



UK Health
Security
Agency

Request Form for Clinical Public Health Gastrointestinal Samples only

Failure to complete all fields may lead to sample rejection
UKHSA Public Health Laboratory, Birmingham
Pathology Building, Heartlands Hospital, Birmingham B9 5ST

Incident Log (Ilog) name & number/ HP Zone number:				Laboratory Request Number (Lab use only)	
PATIENT DETAILS					
SURNAME				Address	
FIRSTNAME					
Date of Birth (dd/mm/yyyy)					
Sex	Male <input type="checkbox"/>		Female <input type="checkbox"/>		
NHS Number				Postcode	
SAMPLE DETAILS					
Date of sample collection (dd/mm/yy)	Time of sample collection	Date of onset:	Sample type e.g Throat swab, faeces, serum		
CLINICAL DETAILS					Occupational contact
					Y/N
Sender Details					
Local Authority Name:					
Health protection Team:	West Midlands HPT / East Midlands HPT (delete as applicable)				
Requestors telephone number:					
INVESTIGATIONS: tick appropriate request from list below					
Outbreak investigation <i>Campylobacter, Salmonella, Shigella/EIEC, STEC stx1/stx2, Cryptosporidium, Giardia, Norovirus, Rotavirus, Adenovirus, Astrovirus, Sapovirus, Vibrio species, Yersinia enterocolitica, Entamoeba histolytica, Clostridiodes difficile.</i>					
Testing for toxin producing organisms. (Tick organism required) ***Please inform the laboratory in advance before sending samples so that the appropriate media can be ordered ***				<input type="checkbox"/> <i>Clostridium perfringens</i> <input type="checkbox"/> <i>Staphylococcus aureus</i> <input type="checkbox"/> <i>Bacillus cereus</i>	
Clearance testing (please state which organism)					
Single organism screen (please state which organism)					
Other: please state e.g. sporadic case, follow-up case, household contact					

Guidance notes for submitting samples:

- **Please contact the laboratory to obtain Ilog number.**
- When submitting samples from confirmed or possible incidents associated with containment level 3 pathogens e.g., typhoid, dysentery, cholera, O157 or HUS, clinical details must be provided
- Use one request form for each sample submitted.
- Failure to complete all fields may lead to sample rejection.
- Samples must be clearly labelled with surname, forename, date of birth, NHS number (if available) and date and time of collection to avoid rejection.
- Approx. 5ml of liquid sample or walnut-sized sample required to avoid rejection.

Laboratory opening hours:

Monday to Friday (including Bank Holidays but excluding Christmas Day): 07:00 – 20:00

Saturday and Sunday: 08:00 – 16:00

Christmas Day 08:00 – 12:00

For enquiries call 0121 424 3111