



UK Health
Security
Agency

Please write clearly in black ink

Congenital Syphilis Diagnostic Service

STI Reference Laboratory
(STIRL)
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stilab@ukhsa.gov.uk
www.gov.uk/ukhsa

UKHSA Colindale(BRD)
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

ODS code

PATIENT/SOURCE INFORMATION

NHS number

Surname

Forename

Hospital number

Hospital name (if different from sender's name)

Have previous samples been sent to UKHSA ☐ Yes ☐ No

☐ Male ☐ Female ☐ Other (please specify) _____

Date of birth

Age

Patient's postcode

Patient's HPT

Referring Clinician

Department

☐ Medico-legal case* (only if previously agreed with reference Laboratory)

SAMPLE INFORMATION

Your reference

Tissue samples

- ☐ Fresh tissue ☐ Formalin fixed tissue
☐ Frozen tissue ☐ Paraffin embedded tissue

Foetal/Infant specimen type

- ☐ Liver ☐ Nasopharyngeal sample
☐ Spleen ☐ Skin swab
☐ Lung ☐ Other (please specify) _____

Maternal specimen type

- ☐ Placental tissue ☐ Tissue sample (please specify) _____
☐ Ulcer swab ☐ Other (please specify) _____

Do you suspect from clinical or lab information that patient is infected with Hazard Group 3 or 4 pathogen?

If yes, give any relevant details ☐ Yes ☐ No

Note: If infection with Hazard Group 4 pathogen is suspected, from clinical information or travel history, **you must** contact Reference Lab before sending

Please tick box if the referred sample was taken from deceased patient ☐

Still birth ☐ Live birth ☐

Date of collection D D M M Y Y

Date sent to UKHSA D D M M Y Y

Priority status

RATIONAL FOR TESTING

Please include any relevant information on child/mother:

Has a linked sample been referred from Mother/baby?

☐ Yes ☐ No

If yes please provide details

OTHER COMMENTS

REFERRED BY

Name

Signature

Date

D D M M Y Y