The Leeds Teaching Hospitals NHS
NHS Trust

Request form for Bacterial PCR tests

Patient details

Surname: **Forename(s):**

Date of Birth: **Sex:**

NHS Number: **Other identifiers:**

Specimen details

Type/Site of specimen*: **Date of collection:**

**NB For histological samples: 8-10x 10µm shavings in sterile container.*
Please do not send blocks or slides.

Referring Laboratory Number:

Have you seen AAFB in this sample?:

Relevant clinical/histological details: (Please attach)

*Tests requested (*Please indicate)

1. Detection/identification of Mycobacterium including *M .tuberculosis* complex **[ ]**
2. Detection of resistance markers (isoniazid and rifampicin) for *M. tuberculosis* **(**additional to PCR)
   Availability dependent on concentration of DNA detected in the sample [ ]
3. Broad range 16S-rDNA [ ]
4. *Tropheryma whipplei* [ ]

Referring Laboratory details

Name (Department) and address of Laboratory: *If you have not sent us samples previously, please provide email address for reports*

Laboratory telephone Number:

Contact for positive results (email address or phone):

Signature……..……

Please print name…… **Date……**

Send samples to:
DX: 6281504, Exchange Leeds 90LS
Department of Microbiology, The Old Medical School, Thoresby Place, Leeds LS1 3EX
Tel: 0113 392 8797 (laboratory) / 0113 392 3929 (D Gascoyne-Binzi, Clinical Scientist)