

Meningococcal Reference Unit (MRU) Request Form

Please complete all essential fields. Refer to [MRU User Manual](#) for sample submission guidance.

Sender details	Sending Laboratory*:					
	Address:					
	Telephone number:		Out of hours contact no:			
	Name of Health Protection Team (district of patient's residence):					
Patient Details	Surname*:		Patient Address:			
	Forename*:					
	Date of birth*:					
	Sex*: male female					
Clinical Details	NHS number*:		Patient post code:			
	<small>*Essential information</small>					
	Hospital number:		Ward:	Consultant:		
Clinical Details	Date of onset:		Fatal case?: yes no NK			
	Clinical Details		Patient status: case carrier contact			
			Recent travel abroad: yes no NK			
			Country of travel:			
Sample details	Antibiotic treatment:		Case type: sporadic outbreak			
			Contact history: family school NK			
	Further information (associated cases, transfers from other hospitals etc):		Meningococcal Vaccination History			
			Plain polysaccharide: A, C, Y, W Conjugated polysaccharide: A, C, Y, W Protein-based vaccine (eg. Bexsero®) Other			
Sample details	Test required	Specimen clinical site/ Sample type*	Senders Lab Reference	Date of collection	MRU use only	
	<i>N. meningitidis</i> cultures Identification, typing & antibiotic susceptibility (MIC) testing	1.				*NOTE: Original throat swabs are unsuitable for PCR but will be plated to check for <i>N. meningitidis</i> growth
		2.				
		3.				
	Real-time PCR	1.				
2.						
Meningococcal PCR	3.					
Pneumococcal PCR	4.					

Meningococcal serology samples must be submitted to the Vaccine Evaluation Unit using the [Vaccine Preventable Serology request form](#).