



Please write clearly in dark ink

LGV Outbreak Referral

**Sexually Transmitted Bacteria
Reference Laboratory**
61 Colindale Avenue
London NW9 5HT

Phone: +44 (0)20 8327 6464
STBRL@hpa.org.uk
www.hpa.org.uk/SRMTests

HPA Colindale
Cfl (STBRL)
DX 6530014
Colindale NW

SENDER'S INFORMATION

Sender's name and address

Postcode

Report to be sent FAO

Contact Phone Ext

Purchase order number

Project code

PATIENT/SOURCE INFORMATION

NHS number

Surname

Forename

Sex male femaleDate of birth

D	D	M	M	Y	Y	Y	Y
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 Age

Patient's postcode

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

- Rectal Urethral swab
 Original processed specimen Urine
 Fresh unprocessed specimen Biopsy (please specify)*
 *Other (please specify)

Date of collection

D	D	M	M	Y	Y
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 TimeDate 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 a Hazard Group 3 or 4 pathogen (excluding HIV)?

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

Referring GUM Clinician

Referring GUM Clinic

Buffer used

- None/dry swab PCR (Roche)
 SDA (BD Probetec) TMA (Aptima)
 Other (please specify)

Samples accepted STBRL will accept specimens from patients with symptoms and/or who are a contact of a positive patient (see alert sheet). STBRL will test specifically for *C. trachomatis* serovars L1, L2, L3. Please note: In order to qualify for the free-of-charge LGV typing service, referred specimens must be confirmed as *C. trachomatis* positive at the local laboratory and been sourced from patients who have either;

LGV symptoms or are contacts of an LGV case. This information needs to be recorded on the referral forms when submitted to STBRL.

All specimens sent to STBRL for LGV typing with insufficient referral details to qualify for free of charge service will be processed as normal and the referral laboratory charged without further contact with your laboratory.

SENDER'S LABORATORY RESULTS

Primary results Positive NegativeRepeat results Positive Negative

Kit used (please specify)

Kit used (please specify)

Was repeat on fresh specimen Yes No

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Clinical signs Yes NoContact of positive case Yes No

OTHER COMMENTS

REFERRED BY

Name

Signature

Date

All requests are subject to HPA standard terms and conditions, available at www.hpa.org.uk/hpa/standardterms.htm

Version effective from Oct-2010

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