



Health
Protection
Agency

Food Samples/Cultures

Histamine, Bacillus sp., C.botulinum, C. perfringens, Listeria sp. and S. aureus

Laboratory of Gastrointestinal
Pathogens
61 Colindale Avenue
London NW9 5HT

Phone: +44 (0)20 8327 7539/6141
LGP@hpa.org.uk
www.hpa.org.uk/SRMTests

HPA Colindale
Cfl (LGP)
DX 6530008
Colindale NW

Please write clearly in dark ink

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

Your reference

Sample Type

Isolate from food *(please specify)*

Isolate from environment *(please specify)*

Food *(please specify)*

Date of collection

D	D	M	M	Y	Y
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 Time

Date sent to HPA

D	D	M	M	Y	Y
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Do you suspect that the isolate you are referring could be Hazard Group 3 ? Yes No Unknown

Please provide preliminary ID and laboratory results

Please state the presumptive identification

Priority status

Food details

Remnant Same Batch

Raw Cooked Fresh Frozen

Canned open Canned unopened Other packaging *(please specify)*

Condition of packaging Brand Best before/use by

D	D	M	M	Y	Y
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Canning code Barcode Date of manufacture

D	D	M	M	Y	Y
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Storage temperature Batch/lot number Country of origin

Sampling Officer Contact phone/fax/email

EHO Address *(if different from sender's address)*

Tag Number EHO sender's reference number

Temperature on sampling Storage and transport conditions

Sampling point Place of sampling

TESTS REQUESTED

	Toxin/Gene detection	Isolation	Identification	Typing
Bacillus sp*			<input type="checkbox"/>	
B. cereus*			<input type="checkbox"/>	<input type="checkbox"/>
C. botulinum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. perfringens*			<input type="checkbox"/>	<input type="checkbox"/>

* Note: Not UKAS accredited

	Toxin/Gene detection	Isolation	Identification	Typing
Histamine (Scombrototoxin)	<input type="checkbox"/>			
Listeria sp*			<input type="checkbox"/>	<input type="checkbox"/>
S. aureus*	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other <i>(please specify, these may not be UKAS accredited; contact laboratory)</i>				

SENDER'S LABORATORY RESULTS

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Diarrhoea Vomiting Headache Abdominal pain Nausea Encephalitis
 Fever Rash Flushing Meningitis Septacemia

Other including neurological

Date of onset

D	D	M	M	Y	Y
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 Onset time am/pm Duration of symptoms

Number symptomatic Number exposed

OTHER COMMENTS