Y3

UKHSA Microbiology request form

UK Health Security Agency

Brucella Serology Referral

Brucella Reference Unit
Clinical Sciences Support Building
Liverpool University Hospital NHS Foundation Trust
Mount Vernon Street,
Liverpool, L7 8YE

0151 706 4410
www.gov.uk/UKHSA
brucellaqueries@liverpoolft.nhs.uk

DX6967103
Liverpool 94L

Please write clearly in dark ink

SENDER'S INFORMATION

Sender's name and address

Postcode

Contact number:

Hospital name *(if different from sender's name)*

Ward/clinic name

Hospital number

Patient's Health Protection Team

Purchase order number

PATIENT/SOURCE INFORMATION

NHS number

Surname

Forename

Sex ☐ Male ☐ Female ☐ Not known/other

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

Patient's postcode

Do you suspect from clinical or lab information that patient is infected with Hazard Group 3 or 4 pathogen (in addition to the requested investigation)?

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

SAMPLE INFORMATION

Your reference

Date of collection D D M M Y Y Time

Date sent to UKHSA D D M M Y Y

☐ Routine ☐ Urgent

Sample type

- ☐ Serum/clotted blood
- ☐ Plasma
- ☐ EDTA whole blood
- ☐ CSF (Please send paired sera)

Antibiotics given?

☐ Yes ☐ No

Request

- ☐ *Brucella* serology/PCR (non-canis)
- ☐ *Brucella canis*

If canis requested:

- ☐ Symptomatic
- ☐ Asymptomatic

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Brucella serology/PCR (non-canis)

Risk Factors

- ☐ Calving
- ☐ Dealing with cattle still births
- ☐ Consumption of unpasteurised milk/ cheese

☐ Exposure details

State country

Brucella canis

- ☐ Occupational exposure (e.g. veterinary surgeon)
- ☐ Non-occupational exposure (e.g. owner of infected dog)
- ☐ Test advised by UKHSA

Date of exposure D D M M Y Y

☐ Detail exposure

Please state

Clinical Features

- ☐ Acute onset
- ☐ Insidious onset
- ☐ Fever
- ☐ Night sweats
- ☐ Fatigue
- ☐ Anorexia
- ☐ Weight loss
- ☐ Headaches
- ☐ Arthralgia

☐ Other *(please specify)*

Date of symptom onset D D M M Y Y

Complications

- ☐ Epididymo-orchitis
- ☐ Bone/joint Involvement
- ☐ Endocarditis
- ☐ Suppurative organ infection *(e.g. spleen)*
- ☐ Abnormal liver function tests

☐ Other *(please specify)*

OTHER COMMENTS