

# Referred Syphilis Serology

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UK Health  
Security  
Agency

## SENDER'S INFORMATION

Sender's name and address

Postcode:

Contact phone number

Ext

Referred by

Name:

Signature:

Date:

## PATIENT / SOURCE INFORMATION

NHS number:

Surname or Clinic Number:

Forename:

Date of birth:

Gender (M,F or U)

## SAMPLE INFORMATION

Your reference:

Date of collection:

Sample type: Serum

☐

CSF

☐

Date sent to PHE:

## SENDER'S LABORATORY RESULTS (This box MUST be completed)

Total antibody

☐ POS

☐ NEG

☐ EQUIV

S/CO:

Kit used:

RPR / VDRL

☐ POS

☐ NEG

Titre:

Kit used:

TPPA / TPHA

☐ POS

☐ NEG

Titre

Kit used:

IgM

☐ POS

☐ NEG

☐ EQUIV

S/CO:

Kit used:

## CLINICAL DETAILS (tick all that apply)

Routine screen

☐

Suspected primary syphilis

☐

Known infection/ treatment monitoring

☐

Antenatal patient

☐

High risk patient

☐

Suspected neurological syphilis

☐

Suspected or known congenital Infection

☐

Other (give details plus any relevant information:

Previous sample sent Yes / No. If yes, Bristol PHE Reference number:

Do you suspect that the sample you are referring could be a Hazard Group 3 Risk Yes ☐ No ☐

If so please contact the Laboratory prior to sending the specimen

## TESTS REQUIRED

First positive sample for confirmation ☐

(Total antibody, IgM, TPPA, RPR, IgG blot as needed)

Second sample, previous positive ☐

(Total antibody, TPPA, RPR, IgG blot as needed)

Known treponemal antibody positive (RPR only) ☐

(>2 prior positive results)

IgG Immunoblot only ☐

Suspected congenital syphilis ☐

CSF RPR ☐