



Please write clearly in dark ink

**Antimicrobial Resistance in STIs***(Mycoplasma genitalium* molecular and *Neisseria gonorrhoeae* culture)STI Reference Laboratory  
(STIRL)  
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London NW9 5HTPhone: +44 (0)20 8327 7887  
stilab@ukhsa.gov.uk  
www.gov.uk/ukhsaUKHSA Colindale (BRD)  
DX 6530002  
Colindale NW**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 WeeksHave previous samples been sent to UKHSA  Yes  No male  transgender man  transgender woman  
 female  Other (please specify) \_\_\_\_\_Date of birth Age

Patient's postcode

Patient's HPT

Referring GUM Clinician

Referring GUM Clinic

 **Medico-legal case\*** (only if previously agreed with the Reference Laboratory)

UKHSA reference number

**SAMPLE INFORMATION****Your reference****Sample type** Rectal  Cervical  Vaginal  Pharyngeal  Urethral  
 Urine  Eye  
 \*Other (please specify)Date of collection D D M M Y YDate sent to UKHSA D D M M Y Y**Collection Kit used:****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 BRD User manual on www.gov.uk/ukhsa**TESTS REQUESTED\* / SENDER'S LABORATORY RESULTS*****Mycoplasma genitalium*\*** *M. genitalium* (molecular detection and azithromycin resistance)Primary results:  Positive  Negative  Not available Fluoroquinolone resistance; only available for patients who have failed macrolide or quinolone treatment (add details below)

Kit used (please specify)

***Neisseria gonorrhoeae*\*** *N. gonorrhoeae* identification to confirm anomalous results\***Referred ID:** Susceptibility to confirm resistance to ceftriaxone/treatment failure

Ceftriaxone MIC/Disc Zone:

Other (please specify) MIC/Disc Zone:

\*STIRL are willing to receive clinical specimens for the molecular detection of *Mycoplasma genitalium* & antimicrobial resistance determinants (charged service). STIRL will also receive putative isolates of *Neisseria gonorrhoeae* that give anomalous results in identification tests (charged service) or that exhibit resistance to ceftriaxone, spectinomycin or from suspected treatment failures (not charged). Medico-legal processing (charged) is not available for isolates which have already been confirmed as *N. gonorrhoeae* by 2 different tests.

**CLINICAL/EPIDEMIOLOGICAL INFORMATION & COMMENTS**Clinical signs  Yes  No  UnknownContact of positive case  Yes  No  UnknownTest of cure  Yes  No  Unknown

Specify antibiotic treatment if known

(If yes please specify)

**REFERRED BY**

Name

Signature

Date

D D M M Y Y

All requests are subject to UKHSA standard terms and conditions.

Version effective from December - 2024 BRDW0148.06