



Health
Protection
Agency

Salmonella Referral

Laboratory of Gastrointestinal
Pathogens
61 Colindale Avenue
London NW9 5HT

Phone: +44 (0)20 8327 6111/6142
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

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

Medico-legal case

SAMPLE INFORMATION

Your reference

Isolated from Faecal Blood Urine

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 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

Hazard group 3 isolates

S. Typhi S. Paratyphi A, B or C Other HG 3

TESTS REQUESTED

Please specify

SENDER'S LABORATORY RESULTS

Serology: PSO PSH 1+2 PSH 2

O antigens Vi 4 6, 7 8 9 3,10 15 Other (specify)

H Phase 1 E G L a b d i m p r z z10 Other (specify)

H Phase 2 (please specify)

Salmonella identified (biochemically) API VITEK1 VITEK2 Other (specify)

Comments / Profile No.

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Clinical details

Abdominal pain Enteritis
 Asymptomatic Fatal
 Diarrhoea Fever
 Diarrhoea (Bloody) Vomiting
 Meningitis Other (specify)

Outbreak Type

General Household Sporadic case

Outbreak details

Recent foreign travel? Yes No

Country

FOR LGP USE ONLY

Salmonella subgenus

Antigenic structure

Salmonella

Phage type

R-type