N2

UKHSA Microbiology request form

UK Health Security Agency

Referral for Primary Samples

Culture and PCR Detection* of *M. tuberculosis* Complex (MTBC) and Conferred Resistances

*This is a chargeable service, please contact the NMRS-S for the current price list.

National Mycobacterium Reference Service - South (NMRS-South)
61 Colindale Avenue, London NW9 5HT

Phone +44 (0)20 832 76957
Email nmrs.south@ukhsa.gov.uk
ukhsa.nmrs-south@nhs.net

UKHSA Colindale DX
6530016
COLINDALE NW

Please write clearly in dark ink

Incomplete forms may result in sample rejection

SENDER'S INFORMATION

Name and address

Postcode

Report to be sent FAO

Direct Phone number Ext

E-mail

Purchase order number

Referred by Phone Date D D M M Y Y

PATIENT/SOURCE INFORMATION

NHS number

Surname

Forename

Hospital number

Inpatient ☐ Outpatient ☐

Sex ☐ male ☐ female

Date of birth Age

Patient's postcode

Patient's HPT

Clinical / Patient's consultant

Hospital name
(location, hub, etc)

SAMPLE INFORMATION

Your reference:

Specimen type *
*(please select **one** option only)*

☐ Ascitic Fluid
☐ Bronchoalveolar Lavage (BAL)
☐ Blood
☐ Bone Marrow
☐ CSF
☐ EBUS
☐ Pleural Fluid
☐ Pus
☐ Sputum
☐ Tissue / Biopsy
(Please specify)
☐ 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 that patient is infected with Creutzfeldt-Jakob disease (CJD) or a Hazard Group 4 pathogen? Yes ☐ No ☐
If yes, you **must** contact NMRS-South **before** sending.

***Note:** A **minimum** of 0.5ml Whole CSF (e.g., not supernatant) is needed. All the other fluids require a **minimum** volume of 1ml.

TESTS REQUESTED

☐ MTBC RT-PCR & Rifampicin Resistance
☐ Microscopy & Culture
☐ MTBC RT-PCR for Extensively Drug Resistance (XDR). Please contact NMRS-South clinician **before** sending sample.

SENDER'S LABORATORY RESULTS

Microscopy & Smear results ☐ Negative ☐ Not Done ☐ Positive Ziehl-Neelsen ☐ Positive Auramine-phenol Beading/ Cording seen? Yes ☐ No ☐

TB detected by ☐ ☐ ☐ **Rifampicin Resistance detected** ☐ ☐

Reason for test ☐ Suspected TB Multi-Drug Resistant ☐ Poor clinical progress ☐ Detection of MTBC

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Immunosuppressed?	☐ Yes	☐ No	☐ Don't know
HIV Positive?	☐ Yes	☐ No	☐ Don't know
On treatment?	☐ Yes	☐ No	☐ Don't know
Cystic Fibrosis?	☐ Yes	☐ No	☐ Don't know
Prior TB?	☐ Yes	☐ No	☐ Don't know
Prior NTM?	☐ Yes	☐ No	☐ Don't know

Other clinical details

OTHER COMMENTS

Please provide any other relevant information (e.g., known contacts)