



**UK Health Security Agency**

# Mycobacterium Referral

For Positive Cultures only being sent to NMRS-S

**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							
	<b>Direct</b> Phone number <span style="float: right;">Ext</span>							
	E-mail							
	Purchase order number							
Referred by	Phone	Date	D	D	M	M	Y	Y

## PATIENT/SOURCE INFORMATION

NHS number	Sex	<input type="checkbox"/> male	<input type="checkbox"/> female
Surname	Date of birth	Age	
Forename	Patient's postcode		
Hospital number	Patient's HPT		
Inpatient <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Clinical / Patient's consultant	
Hospital name (location, hub, etc)			

## SAMPLE INFORMATION

Your reference:	Date of collection	D	D	M	M	Y	Y	Time
<input type="checkbox"/> Extra-Pulmonary <input type="checkbox"/> Pulmonary	Date sent to UKHSA	D	D	M	M	Y	Y	
Specimen isolation site	<b>Culture Type</b>	<input type="checkbox"/> MGIT <input type="checkbox"/> Löwenstein–Jensen (LJ) <input type="checkbox"/> Other _____ <small>(please specify)</small>						
<div style="border: 2px solid red; padding: 5px;">                 Do you suspect that patient is infected with Creutzfeldt-Jakob disease (CJD) or a Hazard Group 4 pathogen? Yes <input type="checkbox"/> No <input type="checkbox"/>                  If yes, you <b>must</b> contact NMRS-South <b>before</b> sending.             </div>								

## TESTS REQUESTED

Identification & Sensitivities   
  NTM Sensitivities\* \_\_\_\_\_   
  Other\* \_\_\_\_\_

\*Please specify reason or contact NMRS-S before sending sample.

## SENDER'S LABORATORY RESULTS

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

**Other results**   
  TB PCR Positive   
  TB CARD / MPT64 Positive   
  Other \_\_\_\_\_  
(please specify)

**Rifampicin Resistance detected**   
 No  Yes  \_\_\_\_\_  
(please specify method)

## CLINICAL/EPIDEMIOLOGICAL INFORMATION

Immunosuppressed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	Other clinical details
HIV Positive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	
On treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	
Cystic Fibrosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	
Prior TB?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	
Prior NTM?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	

## OTHER COMMENTS

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