UK Health Security Agency

Request Form for Clinical Public Health Gastrointestinal Samples only

See guidance notes overleaf

UKHSA Public Health Laboratory, Birmingham
Pathology Building, Heartlands Hospital, Birmingham B9 5ST

Incident Log (ILOG) number	**Laboratory Request Number (Lab use only)**

PATIENT DETAILS			
SURNAME		Address	
FIRSTNAME			
Date of Birth (dd/mm/yyyy)			
Sex	Male ☐	Female ☐	
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

Sample Collected by?		
Requesting Local Authority Name:		
Health protection Team: (Copy of results MUST be sent to HPT)	**West Midlands HPT / East Midlands HPT (delete as applicable)**	
Requestors name & telephone number:		

INVESTIGATIONS: tick appropriate request from list below	
Outbreak investigation *Campylobacter, Salmonella, Shigella/EIEC, STEC stx1/stx2, Cryptosporidium, Giardia, Norovirus, Rotavirus, Adenovirus, Astrovirus, Sapovirus, Vibrio species, Yersinia enterocolitica, Entamoeba histolytica, Clostridiodes difficile.*	
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 *****	☐ *Clostridium perfringens* ☐ *Staphylococcus aureus* ☐ *Bacillus cereus*
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	

PH Request form MI.F192 version 9
Author: Comfort Maduako

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. In the patient details field, complete patients first name, surname and DOB as a minimum. Failure to do so will result in rejection of the sample.
- Samples **MUST** be clearly labelled with at least two patient identifiers (full name (first and surname), date of birth, NHS number (if available)) and date and time of collection. Lack of sufficient details will result in rejection of the sample.
- Approx. 5ml of liquid sample or walnut-sized sample is required to avoid rejection.

Laboratory opening hours:

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

Saturday, Sunday & Bank Holidays (excluding Christmas day): 08:00 -16:00

Christmas Day 08:00 – 13:00

For result enquiries during working hours call 0121 424 3111

For urgent enquiries outside working hours, please contact Heartlands Hospital switchboard on 0121 424 2000 and ask for either the Consultant Virologist/Microbiologist on call or the Biomedical Scientist on call.

To request sample containers and collection kits, email BirminghamLab@UKHSA.gov.uk