



Please write clearly in dark ink

Streptococcus & Diphtheria Unit

WHO Collaborating Centre for Diphtheria & Streptococcal infections

Respiratory & Systemic
Infection Laboratory
61 Colindale Avenue
London NW9 5HT

Phone +44 (0)20 8327 7289 (Lab)
Phone +44 (0)20 8327 7270 (Unit Head)
Phone +44 (0)20 8327 7222 (Director)
www.hpa.org.uk/SRMTests

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 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

Ward type

Hospital number

Patient's HPU

SAMPLE INFORMATION

Your reference

Sample type

- Isolate* Serum

 Other (please specify)

*If isolate please indicate original specimen type

- Blood CSF

 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?

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

Please state the presumptive identification

Priority status

TESTS REQUESTED

Epidemiological typing of:

- Group A Streptococcus
 Group B Streptococcus
 Group C Streptococcus †
 Group G Streptococcus †
 Streptococcus pneumoniae
 Other SDRU investigation (please specify)

† We are no longer able to offer the Group C/G reference service on a 'routine basis'. However, the service will continue to be available for urgent public health investigations and in other relevant clinical circumstances but **only after discussion and agreement** with either Dr Androulla Efstratiou (020 8327 7270) or Dr Robert George (020 8327 7222).

- Identification of *Streptococcus sp* and related genera (charged service) (please ensure you have provided a presumptive identification if possible)
 Identification & toxigenicity testing of *Corynebacterium diphtheriae** or other potentially toxigenic corynebacteria (*C. ulcerans*, *C. pseudotuberculosis*)
 Diphtheria immunity/Vaccination studies* *Please state vaccination history under clinical information
 Tetanus immunity/Vaccination studies*
 MICS (*Streptococci/pneumococci* only)

Reason for seeking MICS

SENDER'S LABORATORY RESULTS

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Date of onset | D | D | M | M | Y | Y |