type REFERENCE Surname Acquired in Isolation site LABORATORY Hospital Community Forename Ward name Symptoms **USE ONLY** Date/time of collection BAC 🗌 FATA END DOB Sex 🗌 PNE FEV Patient Staff Your reference Sampling reason NHS number Clinical Screening Ward type REFERENCE Surname Isolation site Acquired in LABORATORY Hospital Community Forename Ward name Symptoms **USE ONLY** Date/time of collection BAC END **FATA** DOB Sex PNE ☐ FEV

UKHSA Microbiology request form

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