



Salmonella Referral

Laboratory of Enteric Pathogens
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London NW9 5HT

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LEP@hpa.org.uk
www.hpa.org.uk/SRMTests

HPA Colindale
Cfl (LEP)
DX 6530008
Colindale NW

Please write clearly in black ink

SENDER'S INFORMATION

Sender's name and address

Purchase order number

Project code

HPA outbreak/investigation

ILog number

Postcode

Phone

Ext

PATIENT/SOURCE INFORMATION

Human Animal*
 Food* Water* Environment* Other*

Inpatient Outpatient GP patient

*Please specify

Other (please specify)

NHS number

Hospital name (if different from sender's name)

Surname

Ward/clinic name

Forename

Hospital number

Patient's CCDC

Sex

male

female

Medico-legal case

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

Patient's postcode

SAMPLE INFORMATION

Your reference

Please state the presumptive identification

Sample type Faecal Blood Urine

Other (please specify)

Please indicate if you suspect that the referred isolate is

Date of collection | D | D | M | M | Y | Y | Time

S. Typhi S. Paratyphi A, B or C Other HG 3
and therefore requires handling at containment level 3

Date sent to HPA | D | D | M | M | Y | Y |

Priority status

TESTS REQUESTED

Please specify

SENDER'S LABORATORY RESULTS

Serology: PSO PSH 1+2 PSH 2

O antigens Vi 4 6, 7 8 9 3,10 15 Other (specify)

H Phase 1 E G L a b d i m p r z z10 Other (specify)

H Phase 2 (please specify)

Comments

Salmonella identified (biochemically) Yes No

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Clinical details

Abdominal pain Enteritis
 Asymptomatic Fatal
 Diarrhoea Fever
 Diarrhoea (Bloody) Vomiting
 Meningitis Other (specify)

Outbreak Type

General Household Sporadic case

Outbreak details

Recent foreign travel? Yes No

Country

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Salmonella subgenus

Antigenic structure

Salmonella

Phage type

R-type

All requests are subject to HPA standard terms and conditions, available at www.hpa.org.uk/hpa/standardterms.htm

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