



Public Health
England

Protecting and improving the nation's health

National Infection Service

Specialist Microbiology Network
Public Health Laboratory London

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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1 Role of the PHE Specialist Microbiology Network

PHE currently has a network of specialist microbiology laboratories across England.

Each lead laboratory provides:

- microbiology support for the investigation, management and control of communicable disease both during and out of routine working hours
- expert medical and scientific microbiological advice, including access to PHE experts locally and nationally as necessary
- a range of diagnostic, specialist and reference tests
- assistance during field investigations by processing microbiology clinical samples
- national standard methods and PHE testing algorithms
- clear guidance for users
- surge capacity to deal with unanticipated outbreaks at short notice; PHE can also provide additional capacity for larger testing numbers and access to specific typing if required to define the epidemiology of outbreaks
- support for both regional and national capacity to respond to specific events of potential public health importance (London 2012 Olympic and Paralympic Games and London Ebola screening in 2015)
- testing for look-back exercises for health protection teams (HPTs), acute NHS trusts, CCGs, and local authorities
- reporting of laboratory results within specified turnaround times for diagnostic specialist and reference tests - results will be communicated by electronic means wherever possible and may be supported by paper reports as required or appropriate, these services will be provided to all customers (HPTs, NHS trusts and CCGs)
- standard interpretive comments as a part of test reports
- receipt, processing and reporting of laboratory results and epidemiological data in a timely and efficient manner
- senior clinical and scientific staff who will add specific interpretation and further advice relevant to individual patient needs or for public health significance
- mechanisms for the proper handling, storage and security of all samples and documentation always; this will be carried out in accordance with PHE guidelines, national guidelines and regulatory/legal requirement
- efficient and timely communications with public health organisations, both within the PHE (including HPTs) and externally, for example, authorities and primary care groups/clusters involved in communicable disease control.
- assistance in maintaining an efficient communication network with all public health and NHS organisations including Hospital Infection Control Teams involved in communicable disease control

All PHE diagnostic laboratories are accredited with the United Kingdom Accreditation Service (UKAS).

The Food, Water and Environment (FW&E) laboratories are accredited by UKAS.

2 Role of the Public Health Laboratory London

Currently all public health microbiology tests for London are temporarily provided by the Public Health Laboratory Cambridge. This is an interim measure during the PHE tender process for public health microbiology services for London.

PHL London uses the services of the PHL Cambridge to provide a range of public health microbiology services for London. These include:

- range of tests to investigate any event or outbreak of possible public health significance in the community or healthcare setting
- advice on the best diagnostic strategies to be adopted
- advice on interpretation of test results and additional investigations that may be helpful
- support to incident/outbreak investigation teams
- prompt communication of results in agreement with published turnaround times
- follow up/clearance testing of patients or contacts of patients in whom organisms of public health importance are detected
- support for trusts/private hospitals/HPTs/prisons/care homes/schools/detention centres and other non-NHS institutions in the specialist investigation of healthcare-associated infection

These public health microbiology services are available to:

- environmental health officers (EHOs)
- health protection teams
- consultants in communicable disease control
- local authority staff and directors of public health
- clinical commissioning groups
- NHS hospitals
- private hospitals
- hospital infection control teams
- primary care groups

The laboratory is linked to a network of specialised PHE National Infection Service (NIS) laboratories across England (including laboratories testing food, water and environmental samples) and to major reference units at PHE Colindale and PHE Porton (microbiology research services).

This user manual describes the provision of, and access to, public health microbiology services for London and gives contact details for the service provided, the PHL

Cambridge and its key personnel. It is also available on the [London public health laboratory services internet page](#)

Please note that the PHL London also provides a regional *Clostridium difficile* ribotyping service which has now been moved as an interim measure to the PHL Cambridge.

As of July 2017, PHL London no longer provides a diagnostic service for suspected MERS-CoV infection. Details of how to refer diagnostic samples for MERS-CoV testing can be found on [MERS-CoV sections of the PHE website](#).

London support and access to food, water and environmental microbiology services can be obtained from the [PHE FW&E laboratory at Colindale](#) (refer to Section 9).

3 Key contacts

Oversight of the staff and services provided by PHL London will be provided by the Consultant in Public Health Infection for London. This role will be based within the Field Epidemiology Service and may be contacted via the PHL London Office Administrators once an appointment has been made.

Members of the PHL London team provide specific support to geographical sectors of London. In the event of a suspected outbreak or incident please contact the appropriate consultant so that appropriate arrangements for investigation can be made. All consultants attend regular meetings with their respective HPTs including EHOs. There is also a Duty Public Health Microbiologist available during the working day Monday to Friday and an on-call rota for out of hours' service.

