L2

HPA Microbiology request form

Health Protection Agency

Please write clearly in dark ink

E. coli, Shigella, Yersinia, Vibrio Referral

Laboratory of Gastrointestinal Pathogens
61 Colindale Avenue
London NW9 5HT

Phone: +44 (0)20 8327 6111/6173
LGP@hpa.org.uk
www.hpa.org.uk/SRMTests

HPA Colindale
CfI (LGP)
DX 6530008
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

Hospital number

Patient's CCDC

☐ Medico-legal case

SAMPLE INFORMATION

Your reference

Sample type

☐ Isolate* ☐ Faecal specimen

*If isolate please indicate original specimen type

☐ Blood ☐ Faeces ☐ Wound

☐ Saliva ☐ CSF ☐ Urine

☐ Sputum

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

Presumptive identification

☐ Escherichia

☐ Shigella

☐ Yersinia

☐ Vibrio

Hazard group 3 isolates

☐ *E. coli* O157

☐ Other VTEC

☐ *Sh. dysenteriae 1*

☐ *Y. pestis*

☐ Other *(please specify)*

TESTS REQUESTED

Please specify

SENDER'S LABORATORY RESULTS

Organism identified *(biochemically)* ☐ API ☐ VITEK1 ☐ VITEK2 ☐ Other *(specify)*

Comments / Profile No.

Agglutination negative Shigella strains may indicate atypical VTEC. Please state results:

Serology: ☐ *Sh. boydii* ☐ *Sh. dysenteriae* ☐ *Sh. flexneri* ☐ *Sh. sonnei* ☐ Agglutination negative ☐ O157 ☐ Not done

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Clinical details

☐ Abdominal pain ☐ Enteritis

☐ Asymptomatic ☐ Fatal ☐ Post-mortem sample

☐ Diarrhoea ☐ Guillain Barré syndrome

☐ Diarrhoea (Bloody) ☐ Pyrexia/Fever

☐ Diarrhoea (Watery) ☐ Vomiting

☐ Other *(please specify)*

Recent foreign travel? ☐ Yes ☐ No

Country

Case/outbreak type

☐ Sporadic case ☐ Household

☐ Community ☐ Residential care ☐ Hospital

☐ Restaurant ☐ Hotel ☐ School

☐ Shop ☐ Nursery ☐ Prison

☐ Takeaway ☐ Public House ☐ Farm

☐ Other *(please specify)*

Antibiotic treatment

OTHER COMMENTS

CPA
Accredited Medical Laboratory
Reference No.1683