



UK ANAEROBE REFERENCE UNIT

Submission of isolates for identification and susceptibility testing

UK Anaerobe Reference Unit,
Public Health Wales,
University Hospital of Wales,
Cardiff, CF14 4XW

Phone: +44(0)2920742171
UKAnaerobereferenceunit@wales.nhs.uk
www.publichealthwales.org/anaerobe-reference-unit
DX: 6070100 CARDIFF 90 CF

SENDER'S INFORMATION

Name and address:	Contact phone no. PO number: Report to be sent FAO: Email contact for urgent/unusual results:
-------------------	--

PATIENT INFORMATION

Surname:	Forename:
NHS number:	CRN/Hospital number:
Date of birth:	Age: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown

CLINICAL DETAILS & ANTIMICROBIAL HISTORY

<input type="checkbox"/> Bacteraemia/Sepsis	<input type="checkbox"/> Bite: human/animal (please specify)	<input type="checkbox"/> Cancer/tumour
<input type="checkbox"/> Endocarditis	<input type="checkbox"/> Immunocompromised	<input type="checkbox"/> Lemierre's
<input type="checkbox"/> Meningitis/encephalitis	<input type="checkbox"/> Necrotizing fasciitis	<input type="checkbox"/> Osteomyelitis
<input type="checkbox"/> Pneumonia/chest infection	<input type="checkbox"/> Post-surgery (please specify)	<input type="checkbox"/> Prosthetic joint replacement
<input type="checkbox"/> Post-mortem	<input type="checkbox"/> Postpartum	<input type="checkbox"/> Other (please specify)

Antimicrobial therapy:

SPECIMEN DETAILS

Sender's reference number:	Episode No (Welsh labs only):
Isolation site: <input type="checkbox"/> Blood <input type="checkbox"/> Wound* <input type="checkbox"/> Abscess* <input type="checkbox"/> Throat <input type="checkbox"/> Genital <input type="checkbox"/> IUCD <input type="checkbox"/> Bone* <input type="checkbox"/> CSF <input type="checkbox"/> Sterile Fluid* <input type="checkbox"/> Prosthesis* <input type="checkbox"/> Pus* <input type="checkbox"/> Tissue* <input type="checkbox"/> Urine <input type="checkbox"/> Faeces <input type="checkbox"/> Sputum <input type="checkbox"/> Environment <input type="checkbox"/> Animal <input type="checkbox"/> Food <input type="checkbox"/> Other* *Please specify site:	
Are Hazard Group 3 organisms suspected: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give ALL relevant details.	
Collection date:	Date sent to ARU:

SENDER'S LAB RESULTS

Presumptive ID:	
Identification <input type="checkbox"/> MALDI-TOF & score/% _____ <input type="checkbox"/> Vitek <input type="checkbox"/> API <input type="checkbox"/> Other (please specify) Gram stain: <input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> variable <input type="checkbox"/> cocci <input type="checkbox"/> bacilli <input type="checkbox"/> coccobacilli Metronidazole: <input type="checkbox"/> zone <input type="checkbox"/> no zone <input type="checkbox"/> reduced zone Growth: <input type="checkbox"/> ANO ₂ <input type="checkbox"/> O ₂ <input type="checkbox"/> CO ₂ <input type="checkbox"/> slow growing	Antimicrobial susceptibility testing In house method used: <input type="checkbox"/> Disk diffusion <input type="checkbox"/> Gradient strip <input type="checkbox"/> Microbroth dilution <input type="checkbox"/> Agar dilution Media used: <input type="checkbox"/> Brucella agar <input type="checkbox"/> 5% FAA <input type="checkbox"/> 7% FAA <input type="checkbox"/> Broth (please specify) <input type="checkbox"/> Other (please specify)

REASON FOR REFERRAL/TESTS REQUESTED

<input type="checkbox"/> Unable to identify <input type="checkbox"/> Confirmation of results <input type="checkbox"/> Unusual resistance (please specify)* <input type="checkbox"/> AST (routine panel - see website for details) <input type="checkbox"/> Additional AST (by prior agreement with UKARU - please specify) *Additional AST may be performed based on completion of full clinical details and routine panel results*
--

For ARU use only:

<input type="checkbox"/> sw <input type="checkbox"/> cm <input type="checkbox"/> sl Ref number:	Date rec:
<input type="checkbox"/> pl <input type="checkbox"/> other	