



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

Postcode

## PATIENT/SOURCE INFORMATION

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

InPatient  Outpatient  GP Patient

Other (Please specify)

NHS number

Sex

male

female

Surname

Date of birth

Age

Forename

Patient's postcode

Patient's HPT

Hospital number

Ward/ clinic name

Hospital name (if different from sender's name)

Ward type

## SAMPLE INFORMATION

### Your reference

#### Sample type

Isolate

Clinical specimen

#### Isolation site / Source

Blood (EDTA/Serum)

Environment

Faeces

Blood Culture Fluid

Nose

Skin

Sputum

Urine

Wound

Other (please specify)

Date of collection

D

D

M

M

Y

Y

Time

Date sent to UKHSA

D

D

M

M

Y

Y

**Do you suspect from clinical or lab information that patient is infected with Hazard Group 3 or 4 pathogen (in addition to the requested investigation)?**  Yes  No

If yes, give all relevant details

If referring an isolate, give preliminary ID and lab results

**Note:** If infection with a Hazard Group 4 pathogen is suspected, from clinical information or travel history, **you must** contact Reference Lab **before** sending

**Please state the presumptive identification**

Please tick the box if your clinical sample is post mortem?

## TESTS REQUESTED

**Bacterial Identification of:**  Actinomycetes (aerobic)  Unknown/atypical isolate  Unknown/culture-negative clinical specimen

**Antimicrobial Susceptibility Testing:**  (please check our referral criteria in the BRD user manual)

## SENDER'S LABORATORY RESULTS

API profile no

API kit

MALDI-TOF ID

Score/%

Growth requirement

Other information

### Stain

Gram positive

Gram negative

Other (please specify)

Oxidase +/-

Catalase +/-

## CLINICAL/EPIDEMIOLOGICAL INFORMATION

Recent foreign travel?

Yes

No

Country

## OTHER COMMENTS