



Health  
Protection  
Agency

Please write clearly in dark ink

# LGP Serodiagnosis Referral

*E. coli, Yersinia, Salmonella*

Laboratory of Gastrointestinal  
Pathogens  
61 Colindale Avenue  
London NW9 5HT

Phone: +44 (0)20 8327 6111/6173  
LGP@hpa.org.uk  
www.hpa.org.uk/SRMTests

HPA Colindale  
Cfl (LGP)  
DX 6530008  
Colindale NW

## SENDER'S INFORMATION

Sender's name and address

Postcode

### Report to be sent FAO

Contact Phone Ext

### Purchase order number

Project code

HPA outbreak/investigation

ILog number

## PATIENT/SOURCE INFORMATION

Human  Animal\*

\*Please specify

NHS number

Surname

Forename

Sex  male  female

Date of birth 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Age

Patient's postcode

Inpatient  Outpatient  GP patient

Other (please specify)

Hospital name (if different from sender's name)

Ward/clinic name

Hospital number

Patient's CCDC

Medico-legal case

## SAMPLE INFORMATION

### Your reference

Sample type  Blood  Saliva  Serum

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 Hazard Group 3 or 4 pathogen (in addition to the requested investigation)?**  Yes  No  Unknown

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

## TESTS REQUESTED

*Yersinia enterocolitica*  *S. Typhi*  *S. Paratyphi B*  Other (please specify)  
 *Yersinia pseudotuberculosis*  *S. Paratyphi A*  *S. Paratyphi C*  
 *E. coli* O157

## CLINICAL/EPIDEMIOLOGICAL INFORMATION

### Clinical details

Abdominal pain  Enteritis  
 Asymptomatic  Fatal  
 Diarrhoea  Guillain Barré syndrome  
 Diarrhoea (Bloody)  Pyrexia/Fever  
 Diarrhoea (Watery)  Vomiting

Other (please specify)

Renal dialysis

Recent blood transfusion

Recent foreign travel?  Yes  No

Country

### Case/outbreak type

Sporadic case  Household  
 Community  Residential care  Hospital  
 Restaurant  Hotel  School  
 Shop  Nursery  Prison  
 Takeaway  Public House  Farm

Other (please specify)

Antibiotic treatment

Vaccination history

## OTHER COMMENTS