



UK Health
Security
Agency

Please write clearly in dark ink

Vaccine Preventable Bacteria Section

Haemophilus influenzae, Streptococcus pneumoniae, Bordetella, Diphtheria & Tetanus

Bacteriology Reference
Department (RVPBRU)
61 Colindale Avenue
London NW9 5HT

Phone +44 (0)20 8327 7887

www.gov.uk/ukhsa

UKHSA Colindale
Bacteriology
DX 6530002
Colindale NW

SENDER'S INFORMATION

Sender's name and address

Postcode

Report to be sent FAO

Contact Phone

Ext

Purchase order number

Project code

UKHSA outbreak/investigation

ILog number

PATIENT/SOURCE INFORMATION

☐ Human ☐ Animal* ☐ Food* ☐ Water* ☐ Environment* ☐ Other*

*Please specify

☐ Inpatient ☐ Outpatient ☐ GP Patient ☐ Other*

*Please specify

NHS number

Surname

Forename

Hospital number

Hospital name (if different from sender's name)

Sex ☐ male ☐ female

Date of birth D D M M Y Y Y Y Age

Patient's postcode

Patient's HPT

Ward/clinic name

Ward type

SAMPLE INFORMATION

Your reference

Sample type

☐ Isolate from Blood ☐ Isolate from Other

(please specify e.g. CSF, throat swab, tissue)

☐ Serum

☐ Clinical Sample of

(please specify e.g. Blood, CSF, throat swab, tissue)

☐ Other (please specify type and site)

Date of collection D D M M Y Y Time

Date sent to UKHSA D D M M Y Y

Do you suspect from clinical or lab information that patient is infected with a Hazard Group 3 or 4 pathogen (excluding HIV)?

☐ Group 3 ☐ Group 4 ☐ No ☐ Unknown

If referring an isolate, give preliminary ID and lab results

If yes, give all relevant details. **Note:** If infection with a Hazard Group 4 pathogen is suspected, from clinical information or travel history, **you must** contact Reference Lab **before** sending

Please state the presumptive identification for all isolates:

Priority status

TESTS REQUESTED

Isolates

☐ *Corynebacterium diphtheriae*/C. *ulcerans*/C. *pseudotuberculosis*

For confirmation & toxigenicity testing

☐ *Streptococcus pneumoniae* capsule typing (invasive)

☐ *Haemophilus* spp. (invasive) Please tick and state ID method above:

☐ *Haemophilus influenzae* ☐ Other *Haemophilus* species (specify presumptive ID above)

☐ *Bordetella* spp.

☐ *Bordetella pertussis* ☐ Other *Bordetella* species (specify presumptive ID above)

☐ MIC Evaluation

Reason for MIC request:

Sera

☐ Diphtheria immunity

☐ Tetanus immunity

☐ *B. pertussis* anti-PT IgG antibodies (NOT for immunity) - state onset date below

SENDERS LABORATORY RESULTS

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Main diagnosis ☐ Bacteraemia ☐ Meningitis ☐ Pneumonia ☐ Epiglottitis ☐ Septic arthritis ☐ Cellulitis

☐ other (please specify)

Date of onset D D M M Y Y

Recent travel abroad? ☐ Yes ☐ No ☐ Unknown

Country of travel

COMMENTS