



Chlamydia (LGV) PCR

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SENDER'S INFORMATION

Sender's name and address

Postcode

Report to be sent FAO

Contact Phone _____ Ext _____

Contact Email _____

Purchase order number

Project code _____

PATIENT/SOURCE INFORMATION

NHS number _____

Surname _____

Forename _____

Hospital number _____

Hospital name (if different from sender's name) _____

Pregnant Yes No Unknown Weeks _____Have previous samples been sent to UKHSA Yes No male female trans man trans woman

Other _____

Date of birth _____ Age _____

Patient's HPT _____

Referring GUM Clinician _____

Referring GUM Clinic _____

 Medico-legal case* (only if previously agreed with reference Laboratory)

UKHSA reference number _____

SAMPLE INFORMATION

Your reference

Sample type

 Rectal Pharyngeal Urethral Urine Biopsy Pooled Original processed specimen Fresh unprocessed sample *Other

(please specify) _____

Date of collection D D M M Y Y

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?

If yes, give all relevant details Yes No

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** sendingPlease tick the box if your clinical sample is post mortem? **Samples accepted:** refer to VRD and BRD User manual on www.gov.uk/ukhsa

Buffer used

 None/dry swab PCR (Roche) Abbott BD TMA (Aptima) Other (please specify) _____

SENDER'S LABORATORY RESULTS

Primary chlamydia results Positive NegativeRepeat results Positive NegativeWas repeat on fresh specimen? Yes No

Kit used (please specify) _____

Kit used (please specify) _____

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Clinical signs Yes No Unknown (if yes please specify) _____Contact of positive case Yes No Unknown

OTHER COMMENTS

REFERRED BY

Name _____

Signature _____

Date _____

D D M M Y Y