



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
phe.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

Direct Phone number

Ext

E-mail

Purchase order number

Referred by

Phone

Date

D D M M Y Y

PATIENT/SOURCE INFORMATION

NHS number

Surname

Forename

Hospital number

Inpatient ☐ Outpatient ☐

Sex

☐ male

☐ female

Date of birth

Age

Patient's postcode

Patient's HPT

Clinical / Patient's consultant

Hospital name
(location, hub, etc)

SAMPLE INFORMATION

Your reference:

☐ Extra-Pulmonary

☐ Pulmonary

Specimen isolation site

Culture Type

☐ MGIT

☐ Löwenstein–Jensen (LJ)

☐ Other _____
(please specify)

Date of collection

D D M M Y Y Time

Date sent to UKHSA

D D M M Y Y

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 Yes ☐ No ☐
seen?

Other results

☐ TB PCR Positive

☐ TB CARD / MPT64 Positive

☐ Other _____
(please specify)

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)