The members of the team are:

- Dr Albert Mifsud (Interim Clinical Lead Public Health Laboratory London)
- Dr Bharat Patel
- Dr Eliza Alexander
- Dr Jayshree Dave
- Dr Rohini Manuel

In addition to supporting the HPTs, EHOs and NHS trusts in their local geographical areas, the PHL London consultants provide incident and outbreak support across London. Apart from specimens processed related to these incidents, London PHL consultants provide formal and informal advice when on duty or covering their geographical patch. The PHL London consultants also provide support on national PHE committees and provide input for guidance documents.

Expert advice in the particular areas is available from:

- Dr Eliza Alexander - paediatric infections, Interim Clinical Lead for the National Mycobacterium Reference Service- South
- Dr Jayshree Dave - sexually transmitted infections, typhoid
- Dr Rohini Manuel - gastrointestinal infections, mycology, Clostridium difficile ribotyping network service
- Dr Albert Mifsud - respiratory infections, tuberculosis, chair of UK Standards for Microbiology Investigations
- Dr Bharat Patel - healthcare associated infections, antimicrobial resistance, Infection Prevention and Control

3.1 Medical advice

PHL London operates a single telephone number always: 0300 303 2429

During working hours, this number is staffed by the PHL London administrative team who will direct calls to the appropriate staff members. Out of hours this number is staffed by the on-call PHL London Consultant.

3.2 Key operations and laboratory personnel and contact details

Regional Head of Laboratory Operations for London, South East England and NMRS-South: Dr Julie Johnson

Lead Clinical Scientist for PHL London: Dr Marcus Pond

4 Laboratory locations, working hours and access details

Public Health Laboratory London Administrative Office:

Public Health England
Third Floor
Zone C
Skipton House
80 London Road
London SE1 6LH

Tel: 0300 303 2429

Email: PHE.phllondon@nhs.net or PHLLondon@phe.gov.uk

Public Health Microbiology diagnostic services for London:

Clinical Microbiology & Public Health Laboratory (CMPHL)
Level 6
Box 236
Addenbrooke's Hospital
Hills Road
Cambridge
CB2 0QW

For details on the PHL Cambridge, please see [Specialist Microbiology Network East of England Public Health Microbiology User Handbook](#)

4.1 PHL London Laboratory working hours and out of hours service

Please contact PHL London in advance of submission, with details of the incident/outbreak and investigations required. Please include in the information the log/outbreak identifier if one has been assigned.

All non-urgent specimens should arrive in the laboratory within the hours specified. Contact the on-call duty PHL London Consultant for specific delivery arrangements out of hours.

4.1.1 Routine working hours

Monday to Friday 09:00-17:00 please contact PHL London on 0300 303 2429 for results, scientific or clinical advice.

4.1.2 Out of Hours Service

Out of hours: 17.00-09.00 hrs, weekends and bank holidays:

Please contact the On-Call Public Health Microbiologist on 0300 303 2429.

5 NHS laboratories and access to public health testing in London

All NHS laboratories have responsibilities for health protection which includes providing support for the investigation of local outbreaks in their catchment area, through:

- contributing to the formulation of local contingency plans and participation in exercises
- detection of local outbreaks through monitoring laboratory findings
- detection and prompt reporting of unusual occurrences of public health significance
- providing initial laboratory support for outbreaks, incidents and look-back exercises as appropriate
- attendance of appropriate staff at local community control of infection meetings and incident/outbreak control team meetings
- advice on appropriate investigations, interpretation of results etc.
- forwarding of appropriate specimens to reference laboratories

If specimens from patients suspected of being part of an outbreak are sent to a laboratory providing services for an NHS trust as part of their routine diagnostic workup, then this process should continue to minimize delay.

Following the declaration of an outbreak by a public health professional or local authority, PHL London should be contacted to decide upon the samples required, testing methodology and mode of transport.

If the number of specimens arising from the outbreak is likely to exceed the capacity of the local laboratory or requires specialist test methodology, then this should be discussed with the relevant public health microbiologist.

6 Definition of a public health microbiology specimen

A public health microbiology specimen is usually submitted to determine the cause and extent of an outbreak in a defined community (institution, family group or the wider community) or to see whether an observed cluster of cases is related and constitutes an outbreak.

Specimens may also be submitted to detect spread and contain and/or prevent an outbreak (for example diphtheria, group A streptococcus).

