

**Health Protection Agency,  
National Mycobacterium Reference  
Laboratory**

Abernethy Building,  
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For NMRL USE ONLY

Received: \_\_\_\_\_


**NMRL Reference No**

Film results +/-A/O/AFB/Cx

Liquid Solid Pigmented Cx

**PLEASE WRITE CLEARLY IN BLACK BALL POINT**

**Patients details**

Surname \_\_\_\_\_

Forenames \_\_\_\_\_

Address \_\_\_\_\_

Post code \_\_\_\_\_

Date of birth \_\_\_ / \_\_\_ / \_\_\_

Sex: Male  Female  Don't know

Prior TB therapy? Yes  No

if YES, when? \_\_\_\_\_

Immunosuppressed: Yes  No  Don't know

Weight loss: Yes  No  Don't know

Fever? Yes  No  Don't know

Other clinical info \_\_\_\_\_

\_\_\_\_\_

Source lab \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Telephone \_\_\_\_\_ Ext \_\_\_\_\_

Lab Consultant \_\_\_\_\_

Your lab no: \_\_\_\_\_ Purchase Order No \_\_\_\_\_

Specimen collection date \_\_\_ / \_\_\_ / \_\_\_ time \_\_\_\_\_.

Specimen type \_\_\_\_\_

Is it a: Positive Culture  Primary Specimen

Was it: Smear positive  Not done

Smear negative  Unknown

Clinical / Patients' Consultant \_\_\_\_\_

**Examination required:** Identification & Sensitivities  Extra Sensitivities  Other \_\_\_\_\_

Microscopy  Culture  **NB for Fastrack investigations please use a Fastrack form.**

**Please answer the following questions**

If previous TB, what was the treatment? \_\_\_\_\_

What was the site of the TB? \_\_\_\_\_

Ethnic origin: African  Caribbean  Indian Sub Continent  White  Mixed  Unknown  Other

Country of origin \_\_\_\_\_

Other relevant information \_\_\_\_\_

Invoice Address (if different from above)

\_\_\_\_\_

\_\_\_\_\_

NMRL reference number