



UK Health  
Security  
Agency

# Referral for Primary Samples

**Culture and PCR Detection\* of *M. tuberculosis* Complex (MTBC) and Conferred 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  
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:

**Specimen type \***

(please select **one** option only)

☐ Ascitic Fluid

☐ Bronchoalveolar Lavage (BAL)

☐ Blood

☐ Bone Marrow

☐ CSF

☐ EBUS

☐ Pleural Fluid

☐ Pus

☐ Sputum

☐ Tissue / Biopsy

(Please specify)

☐ 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.

**\*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 ☐  
seen?

**TB detected by**

☐ TB PCR

☐ TB CARD/ MPT64

☐ 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

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)