Patient specimens may also be submitted for clearance purposes (faeces for *Escherichia coli* O157:H7) or to detect carriage of pathogens in asymptomatic individuals (*Salmonella typhi*)

Circumstances in which public health specimens may be submitted include:

- investigation of an outbreak (for example diarrhoea and vomiting in a nursing home or other institution)
- suspected food poisoning in a group or community
- demonstrate carriage clearance of certain pathogens (see above) in individuals working in high risk situations (for example food handlers, those working with children or other vulnerable groups)
- screening of contacts of index cases (for example diphtheria, poliomyelitis)
- look-back exercises (for example carriage of blood borne viruses in a health care worker)
- TB contact tracing
- cluster investigation (for example Legionnaires' disease, which could have a common source)

Such specimens are usually submitted at the request of:

- senior staff of a Health Protection Team
- environmental Health Office
- director of public health
- consultant in communicable disease control
- director of Hospital Infection Prevention & Control or a Hospital Infection Control Doctor

7 Collection of specimens

To provide the best quality results, it is essential that specimens are collected properly and at the appropriate time. It is also important that they are transported to the laboratory safely and without undue delay (See Appendix 1 for Sample Submission Safety Considerations).

Inappropriate specimens or those that are inadequately labelled, damaged or leaking are liable to be delayed or discarded. Should this occur, every attempt will be made to inform the sender so that a second specimen can be collected.

Special request forms are used for public health specimens. Since most specimens received for public health investigations are either faecal samples or respiratory samples, a request form for each has been specifically designed. The request forms will be available as pdf documents and will be sent electronically. These can be completed online or hand-written.

All specimens must be transported in appropriate packaging and accompanied by a properly completed request form. Both the request form and specimen container must be labelled with:

- patient's full name
- hospital/clinic number or NHS number
- date the sample was taken
- patient's date of birth
- case location

The above will assist PHE in the surveillance of communicable diseases. Please provide full details of where to send the result and who to contact if we need to report sample collection and submission.

Please ensure that all details are completed on the request form and specimen container before it is given to the patient.

These must include:

- first name
- second name
- date of collection

7.1 Faeces

The most common specimens processed for public health purposes are faecal samples from cases of suspected food poisoning in the community.

The PHL London request form for submission of Public Health Gastrointestinal Samples is regularly updated and is in [Appendix 2](#).

Please give full clinical details and brief details of the outbreak on the request form. In outbreak situations or when unusual pathogens may be implicated, it is essential to discuss the request with one of the PHL London Consultants before submission of specimens.

For evaluation of the carrier state and before returning to work as a food handler, 3 specimens are collected on 3 separate days. Collection methods are the same as for symptomatic patients. Proof of eradication of a carrier state is not necessary after proven viral diarrhoea.

Faecal samples will routinely be examined for the presence of:

- *Salmonella* sp.
- *Shigella* sp.
- *Campylobacter* sp.
- *E. coli* O157:H7
- norovirus

Should you suspect any of the following pathogens this should be indicated on the request form with the reason for the request, and this needs to be discussed with the PHL London consultant or a member of the PHL London scientific staff. These pathogens are:

- *Cryptosporidium* sp.
- *Giardia lamblia*
- *Entamoeba histolytica*
- *Vibrio cholera*
- diarrhoeagenic *E. coli* (other than *E. coli* O157:H7)
- *Yersinia enterocolitica*

Please also discuss with the PHL London consultant or a member of PHL London laboratory staff if you suspect food poisoning due to:

- *Staphylococcus aureus*
- *Clostridium perfringens*
- *Bacillus cereus*
- *Vibrio parahaemolyticus*
- *Clostridium botulinum*

Should the clinical history suggest infection with viral pathogens, this too should be clearly indicated on the request form.

When a viral aetiology is suspected faeces for Virology will be routinely investigated for norovirus, rotavirus, sapovirus, adenovirus 40/41 and astrovirus.

Patient guidance on Faeces Sample Collection and faeces Postal Collection Kit is in [Appendix 3](#).

7.2 Viral respiratory specimens

Outbreaks of viral respiratory tract infections may occur within institutions and require investigation to determine the etiological cause. If investigating an outbreak in this scenario, please contact PHL London for advice regarding the submission of specimens. See [Appendix 4](#).

7.3 Sputum

Please contact the laboratory to discuss the submission of specimens should you need to submit sputum specimens to examine for the presence of mycobacteria (for example in cases of suspected tuberculosis), the PHL London Consultant should be contacted for advice and discussion before submitting any specimens and for incident management.

