



UK Health  
Security  
Agency

# Referral for Primary Samples

**Culture and PCR Detection\* of *M. tuberculosis* Complex (MTBC) and Conferred Resistances**

\*This is a chargeable service, please contact the NMRS-S for the current price list.

**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:

Date of collection

D D M M Y Y

Time

Date sent to UKHSA

D D M M Y Y

**Specimen type \***

(please select **one** option only)

Ascitic Fluid

Bronchoalveolar Lavage (BAL)

Blood

Bone Marrow

CSF

EBUS

Pleural Fluid

Pus

Sputum

Tissue / Biopsy

(Please specify)

Other

(Please specify)

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.

\*Note: A **minimum** of 0.5ml Whole CSF (e.g., not supernatant) is needed. All the other fluids require a **minimum** volume of 1ml.

## TESTS REQUESTED

MTBC RT-PCR & Rifampicin Resistance

Microscopy & Culture

MTBC RT-PCR for Extensive Drug Resistance (XDR). Please contact NMRS-South clinician **before** sending sample.

## SENDER'S LABORATORY RESULTS

**Microscopy & Smear results**

Negative

Not Done

Positive Ziehl-Neelsen

Positive Auramine-phenol

Beading/ Cording Yes  No  seen?

**TB detected by**

TB PCR

TB CARD/ MPT64

Unknown

**Rifampicin Resistance detected**

No  Yes

**Reason for test**

Suspected TB Multi-Drug Resistant

Poor clinical progress

Detection of MTBC

## 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)