



Health
Protection
Agency

Microbial Identification

Department for Bioanalysis and
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www.hpa.org.uk/SRMTests

HPA Colindale
Cfl
DX 6530001
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

PATIENT/SOURCE INFORMATION

Human Animal*
 Food* Water* Environment* Other*

*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

SAMPLE INFORMATION

Your reference

Sample type Isolate Clinical specimen
(from normally sterile site)

Isolation site / Source

Blood Environment Faeces
 Food Nose Skin
 Sputum Urine Wound

Other (please specify)

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

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

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

If yes, give all relevant details

If referring an isolate, give preliminary ID and lab results

Note: If infection with a Hazard Group 4 pathogen is suspected, from clinical
information or travel history, **you must** contact Reference Lab **before** sending

Please state the presumptive identification

Priority status

TESTS REQUESTED

Microbial Identification of

Actinomycetes Atypical bacteria Culture-negative specimen
 Anaerobe Bacillus sp.

SENDER'S LABORATORY RESULTS

API profile no API kit

Growth requirement

Other information

Stain

Gram positive
 Gram negative
 Other (please specify)

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Recent foreign travel? Yes No

Country

OTHER COMMENTS