



Please write clearly in dark ink

Atypical Pneumonia Unit

Legionella, Mycoplasma, Ureaplasma, Bordetella, Bartonella & Respiratory Chlamydia

**Respiratory & Systemic
Infection Laboratory**
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www.hpa.org.uk/SRMTTests

HPA Colindale
Cfl (RSIL)
DX 6530011
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*
 Food* Water* Environment* Other*

*Please specify

NHS number

Surname

Forename

Sex male femaleDate of birth

D	D	M	M	Y	Y	Y	Y
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 Age

Patient's postcode

- Inpatient Outpatient GP patient

 Other (please specify)

Hospital name (if different from sender's name)

Ward/clinic name

Ward type

Hospital number

Patient's HPU

SAMPLE INFORMATION

 Serum sample 1 **Your reference**Date of collection

D	D	M	M	Y	Y
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 Time Serum sample 2 **Your reference**Date of collection

D	D	M	M	Y	Y
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 Time Urine sample **Your reference**Date of collection

D	D	M	M	Y	Y
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 Time Clinical specimen **Your reference**Specimen type siteDate of collection

D	D	M	M	Y	Y
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 Time

Do you suspect from clinical or lab information that patient is infected with Hazard Group 3 or 4 pathogen?

If yes, give all relevant details Yes No

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 Isolate **Your reference**Specimen type siteDate of collection

D	D	M	M	Y	Y
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 Time

Priority status

Date sent to HPA

D	D	M	M	Y	Y
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TESTS REQUESTED

Legionella

- L. pneumophila* antibodies*
 L. pneumophila Sgp 1 antigen in urine*
 Clinical specimen for antigen detection/culture
 Culture for identification confirmation or typing

 Other (please specify)

Mycoplasma/Ureaplasma

- Clinical specimen for *M. pneumoniae*
 Clinical specimen for *U. urealyticum*/*M. hominis*
 Culture for identification

 Other (please specify)

Bordetella

- B. pertussis* antibodies
 Clinical specimen for PCR detection
 Culture for identification

 Other (please specify)

Bartonella

- Bartonella antibodies
 Other (please specify)

Respiratory Chlamydia

- Chlamydia PCR
 (must contact Lab before sending)

SENDER'S LABORATORY RESULTS

* for *L. pneumophila* antibodies and *L. pneumophila* urine tests. If the results of primary testing are not given, we will treat this as a request for referred work and a charge will be levied.

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Date of onset

D	D	M	M	Y	Y
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