



PUBLIC HEALTH SAMPLE REQUEST FORM

Failure to complete all fields on form may lead to sample rejection

**Infection Sciences, Pathology Building,
Southmead Hospital, Bristol, BS10 5NB.**

<u>HPZONE NUMBER / OUTBREAK NAME:</u>	<u>REQUEST NUMBER (Lab use only):</u>
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PATIENT DETAILS

NHS NUMBER (if available):									
SURNAME:				FIRST NAME:					
DATE OF BIRTH (dd/mm/yyyy):					GENDER:				
ADDRESS AND POSTCODE:									

SENDER DETAILS

REPORT LOCATION:	ZMPTO (Health Protection Team)
REQUESTOR / TEL NO.:	

SAMPLE DETAILS

SAMPLE TYPE / COLLECTION DATE:	
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INVESTIGATIONS

ENTERIC	VIROLOGY	
	VIROLOGY AND BACTERIAL MC&S	
	VIROLOGY, MC&S AND TOXIN PRODUCING PATHOGENS	
	CLEARANCE SAMPLE? IF YES, ORGANISM:	
RESPIRATORY	FULL VIROLOGY RESPIRATORY PANEL	
	AVIAN FLU	
Measles PCR		
OTHER (test(s) required)		

CLINICAL DETAILS (please write in box below, including details of any foreign travel)

Guidance notes for submitting samples

- When submitting samples from confirmed / likely incidents associated with containment level 3 pathogens, e.g. typhoid, dysentery, cholera, O157, HUS, VHF, HIV, Hep A-E or TB, clinical details must be provided.
- Test information including details of sample types and containers are available at www.nbt.nhs.uk/severn-pathology
- Use one request form for each sample submitted.
- Failure to complete all fields on form may lead to sample rejection.
- Samples must be clearly labelled with surname, forename, date of birth, NHS number (if available), sample type, date and time of sample.
- Samples delivered by post cannot be accessed by the laboratory at weekends / on bank holidays.

Result enquiries

- Complete results are available on North Bristol ICE and UKHSA 'elab'.
- For other enquiries:

Monday to Friday (0900 - 1700)	0117 414 6222
Urgent enquiries out of hours (1700 – 0900)	0117 950 5050
Weekends and bank holidays	0117 950 5050