

N1 Mycobacterium referral form – for positive cultures being sent to NMRS-S

NB. Please include as much clinical information as possible to help minimise delays in testing and increase efficiency of our service.

UKHSA Microbiology request form

UK Health Security Agency
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: _____
Referred by: _____ Phone: _____ Date: _____
Report to be sent FAO: _____
Direct Phone number: _____ Ext: _____
E-mail: _____
Purchase order number: _____

PATIENT/SOURCE INFORMATION
NHS number: _____ Sex: male female
Surname: _____ Date of birth: _____ Age: _____
Forename: _____ Patient's postcode: _____
Hospital number: _____ Patient's HPT: _____
Inpatient Outpatient Clinical / Patient's consultant: _____
Hospital name (location, hub, etc): _____

SAMPLE INFORMATION
Your reference: _____ Date of collection: _____ Time: _____
Date sent to UKHSA: _____
Culture Type: MGIT Löwenstein-Jensen (LJ) Other (please specify)
Specimen isolation site: _____
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.

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 Rifampicin Resistance detected No Yes
(please specify method)

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)

All requests are subject to UKHSA standard terms and conditions. Version effective from Sep - 2024 N1 Version 06

1. Only use this form for submitting positive cultures for Whole Genome Sequencing (WGS) and /or sensitivities. Ensure you are using the most up-to-date version.

2. Our address, including DX number. Mark all packages clearly for CL3/NMRS.

3. Useful contact details for both lab and clinical enquiries.

4. Clearly state your laboratory sender details as this is where reports will be sent to. It is also helpful for clinicians to know this for when patients have been transferred between hospitals.

5. Include a name and contact details of a clinician so our clinicians have a point of contact when discussing results and treatment options.

6. Include all patient details listed here and ensure the sample has at least 3 matching patient identifiers between the request form and sample.

7. Include patient's postcode and HPT if available as it aids in contact tracing.

8. Include your lab number for the sample. This is especially useful in helping us identify if there are multiple isolates from the same patient.

9. Tick the relevant specimen type and write the specific isolation site, don't be vague. For example, if a tissue or a fluid, state where from. This will affect how we treat the sample and what work we do on it.

10. Include the date the original sample was collected as this will affect how often we test the sample.

11. Indicate whether the sample is a MGIT liquid culture, an LJ slope, or other (e.g. chocolate agar slope).

12. Tick 'yes' in this box ONLY if there are suspicions that the patient is infected with a Hazard Group 4 pathogen or with CJD/ other prion disease. If so, this will not be opened or processed by NMRS-S until confirmation that these infection(s) have been ruled out. If only Hazard Group 2 or 3 pathogens suspected, tick 'no'.

13. Tick 'Identification & sensitivities' to request the Whole Genome Sequencing (WGS) based identification service. Sensitivities will be routinely be performed where clinically relevant for MTBC and NTM isolates. Sensitivities can be specifically requested for NTM isolates by ticking the 'NTM sensitivities' box, however, justification must be given next to the box or in the 'clinical details' or 'other comments' sections and will be set-up if considered clinically relevant based on the information provided. If discussed with NMRS-S clinician, please state who this was discussed with.

14. If you have performed any preliminary tests in house, include the results in this section. Additional information here will help ensure the most effective testing.

15. Please tick to indicate which clinical details apply to the patient.

16. Include any additional detail, such as clinical information that will aid our clinicians, previous results, if it is a repeat sample or if you have spoken to one of our clinicians regarding the request in these sections.