



UK Health
Security
Agency

Please write clearly in black ink

Zoonotic and Acute Respiratory Section

Legionella, Mycoplasma, Ureaplasma & Respiratory Chlamydia

Respiratory and Vaccine Preventable Bacteria
Reference Unit (RVPBRU)
Bacteriology Reference Department (BRD)
61 Colindale Avenue
London, NW9 5HT

UKHSA Colindale
Bacteriology DX
6530002
Colindale NW

Scan for the BRD user
manual. Includes detailed
guidance on specimens,
services and reporting.



Web: www.gov.uk/ukhsa
Phone: +44 (0)20 8327 7887

SENDER'S INFORMATION

Sender's name and address

Postcode

Report to be sent FAO

Contact Phone

Ext

Purchase order number

Project code

UKHSA outbreak/investigation ☐ yes

if yes please specify

PATIENT/SOURCE INFORMATION

☐ Human ☐ Animal* ☐ Water* ☐ Environment* ☐ Other*

*Please specify

☐ InPatient ☐ Outpatient ☐ GP Patient ☐ Other*

*Please specify

NHS number

Surname

Forename

Hospital number

Hospital name (if different from sender's name)

Sex ☐ Male ☐ Female

Date of birth D D M M Y Y Y Y Age

Patient's postcode

Patient's HPT

Ward/clinic name

Ward type

SAMPLE INFORMATION

Your reference

Sample type

☐ Isolate ☐ Clinical Sample ☐ DNA Extract* ☐ Other (please specify)

*with original
specimen if available

Please indicate specimen type

☐ Urine ☐ Sputum ☐ BAL ☐ ETA ☐ NPA ☐ Lung Tissue
☐ Throat Swab (*Mycoplasma, Ureaplasma & respiratory Chlamydia only*)
☐ 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 from clinical or lab information that patient is infected with a Hazard Group 3 or 4 pathogen (excluding HIV)?

☐ Group3 ☐ Group4 ☐ No ☐ Unknown

If referring an isolate, give preliminary ID and lab results

If yes, give all relevant details. **Note:** If infection with a Hazard Group 4 pathogen is suspected, from clinical information or travel history, **you must** contact Reference Lab **before** sending

Please state the presumptive identification /methodology used

TESTS REQUESTED

Legionella

☐ *L. pneumophila*
urinary antigen test confirmation

☐ *L. pneumophila*
detection/culture/typing
(urinary Ag positive)

☐ *Legionella* spp.
detection/culture/identification
(urinary Ag negative)

☐ Culture for identification,
confirmation or typing

Mycoplasma & Ureaplasma

☐ *M. pneumoniae*
PCR, culture & macrolide resistance

☐ *Ureaplasma*/ *M. hominis*
PCR & culture

☐ *Mycoplasma* culture
for identification

Respiratory Chlamydia

☐ Respiratory Chlamydia PCR (*C. psittaci*/ *C. abortus*/ *C. pneumoniae*)

SENDER'S LABORATORY RESULTS

L. pneumophila Sgp 1 antigen in urine ☐ Positive ☐ Equivocal

Assay/Kit

Lot number

PCR Result ☐ Positive ☐ Negative

Assay/Kit

Lot number

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Antibiotics Start Date D D M M Y Y

Antibiotics Completion Date D D M M Y Y

Antibiotics given

Date of onset D D M M Y Y

☐ Intensive Care Unit

☐ COVID-19 Positive

Further Comments

☐ Bird contact

☐ Extracorporeal membrane oxygenation (ECMO)

☐ Sheep / ruminant contact