



Healthcare Pathogens

Characterisation and Resistance (single isolate)

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UKHSA Colindale Bacteriology DX
6530002
Colindale NW

Please write clearly in dark ink

SENDER'S INFORMATION

Sender's name and address

Report to be sent FAO

Contact Phone Ext

Purchase order number

Project code

UKHSA outbreak/investigation

Log number

Postcode

PATIENT/SOURCE INFORMATION

Human Animal* Food* Water* Environment* Other* *Please specify

InPatient Outpatient GP Patient Other* *Please specify

NHS number

Surname

Forename

Hospital number

Hospital name (if different from sender's name)

Sex male female

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

Patient's postcode

Patient's HPT

Ward/ clinic name

Ward type

Medico-legal case

SAMPLE INFORMATION

Your reference

Isolation site

- Blood Nose Wound
 Environment Skin Urine
 Faeces Sputum Rectal swab
 Other (please specify)

Date of collection D D M M Y Y Time

Date sent to UKHSA D D M M Y Y

Priority status

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

Please provide preliminary ID and laboratory results

Presumptive identification

- K. pneumoniae* *B. cepacia* complex *P. aeruginosa*
 Other *Klebsiella* species *Enterobacter* *Serratia*
 E. coli *Enterococcus* *S. maltophilia*
 Acinetobacter
 *Other (please specify)

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

- Brucella spp* *B. pseudomallei* Other HG 3*

TESTS REQUESTED

- Identification Carbapenemase gene detection Antimicrobial Susceptibility Testing (please check our referral criteria in the BRD user manual)
 Linezolid resistance (MIC determination and PCR) Typing for outbreak investigations (WGS/VNTR)/Virulence Typing K.pneumo (please specify)

SENDER'S LABORATORY RESULTS

MALDI-TOF ID Score/% Gram stain

Growth requirement

Oxidase +/- Catalase +/-

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Clinical details

- Abscess Pyrexia/Fever
 Bacteraemia Septic shock
 Chest infection Septicaemia
 Cystic fibrosis Endocarditis
 Fatal Sudden infant death syndrome
 Pneumonia

Other (please specify)

Foreign Travel? Yes No

Reasons for request

- Confirmation of results (specify) Pseudobacteraemia
 Unusual resistance (specify) Sporadic
 Therapeutic guidance Suspected hospital acquired
 Continuing investigation Suspected community acquired
 Increasing numbers Inter-hospital transfer

Other (please specify)

Country