


## N2 Referral form for Primary Samples 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.**

1. Only use this form for submitting primary specimens for microscopy and culture, and/or PCR testing. Ensure you are using the most up-to-date version.
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.
6. Include all patient details listed here and ensure the sample has at least 3 matching patient identifiers between the request form and sample.
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. If not listed, tick 'other' and specify the exact specimen type, don't be vague. For example, if a tissue or a fluid, state where from. This will affect how we treat the sample what work we do on it.
13. Tick which test is required. Please note, primary specimens submitted for 'MTBC RT-PCR & rifampicin resistance' will be tested for the presence of *Mycobacterium tuberculosis* complex and mutations conferring resistance to rifampicin. Primary specimens submitted for 'MTBC RT-PCR for extensive drug resistance' will be tested for the presence of *Mycobacterium tuberculosis* complex and mutations conferring resistance to isoniazid, fluoroquinolones, second line injectables, and ethionamide. **However, this will ONLY be performed for specimens where rifampicin resistance has already been detected (provide details on the form) or where it has been discussed with, and approved by, NMRS-S clinicians. Please state who this was discussed with.**

UKHSA Microbiology request form



**UK Health Security Agency**

### Referral for Primary Samples

**Culture and PCR Detection\* of *M. tuberculosis* Complex (MTBC) and Confered 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 Report to be sent FAO

Direct Phone number  Ext

E-mail

Purchase order number

Postcode

Referred by Phone Date

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 (local, lab, etc)

SAMPLE INFORMATION

Your reference: Date of collection Time

Date sent to UKHSA

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

Ascitic Fluid  Pleural Fluid

Bronchoalveolar Lavage (BAL)  Pus

Blood  Sputum

Bone Marrow  Tissue / Biopsy

CSF  Other (Please specify)

EBUS  Other (Please specify)

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 Extensive 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 Yes  No

TB detected by  TB PCR  TB CARD/MP64  Unknown  Rifampicin Resistance detected  No  Yes

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

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Immunosuppressed?  Yes  No  Don't know Other clinical details

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 COMMENTS

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

All requests are subject to UKHSA standard terms and conditions. Version effective from February - 2025. N2 Version 07

2. Our address, including DX number. Mark all packages clearly for CL3/NMRS.
3. Useful contact details for both lab and clinical enquiries.
5. Include a name and contact details of a clinician so our clinicians have a point of contact when discussing results and treatment options.
7. Include patient's postcode and HPT if available as it aids in contact tracing.
10. Include the date the original sample was collected as this will affect how often we test the sample.
11. 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'.
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.