

# NMRL Fastrack

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**National Mycobacterium Reference Laboratory,**  
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For NMRL USE ONLY

WHO Supranational Reference Laboratory & European Co-ordinating Centre

**NMRL LAB. No.** \_\_\_\_\_

NMRL received \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please note that the cost for this Fastrack service is £130.00 (NHS/HPA) or £160 (Non-NHS)**

**Fastrack is a service to detect the presence of *Mycobacterium tuberculosis* complex mainly in primary specimens, by molecular amplification techniques. A test, which includes an indication of rifampicin resistance is performed on specimens and positive cultures as part of fastrack.**

**A slightly more sensitive test, which only detects the presence of *Mycobacterium tuberculosis* complex, can be done on samples where sensitivity is the main concern (C.S.F's).**

**NB. Smear negative samples should be discussed with our laboratory Clinical staff.**

**Specimen type\*:** \_\_\_\_\_ is it the original sample  or a Positive Culture   
(\*untreated if possible)

**For C.S.F.'s a minimum of 0.5ml is needed; two samples should be sent wherever possible (one charge covers both specimens).**

**Smear result; was it:** Positive  Negative  Not done  Unknown

**Rifampicin Resistance:** Reason for request  Person on treatment now  Poor clinical progress

**Please complete all the following details:** **Specimen collection date** \_\_\_\_\_ **time** \_\_\_\_\_

**Patient's name:** Last \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**D.O.B:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Sex :** M / F / Unknown. **Patient address:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Has TB been diagnosed previously?** Yes / No / Unknown. **HIV status:** Positive / Negative / Unknown

**Brief case history including treatment:** \_\_\_\_\_

**If CSF:** White cells: \_\_\_\_\_ Lymphocytes: \_\_\_\_\_ Neutrophils: \_\_\_\_\_ Red Cells: \_\_\_\_\_

Glucose: \_\_\_\_\_ Protein: \_\_\_\_\_ Blood Glucose: \_\_\_\_\_

**Immunocompromised?** Yes  No  Don't know  **Weight loss:** Yes  No  Don't know

**Fever?** Yes  No  Don't know  **Abnormal CXR:** Yes  No  Don't know

**Source lab** \_\_\_\_\_ **Your Lab No:** \_\_\_\_\_ **Purchase Order No** \_\_\_\_\_

**Address** \_\_\_\_\_

**Lab. Consultant** \_\_\_\_\_ **Telephone** \_\_\_\_\_ **Ext. /Bleep** \_\_\_\_\_

**Invoice Address** (if different) \_\_\_\_\_

## Authorisation

I, the undersigned, authorise the NMRL to carry out Fastrack investigations, at a cost (see above), on this sample.

I have included all relevant information, including Purchase Order Number if required, and I understand I will receive invoices for these services addressed to me for payment and accept responsibility for payments.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please Print Name:** \_\_\_\_\_

**This form must accompany each specimen submitted. Invoice will be issued to source laboratory.**