

Referred Syphilis Serology

Infections Sciences Pathology Sciences building
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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 Bristol: _____

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

| | | | | | | |
|----------------------|------------------------------|------------------------------|-----------------------------------|-----------------------------------|-----------------|-----------------|
| Total antibody assay | <input type="checkbox"/> POS | <input type="checkbox"/> NEG | <input type="checkbox"/> EQUIV | <input type="checkbox"/> Not done | S/CO: _____ | Kit used: _____ |
| Second assay | <input type="checkbox"/> POS | <input type="checkbox"/> NEG | <input type="checkbox"/> EQUIV | <input type="checkbox"/> Not done | Titre: _____ | Kit used: _____ |
| RPR/VDRL | <input type="checkbox"/> POS | <input type="checkbox"/> NEG | <input type="checkbox"/> Not done | S/CO: _____ | Kit used: _____ | |
| IgM | <input type="checkbox"/> POS | <input type="checkbox"/> NEG | <input type="checkbox"/> EQUIV | <input type="checkbox"/> Not done | S/CO: _____ | Kit used: _____ |

CLINICAL DETAILS (tick all that apply)

Suspected syphilis Asymptomatic First syphilis positive result
Possible congenital Infection Antenatal patient Confirmed previous syphilis
Other (give details for this and any relevant information on above)

Previous sample sent Yes / No Bristol UKHSA 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

Samples will undergo serological testing according to the laboratory testing algorithm. Please indicate any special requests if required.