7.4 Urine

Fresh urine specimens (in a sterile universal container) are required for the diagnosis of Legionnaires' disease in addition to a sputum or deep lung aspirate.

7.5 Serum

Specimens of clotted blood may be required for:

- investigation of clusters of atypical pneumonia
- look-back exercises to detect the transmission of blood borne viruses, by arrangement with laboratory/incident or outbreak management team

7.6 Measles swabs

Use a viral swab and put under the tongue or gum margin like using a toothbrush and place in the transport medium. Alternatively, Oral Fluid specimens maybe submitted using the appropriate collection kits. See [Appendix 5](#).

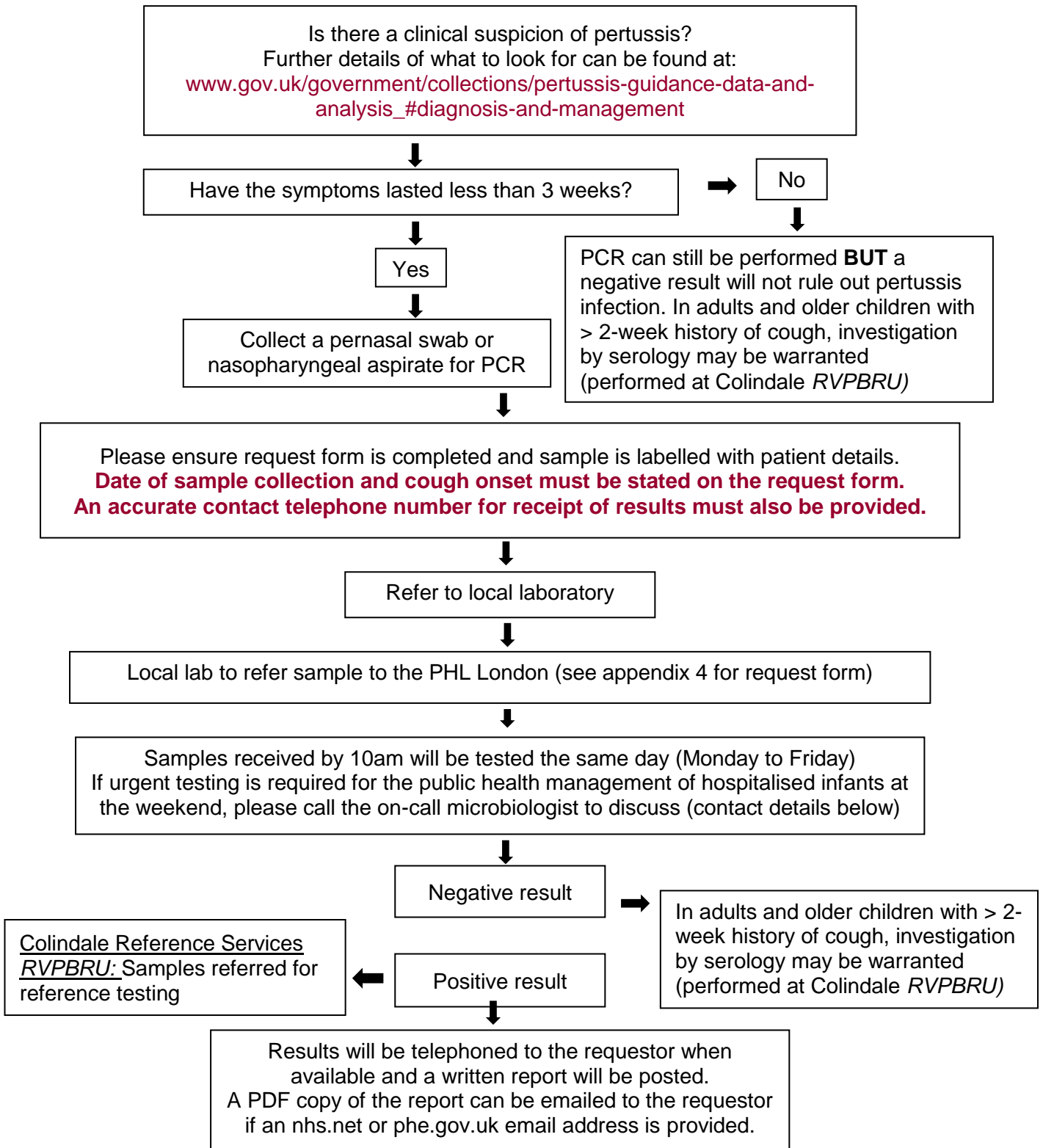
7.7 *Bordetella pertussis*

PHL London provides molecular detection of *Bordetella pertussis* as a free of charge service. The assay was developed in Colindale and has been modified and revalidated for use in the regional PHLs. This assay is available at the PHL Cambridge where the public health microbiology for London is now processed.

