



**UK Health
Security
Agency**

16S PCR and Sequencing Request Form

UKHSA Public Health Laboratory, Birmingham
Heartlands Hospital
Bordesley Green East
Birmingham, B9 5SS

DX6780100
Birmingham B

Sender's Information

Name and Address:

Report FAO:

Contact phone number:

Date of Request/Sending:

Patient and Sample Information

Surname:

First Name:

Date of Birth:

Sex:

M

F

NHS Number:

Hospital Number / PID:

Your lab number:

Do you suspect the patient is infected with a hazard group 3 or 4 pathogen or the isolate is a hazard group 3 or 4 organism?

Yes / No

This question MUST be answered

If yes, please give details:

Specimen type:

Clinical Sample / Bacterial Isolate

For **clinical samples** please specify sample type:

NB: must be from a normally sterile site.

Samples which have been stored in water, PBS or any other carrier medium are not suitable.

For **isolates** please specify source:

Date of collection:

Time of collection:

Clinical Details

All 16S PCR and sequencing results have a clinical validation before reporting.

Please give as much relevant clinical information as possible to aid clinical interpretation.

Sender's Laboratory Results

Please give the results of culture and/or identification tests already carried out:

Other Comments