

Malaria Reference Laboratory

A UKAS-accredited medical laboratory no. 9148

PATIENT REPORT / REFERRAL FORM

In confidence – please complete as fully as possible - this form may be used to refer specimens and / or to report cases

Family name:						
All other names:						
Date of birth:		Age:		Gender: M / F		
Home post code:		NHS number				
Address in UK:						
Country of birth:		Country of usual re	sidence:			
Country where infection acquire	ed:		Verify (country visited for the following:		
Date of arrival in UK from malarious country:			□ SU	☐ SUDAN ☐ SOUTH SUDAN		
Duration of stay abroad:			□ co	NGO 🔲 DEM. REP. of CONGO		
Date of onset of illness:		Date of starting tre	atment:			
Ethnicity (mark one):	Reason	for travel (mark one):	Mal	laria prophylaxis taken:		
 □ White British □ Other white background □ Black African □ Black Caribbean □ Other Black background □ Indian Sub-Continent □ South-East Asian □ Other Asian background □ Mixed Ethnicity □ Other (please specify) 	UK ci UK ci Civilia Britis Busir Forei Holid Child	entrant to UK ng family or friends in country of origitizen living abroad an sea / air crew th armed forces less / professional travel gn student studying in UK ay travel to malarious area gn visitor ill while in UK ren visiting parents living abroad r (please specify)	gin	PREVENTION during travel) NONE Atovaquone-proguanil (Malarone, Maloff Protect) Mefloquine (Lariam) Doxycycline Chloroquine Unknown Other (please specify) phylaxis taken regularly Y / N tinued on return for weeks		
GP name and address:		Hospital Consultant:		Name & position of person completing this form:		
		Tel. no.:				
Tel. no.:		Contact email:				

Sending laboratory:		Date of diagnosis:		
NHS / hospital no.:	Lab. no.:	Date of sample:		
Type of Specimen:	Name & address for report:	<u> </u>		
☐ Blood films				
☐ EDTA blood				
☐ Other:	Contact telephone number for results:			
Blood film result:	Antigen test result:	Any other information relevant to		
☐ P. falciparum	☐ <i>P. falciparum</i> antigen detected	 this case eg: exclusion of high consequence infectious disease (HCID) risk immunosuppressed patient cryptic malaria Please specify: 		
☐ P. malariae	(only)			
☐ P. ovale	☐ Pan antigen detected (only)			
☐ P. vivax	☐ <i>P. falciparum</i> AND Pan antigen detected			
☐ P. knowlesi	Brand:			
☐ Species unknown				
☐ Malaria parasites NOT found	Other method of diagnosis:			
Comment:	☐ Please specify			
	Result:			
Previous malaria?	Is patient pregnant Y/N	Was patient treated as:		
	/40	Outpatient		
Dates of last malaria episode:		☐ Inpatient		
Date & details of last malaria	Was the patient admitted to ITU/HDU Y / N	Outcome of illness:		
treatment:		Recovery		
	Duration of stay in hospital days	☐ Death ☐ Unknown		
	uuys	L Olikilowii		
MALARIA IS A NOTIFIABLE DISEASE.	PLEASE FILL IN A STATUTORY NOTIFICA	ATION FORM AND FORWARD TO THE CIDSC		
Please return this form / samples	s to:	MRL USE ONLY		
UKHSA Malaria Reference Labora Faculty of Infectious & Tropical Di London School of Hygiene & Trop Keppel Street, LONDON WC1E 7H	iseases ical Medicine			
DX: HPA Malaria Ref Lab, DX6641 Tottenham Crt RD92 WC	200			
Tel. no.: 020 7927 2427 / 2318				