If urgent testing is required for the public health management of hospitalised infants at the weekend, then this can be discussed with the on-call PHL London Consultant.

Please find below instructions on sample collection and an algorithm for the referral of specimens for pertussis PCR testing.

Algorithm for referral of samples to PHL London for Pertussis PCR testing



PHE PHL London

Clinical Microbiology & Public Health Laboratory (CMPHL),
Level 6, Box 236, Addenbrooke's Hospital, Cambridge. CB2 0QW
Tel: 0300 303 2429

Sample collection instructions for Pertussis PCR testing

Suitable specimen types

Bordetella pertussis resides in the posterior nares, which can only be reached by certain swab types. For PCR testing please send:

- pernasal swabs (PNS) 'dry' (with flexible wire shaft and rayon/Dacron/nylon bud) for which we are aware of 2 suppliers in the UK:
 - Medical Wire: MW160 Dryswab™ Pernasal
 - Sterilin/ThermoFisher: F168CA Twisted wire/Rayon (Blue cap) Pernasal and nasopharyngeal
- nasopharyngeal swabs (NPS) 'dry'
- Copan-style nasopharyngeal swab
- nasopharyngeal aspirates (NPA) – not less than 400µl in sterile container
- throat swabs 'dry' which will be accepted from GP surgeries if the other swab types are not available

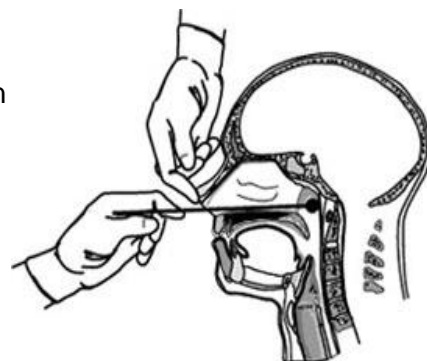
All swabs should be 'dry', that is not submitted in transport media, but in sterile container.

Collection procedure

Personal protection during specimen collection:
Minimise self-exposure by minimising the amount of time spent in taking a sample, wearing personal protection and following infection control practices. Hands should be washed, and fresh gloves used for each new patient.

Pernasal specimens:

1. Label the container with the patient's full name and date of birth
2. Gently insert swab into one nostril straight back (not upwards) until it reaches the posterior wall
The distance from the nose to the ear gives an estimate of how far back the swab should be inserted. Do not force the swab. If an obstruction is encountered, try the other side
3. Rotate swab a few times, loosening the cells in the mucus cavity and then remove
4. Place the swab into the tube
5. Complete the request form
6. Seal in specimen bag and refer to local laboratory



Please note:

- date of specimen collection, date of onset of cough and interval post-onset of cough are important so please include this information on the request form
- the closer to the date of onset of cough the specimen is collected the greater the probability of positivity
- specimens for PCR should be taken < 3 weeks' post-onset of cough
- antibiotic treatment, vaccination status and increasing age of patient can affect/ decrease likelihood of detecting *B. pertussis*

7.8 Throat/pharyngeal swabs for other pathogens

For detection of carriage of *Neisseria meningitidis*, the swab should be taken through the mouth (sweeping posterior pharynx behind the uvula).

For detection of group A streptococci, swab the tonsillar area.

For detection of *Corynebacterium diphtheriae*, nose and throat swabs should be submitted. If infection with *C. diphtheriae* is suspected on clinical grounds, a public health microbiologist should be contacted without delay. (that is without waiting for confirmation by culture). A single suspected case of diphtheria requires urgent public health action.

8 Methods of specimen submission

8.1 Direct submission to the laboratory

During the present interim period, public health microbiology diagnostic services for London are being provided by PHL Cambridge. Please send specimens directly to PHL Cambridge using the address:

Clinical Microbiology & Public Health Laboratory (CMPHL),
Level 6, Box 236, Addenbrooke's Hospital, Cambridge, CB2 0QW

8.2 Submission to the laboratory via GP surgeries

As public health microbiology for London is temporarily relocated to PHL Cambridge, it is not possible for local authorities to submit samples via local GP surgeries.

