N1

UKHSA Microbiology request form

UK Health Security Agency

Mycobacterium Referral

For Positive Cultures only being sent to NMRS-S

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:

☐ Extra-Pulmonary
☐ Pulmonary

Specimen isolation site

Culture Type

☐ MGIT
☐ Löwenstein–Jensen (LJ)
☐ 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.

TESTS REQUESTED

☐ Identification & Sensitivities ☐ NTM Sensitivities* _____ ☐ Other* _____

**Please specify reason or contact NMRS-S before sending sample.*

SENDER'S LABORATORY RESULTS

Microscopy & Smear results ☐ Negative ☐ Not Done ☐ Positive Ziehl-Neelsen ☐ Positive Auramine-phenol Beading/cording seen? Yes ☐ No ☐

Other results

☐ TB PCR Positive
☐ TB CARD / MPT64 Positive
☐ Other _____ *(please specify)*

Rifampicin Resistance detected No ☐ Yes ☐ _____ *(please specify method)*

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)