



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

Report to be sent FAO

Contact Phone _____ Ext _____

Purchase order number _____

Project code _____

ODS code _____

Postcode _____

PATIENT/SOURCE INFORMATION

NHS number _____

 Male Female Other (please specify) _____

Surname _____

Date of birth _____ Age _____

Forename _____

Patient's postcode _____

Hospital number _____

Patient's HPT _____

Hospital name (if different from sender's name) _____

Referring Clinician _____
Department _____
 Medico-legal case* (only if previously agreed with reference Laboratory)

SAMPLE INFORMATION

Your reference _____

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

Tissue samples

<input type="checkbox"/> Fresh tissue	<input type="checkbox"/> Formalin fixed tissue
<input type="checkbox"/> Frozen tissue	<input type="checkbox"/> Paraffin embedded tissue

Foetal/Infant specimen type

<input type="checkbox"/> Liver	<input type="checkbox"/> Nasopharyngeal sample
<input type="checkbox"/> Spleen	<input type="checkbox"/> Skin swab
<input type="checkbox"/> Lung	<input type="checkbox"/> Other (please specify) _____

Maternal specimen type

<input type="checkbox"/> Placental tissue	<input type="checkbox"/> Tissue sample (please specify) _____
<input type="checkbox"/> Ulcer swab	<input type="checkbox"/> Other (please specify) _____

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