8.3 Submission to the laboratory via other hospital pathology departments- DX

The DX system may be used for submission of Public Health Microbiology samples for London to the Cambridge laboratory from alternative sites using the DX system. Please note that the DX number (DX6640601) for all public health microbiology specimens referred to the PHL London will remain unchanged but the exchange for delivery will be Cambridge 90CB.

Please ensure that your laboratory updates all relevant documents and send-away package labels to reflect this change.

The new temporary address and contact details for PHL London will be:

Clinical Microbiology & Public Health Laboratory (CMPHL)
Level 6
Box 236
Addenbrooke's Hospital
Cambridge
CB2 0QW

DX number	DX6640601
DX Exchange	CAMBRIDGE 90CB

8.4 Submission to the laboratory via post

PHL London has implemented a Faecal Postal Return Kit system which enables its users to submit non-urgent faecal samples for testing via the post. Other samples that are deemed not urgent may also be sent by post.

8.4.1 Details of how more Faecal Postal Return Kits can be obtained

If you require stocks of Faecal Postal Return kits these can be arranged by contacting the PHL London administration team by phone on 0300 303 2429 or by email PHE.phllondon@nhs.net or PHLLondon@phe.gov.uk

Any specimens sent by post must comply with the [regulations for the Transport of Infectious Substances](#).

8.4.2 Postage costs

All HPTs and EHOs are encouraged to use the pre-paid Faecal Postal Return system for transfer of public health microbiology faecal specimens to Cambridge. This scheme will be maintained and funded by PHL London. Postage costs for other sample types must be paid for by the requestor.

8.5 Submission to the laboratory using an agreed PHE courier

In instances when urgent testing is deemed necessary, a courier service may be arranged to deliver samples to PHL Cambridge. This urgent testing must be agreed by the PHL London clinical team.

The urgent courier should be arranged either directly by the service user or by using the PHL London courier account number which is available through the PHL London 0300 303 2429. This service is paid for by PHL London and will be audited monthly to ensure that only urgent authorised samples are transported.

9 Investigation of local outbreaks

EHOs, HPTs and General Practitioners can continue to refer specimens for investigation of individual cases of infection and small community outbreaks using their local NHS laboratories if this has been their normal practice.

If an outbreak control team is convened by the HPT and specimen numbers exceed or are likely to exceed the capacity of the PHL Cambridge, this should be discussed with the public health microbiologist leading the investigation and a mechanism for the continued investigation of the outbreak will then be agreed by the outbreak control team.

As soon as an outbreak is recognised (of whatever size) the HPT will assign an outbreak number/identifier, and this should be used to identify specimens associated with the outbreak or incident.

If an outbreak is identified initially by an Environmental Health Department (EHD) or HPT, the outbreak specimens should be referred to PHL London under an outbreak number/identifier if one has been allocated by the EHD or HPT.

If a food or water source is implicated then advice on sampling and sample submission should be sought from a Food Examiner at the Food, Water and Environmental Microbiology Laboratory Colindale. PHE operates a courier system for the collection and transport of FWEM samples to the laboratory at Colindale.

The contact details of the Colindale laboratory are:

Food Water and Environmental Microbiology Laboratory London
PHE Colindale
61 Colindale Avenue
London NW9 5EQ

Telephone: 020 8327 658 / 6550 / 6551

Email: fwem@phe.gov.uk

National Lead:

Dr Jim McLauchlin
jim.mclauchlin@phe.gov.uk

Unit Head:

Sandra Lai
sandra.lai@phe.gov.uk

10 Other communicable diseases

Less common infections may require different specimen types or have less distinct storage and transport needs. In such circumstances, please consult with PHL London staff before taking and submitting specimens.

Avian Influenza, Measles RNA detection, *B. pertussis* DNA detection and Urgent VZV serology

The Public Health Microbiology service for London for Avian influenza, Measles RNA detection, *B. pertussis* DNA detection and urgent VZV serology has moved to the PHL Cambridge on a temporary basis.

Should you wish to discuss referral of a specimen to the PHL London for Avian influenza, Measles RNA detection, *B. pertussis* DNA detection or urgent VZV serology you should continue to contact PHL London on 0300 303 2429.

If the specimen is authorised for testing, you will be provided with guidance regarding sending samples to the PHL Cambridge, including:

- category B Transport
- you will be given telephone details and account number to quote when ordering the courier
- the specimen must be packaged for Category B transport and clearly labelled “Avian influenza, Measles RNA detection, *B. pertussis* DNA detection or Urgent VZV serology”
- do not order the ADR service which is for Category A specimens only - a pathology vehicle or emergency vehicle is sufficient
- delivery address: Clinical Microbiology & Public Health Laboratory (CMPHL)
Level 6, Box 236, Addenbrooke’s Hospital, Cambridge, CB2 0QW

All enquiries including clinical queries and issue of results should be made to PHL London using the 0300 303 2429 telephone number.

