UK Health Security Agency Cambridge Laboratory

Request form for clinical public health samples only

Laboratory address:	For laboratory use only	
UKHSA Public Health Laboratory Cambridge, Box 236, Cambridge University Hospitals NHS Foundation Trust, Cambridge Biomedical Campus, Hills Road, Cambridge, CB2 0QQ	Request number	
	Outbreak number	

Patient details			
Surname*			Address
First name *			
Date of birth * (dd/mm/yyyy)			
Gender	Male ☐	Female ☐	
NHS number			Postcode

* Fields marked with an asterisk are mandatory. Failure to complete all 3 may lead to rejection of the specimen

Date of sample collection (dd/mm/yy)	Sample type (faeces/swab/serum/etc)	Sample site (throat/skin/etc)

Sender details	Local authority name	HPT or other (please specify)

Investigating officer		Address	
Telephone number			
Email		Postcode	

ENTERIC Investigation

Clinical details	Other details	Investigations required
☐ Diarrhoea ☐ Fever ☐ Vomiting ☐ Blood in stool ☐ Recent travel – place and dates:	☐ Sporadic case ☐ Follow-up case ☐ Household contact ☐ Food handler ☐ Possible outbreak ☐ Antibiotics – name and dates:	☐ Enteric outbreak – please give suspected pathogen ☐ Single organism investigation – please state, for example salmonella etc ☐ Other – state below:

NON-ENTERIC Investigation

Clinical details	Other details	Investigations required
Please state: ☐ Recent travel – place and dates:	☐ Sporadic case ☐ Follow-up case ☐ Household contact ☐ Possible outbreak ☐ Antibiotics – name and dates:	Suspected pathogen (for example influenza, meningococcus etc)