



LGP Fax NO. 020 8905 9929 (Safe haven)

**Notification of Dispatch of Cultures of Suspected Category A or B Agents to the Laboratory of Gastrointestinal Pathogens (LGP)**

**CATEGORY A:** *Clostridium botulinum* or *Yersinia pestis*

**CATEGORY B:** Vero cytotoxin producing *E. coli* (VTEC – e.g. O157) or *Shigella dysenteriae* 1

Contact Name .....

Telephone Number .....  
(direct line if available)

Sending Dept Address .....  
.....  
.....  
.....

**Senders FAX No** .....  
(Safe haven)

Unique Sample ID No. ....

To reduce possible Caldicott breeches please provide a unique number on this FAX and ensure this is written clearly on sample container. Please provide full patient ID on request form

Other Information .....  
.....  
.....  
.....

**LGP use only**

Date Sample Received .....

LGP ID No .....  
(If assigned)

Date Fax Returned .....

Senders Initials .....

**Category A: use ADR approved courier planned in advance.**

**Category B: use Category B courier NOT Royal Mail**