



Health
Protection
Agency

Syphilis / Chancroid Referral

**Sexually Transmitted Bacteria
Reference Laboratory**
61 Colindale Avenue
London NW9 5HT

Phone: +44 (0)20 8327 6464
STBRL@hpa.org.uk
www.hpa.org.uk/SRMTests

HPA Colindale
Cfl (STBRL)
DX 6530014
Colindale NW

Please write clearly in dark ink

SENDER'S INFORMATION

Sender's name and address

Report to be sent FAO

Contact Phone Ext

Purchase order number

Project code

Postcode

PATIENT/SOURCE INFORMATION

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

Have previous samples been sent to HPA Yes No

Patient's postcode

HPA reference number

SAMPLE INFORMATION

Your reference

Sample type

Serum CSF

Swab *(please specify)*

Other *(please specify)*

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

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

Priority status

Do you suspect from clinical or lab information that patient is infected with a Hazard Group 3 or 4 pathogen (excluding HIV)?

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

STBRL will accept serum and CSF for confirmation of serological diagnosis of syphilis, and swabs for molecular detection of *Treponema pallidum* and *Haemophilus ducreyi*.

SENDER'S LABORATORY RESULTS

Please enter laboratory results that initiated referral

Primary results Positive Negative Equivocal

Kit used *(please specify)*

Positive Negative Equivocal

Kit used *(please specify)*

Positive Negative Equivocal

Kit used *(please specify)*

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Clinical signs Yes No

Patient group from which sample was derived

Please specify *(if known)*

GUM attendee / Sexual health screen

Antenatal screen

Dementia screen

GP patient

Other *(please specify)*

OTHER COMMENTS

REFERRED BY

Name

Signature

Date

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