11 Test turnaround times

Information on tests performed and approximate turn-around times (TATs) can be obtained direct from PHL London. Please call: 0300 303 2429 or in the [East of England Public Health Laboratory Services Handbook](#).

For communication on high priority specimens or any concerns during regular working hours, please call a member of the PHL London team on 0300 303 2429.

12 Reporting results

All urgent results will be directly communicated to EHOs, HPTs and NHS trust users by members of the PHL London team, using the appropriate secure systems.

In the case of EHO and HPT service users the **iGateway system** will be used to securely transmit electronic copies of laboratory reports. All EHOs and HPTs should have access to iGateway, if you are unsure or require confirmation please contact the PHL London administration team by phone on 0300 303 2429 who keep records of all active users.

Should you require training on iGateway please contact PHL London who will put you in contact with the relevant staff within PHE.

NHS trusts and other healthcare providers may receive reports securely via the NHS.net email system or via Egress Switch Secure email.

Appendix 1: Sample submission considerations

1.1 Sample packaging and transport

Prior to transport to the laboratory samples must be packaged correctly. Biological substances classified as UN3373 should be packaged and transported in line with packaging instruction P650 of the [Accord Dangereux Routier regulations](#).

The individual requesting or taking specimens from patients known to be infectious must ensure that both the form and specimen container are appropriately labelled. If submitting multiple samples within the same package, each must be separated by a clear plastic self-sealing bag with the request form stored separately from the sample.

Appendix 2: Request form for submission of public health gastrointestinal faeces samples



Protecting and improving the nation's health

Deliver specimen to:

PHL London, c/o:
 Clinical Microbiology & Public Health
 Laboratory (CMPHL) Level 6
 Box 236, Addenbrooke's Hospital
 Cambridge, CB2 0QW.
 Telephone: 0300 303 2429
PHE_phllondon@nhs.net

Request Form Public Health Gastrointestinal Samples

TRACKING BARCODE:
(EHO to place tracking label here)

Incident/HP Zone Number:













EHO/Council Reference Number:

Local authority information		HPT information	
Investigating officer to receive report:		HPT contact name:	
Telephone:		Telephone In-hours:	
Secure email:		Telephone Out-of-hours:	
HPT contacted: Yes <input type="checkbox"/> / No <input type="checkbox"/>		Secure email:	
Patient details			
Surname:		Address:	
First name:			
Date of Birth:			
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>			
NHS Number:			
Postcode:			
Date and time of sample		Date and time of onset of symptoms	
/ / Time:		/ / Time:	
Clinical details		Case details	Investigations required
<input type="checkbox"/> Recent travel <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Fever <input type="checkbox"/> Vomiting <input type="checkbox"/> Blood in stools		<input type="checkbox"/> New case <input type="checkbox"/> Contact <input type="checkbox"/> Possible outbreak <input type="checkbox"/> Clearance	<input type="checkbox"/> Outbreak Screen <input type="checkbox"/> <i>Salmonella</i> <input type="checkbox"/> <i>Shigella</i> <input type="checkbox"/> <i>E. coli</i> O157 <input type="checkbox"/> Viruses only <input type="checkbox"/> Other (please comment in the box below)
Additional details or comments			

Request Form: Public Health Gastrointestinal Samples	Author	Michelle Calms	Authoriser	Julie Johnson
Version 3 Page 1 of 1	Date of Issue	November 2016	Date of Review	November 2018

Appendix 3: Patient guidance on faeces sample collection and faeces postal collection kit

