



Special Pathogens Reference Unit

HPA Microbiology Services
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Please write clearly in dark ink

HPA Microbiology request form

SENDER'S INFORMATION

Sender's name and address

Postcode

Report to be sent FAO

Direct Phone

Direct Phone (out of hours)

Purchase order number

Project code

PATIENT/SOURCE INFORMATION

Human Animal* 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

Hospital name (if different from sender's name)

ITU or Other ward/clinic

Hospital number

Patient's CCDC

Pregnant Yes No Gestation Unknown weeks

Have previous samples been sent to HPA Yes No

HPA reference number

SAMPLE INFORMATION

Your reference

Sample type

Serum EDTA whole blood CSF Plasma

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 (in addition to the requested investigation)? Yes No

If yes, give all relevant details

Note: If infection with a Hazard Group 4 pathogen is suspected, from clinical information or travel history, **you must** contact Reference Lab **before** sending

Priority status

TESTS REQUESTED

Provide details of investigation required

Special Pathogens Reference Unit to select most appropriate test(s) based on clinical information provided below

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Foreign Travel within previous 21 days? Yes No

Purpose of travel

Date of travel (from UK) | D | D | M | M | Y | Y |

Date returned (to UK) | D | D | M | M | Y | Y |

Onset date | D | D | M | M | Y | Y |

Countries/areas visited

Urban area Rural area Open country Forests

Mosquito bite Tick bite Other insect bite*

Livestock exposure Other exposure*

**Please specify*

Vaccination History

Yellow Fever Tick-borne encephalitis

Japanese encephalitis Anthrax

Relevant Occupational History

Suspected Diagnosis based on the following clinical features

Fever Arthralgia Respiratory symptoms

Retro-orbital pain Myalgia Sore throat

Eschar Encephalitis Endocarditis

Rash Meningitis Abnormal LFTs

Neutrophilia Lymphocytosis Leucopenia

Thrombocytopenia

Bleeding/haemorrhage (please specify)

Other clinical details

Antimicrobials given (where appropriate)

REFERRED BY

Name Signature Date | D | D | M | M | Y | Y |

