



Gonorrhoea Molecular Confirmation

Sexually Transmitted Bacteria Reference Laboratory
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 STBRL@hpa.org.uk
 www.hpa.org.uk/SRMTests

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 DX 6530014
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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 <hr/> Contact Phone Ext <hr/> Purchase order number <hr/> Project code <hr/>
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PATIENT/SOURCE INFORMATION

NHS number <hr/> Surname <hr/> Forename <hr/> Sex <input type="checkbox"/> male <input type="checkbox"/> female <hr/> Date of birth D D M M Y Y Y Y Age 	Hospital name <i>(if different from sender's name)</i> <hr/> Ward/clinic name <hr/> Hospital number <hr/> Patient's CCDC <hr/> <input type="checkbox"/> Medico-legal case
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SAMPLE INFORMATION

Your reference <hr/> Specimen Type <input type="checkbox"/> Urethral <input type="checkbox"/> Cervical <input type="checkbox"/> Vaginal <input type="checkbox"/> Urine <input type="checkbox"/> Rectal <input type="checkbox"/> Pharyngeal <input type="checkbox"/> *Other <i>(please specify)</i> <hr/> Date of collection D D M M Y Y Time <hr/> Date sent to HPA D D M M Y Y <hr/> 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 <u>all</u> 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 Buffer used <input type="checkbox"/> None (dry swab) <input type="checkbox"/> None (Fresh unprocessed specimen) Residual specimen in NAAT buffer Please select transport buffer: <input type="checkbox"/> SDA (BD Probetec) <input type="checkbox"/> Aptima (Genprobe) <input type="checkbox"/> PCR (Roche) <input type="checkbox"/> M2000 (Abbott) <input type="checkbox"/> Other <i>(please specify)</i>
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SENDER'S LABORATORY RESULTS

Primary GC NAAT results <input type="checkbox"/> Positive <input type="checkbox"/> Negative Repeat GC NAAT results <input type="checkbox"/> Positive <input type="checkbox"/> Negative <hr/> Gonococcal Culture Results <i>(At this anatomical site)</i> <hr/> Gonococcal Culture Results <i>(At other anatomical sites)</i>	Kit used <i>(please specify)</i> <hr/> Kit used <i>(please specify)</i> <hr/>
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CLINICAL/EPIDEMIOLOGICAL INFORMATION

Clinical signs <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Contact of positive case <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>(If yes please specify)</i>
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OTHER COMMENTS

REFERRED BY

Name	Signature	Date D D M M Y Y
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