



UK Health
Security
Agency

UKHSA Outbreak Investigation

UKHSA Laboratory Manchester
2nd Floor, Clinical Sciences Building 2
Manchester Royal Infirmary
Oxford Road Manchester M13 9WL

Phone: 0161 276 6734 / 8854
www.ukhsa.gov.uk
DX 6962410 Manchester 90M

Please write clearly in black ink. *denotes mandatory field.

REQUESTING OFFICER

Report to be returned to:

Postcode

Phone

Ext

Local authority ☐

UKHSA ☐

Investigating Officer

Contact phone

Ext:

ILog number:

HPZ number:

Copy report to:

Address

Postcode

PATIENT/SOURCE INFORMATION

NHS number

* Surname

* Forename

Sex

male ☐

female ☐

* Date of birth

D

D

M

M

Y

Y

Y

Y

Age

Patient's address:

Postcode:

SAMPLE INFORMATION

Sample type

☐ Faeca

☐ Blood

☐ Urine

☐ Other

If other, please specify:

Date of collection

D

D

M

M

Y

Y

Y

Y

Time

Priority status

Is food being submitted?

Yes ☐

No ☐

Do you suspect that the sample you are referring could contain a Hazard Group 3 pathogen?

Yes ☐

No ☐

Unknown ☐

Please state the presumptive identification

Hazard group 3 (HG3)

☐ S. typhi

☐ STEC NON-O157

☐ E. Coli

☐ S. paratyphi
A, B or C

☐ Shigella dysenteriae

☐ M. tuberculosis

CLINICAL DETAILS

Diarrhoea ☐

Vomiting ☐

Fever ☐

Rash ☐

Blood in stool ☐

Has the patient had a recent history of foreign travel? ☐ Yes ☐ No

Country _____

Is this a:

up case ☐

Household case ☐

Sporadic case ☐

Single organism investigation ☐

Contact ☐

Date returned to UK _____ Follow-

LAB USE ONLY