



Health
Protection
Agency

Clinical Specimens / Cultures

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

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/SRMTTests

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

NHS number

Surname

Forename

Sex male female

Date 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

Hospital number

Patient's CCDC

SAMPLE INFORMATION

Your reference

Sample type

Specimen Isolate

Specimen Details

Blood Serum Faeces CSF

Other (please specify)

Date of collection

D	D	M	M	Y	Y	Time
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Date sent to HPA

D	D	M	M	Y	Y
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Priority status

Do you suspect from clinical or lab information that patient is infected with hazard group 3 or 4 pathogen? Yes No

If yes, give all relevant details

Unknown

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

TESTS REQUESTED

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

* Note: Toxin/Gene detection is performed directly in clinical material

	Toxin/Gene detection*	Isolation	Identification	Typing
<i>C. tetani</i>	<input type="checkbox"/>			
<i>Listeria sp</i>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<i>S. aureus</i>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (please specify)				

SENDER'S LABORATORY RESULTS

Organism count (cfu/g)

Other information

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