



Helicobacter Referral

Laboratory of Enteric Pathogens
61 Colindale Avenue
London NW9 5HT

Phone +44 (0)20 8327 6111/6114
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 Biopsy Culture
 Faecal sample (complete treatment history)

Biopsy site

Other (please specify)

Gastric antrum Gastric corpus Duodenum

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

Other (please specify)

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

Priority status

TESTS REQUESTED

Isolation/ID/Antibiotic susceptibility

PCR (if biopsies culture negative)

Stool Antigen test

SENDER'S LABORATORY RESULTS

Please indicate the results of any

Serology tests:

Positive

Negative

Unknown

H. pylori breath test:

Positive

Negative

Unknown

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Clinical details

Dyspepsia

Gastric cancer

Peptic ulcer

B cell MALT lymphoma

Other (please specify)

Treatment history

Previous *H. pylori* therapy

Yes

No

Not known

If Yes, treatment given:

Completion Date:

| D | D | M | M | Y | Y

Patient has had antacid
and/or antibiotic treatment
in the last 4 weeks

Yes

No

Not known

OTHER COMMENTS