Faeces Sample Collection Guidance Document

<p>Before you start: You may wish to purchase a pair of plastic gloves from your local supermarket/pharmacy</p> <p>Step 1 Check that the correct name and date of birth is on the sample pot</p> 	<p>Step 2 To prevent the sample from falling into the toilet either:</p> <p><i>Option A</i> Place a container (a clean empty plastic food container e.g. margarine tub) in the toilet bowl</p> <p><i>Option B</i> Place clingfilm over the toilet seat opening under the lid (this will not be suitable for liquid samples)</p>  	
<p>Step 3 Collect the faeces sample either into the container or onto the clingfilm</p>  		
<p>Step 4 Using the spoon built into the cap of the sample pot, collect small scoops of sample from each end and the middle.</p> <p>Replace the cap and make sure it is tightly closed</p> <p>DISPOSAL: Dispose of remaining faeces down the toilet. Wrap the container or clingfilm and gloves in a clean newspaper and dispose of in a plastic bag</p> 	<p>Step 5 Wash hands with soap and warm water</p> 	
<p>Step 6 Check that the name and date of birth are clearly visible on the outside of the sample container before returning the sample</p> 	<p>Step 7 Place the sample pot into the white plastic container</p> 	<p>Step 8 Place the white plastic container into the cardboard box and close the lid</p> 
<p>Step 9 Place the cardboard box into the white plastic envelope ensuring the paper request form is also present. Seal the plastic envelope</p> 	<p>Step 10 Put in a post box the same day</p> 	

Faeces Sample Collection Guidance Document	Author	Michelle Cairns	Authoriser	Julie Johnson
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Appendix 4: Request form for submission of non-gastrointestinal public health samples



Protecting and improving the nation's health

Please deliver sample to:

PHL London, c/o:
Clinical Microbiology & Public Health
Laboratory (CMPHL) Level 8
Box 236, Addenbrooke's Hospital
Cambridge, CB2 0QW.

Request Form Non-Gastrointestinal Samples

Incident/HP Zone Number:

Public Health Laboratory (PHL) London Contact
Email: PHE.phllondon@nhs.net
Working hours telephone: 0300 303 2429

Sender's Information					
NAME:		NAME OF PHE CONSULTANT CONTACTED:			
CONTACT NUMBER/S FOR RESULTS: In-hours: Out-of-hours:		ADDRESS/HOSPITAL:			
Patient Details					
SURNAME:		DATE OF ONSET OF SYMPTOMS:			
FIRST NAME:		RECENT TRAVEL:			
DATE OF BIRTH: / /		SYMPTOMS/OTHER INFORMATION:			
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>					
NHS Number:					
Laboratory Investigation Required					
<i>Bordetella pertussis</i>	<input type="checkbox"/>	Sporadic	<input type="checkbox"/>	Possible Outbreak	<input type="checkbox"/>
Measles	<input type="checkbox"/>	Other information:			
Other Respiratory viruses	<input type="checkbox"/>				
Other	<input type="checkbox"/>				
Specimen Information					
Sample Type	Sent	Lab Number	Sample Type	Sent	Lab Number
Sputum	<input type="checkbox"/>		Oral Fluid Swab	<input type="checkbox"/>	
BAL	<input type="checkbox"/>		Blood	<input type="checkbox"/>	
Perinasal Swab	<input type="checkbox"/>		Serum	<input type="checkbox"/>	
Nasopharyngeal Swab	<input type="checkbox"/>		Other	<input type="checkbox"/>	
Nasopharyngeal Aspirate	<input type="checkbox"/>		Sample Date:		
Throat Swab in VTM	<input type="checkbox"/>				
Comments and /or further information					

Request Form: Public Health Non-Gastrointestinal Samples	Author	Michelle Cairns	Authoriser	Jule Johnson
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Appendix 5: Sampling for urgent measles PCR testing

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Public Health Laboratory (PHL) London Guidance Document: Sampling for Urgent Measles PCR Testing

The Public Health Laboratory (PHL) London and (PHL) Cambridge have identified an increased rate of inhibition when testing oral fluid samples for the presence of Measles RNA. This reflects observations in the literature which indicate that a viral throat swab is the optimal sample for the detection of Measles RNA¹⁻³

PHL London therefore recommends that in cases requiring urgent identification of measles that a virology swab of the throat is the sample of choice. This sample should be obtained by a healthcare worker and not self-collected. Health Protection Teams (HPTs) may obtain virology swabs from PHL London or request that samples are collected by a healthcare worker if the appropriate swab type is available locally.

If it is not possible to obtain a viral throat swab from a patient in the community, users should submit oral fluid samples for testing whilst being aware of the increased rate of inhibition in this sample type. PHL London therefore recommends the following two approaches for urgent measles testing:

Patient in healthcare setting

Healthcare worker collects a routine virology swab of the back of the throat.

Arrange for courier collection & transport of this sample to **PHL Cambridge**.

Provide patient with a non-urgent oral fluid kit for reference epidemiological testing at the **VRD via routine post**.

Patient in the community

Courier dual oral fluid kit to patient and **PHL Cambridge** as per **PHL London guidance document**

One sample is to be tested urgently, the second will be sent to the **VRD** for reference epidemiological testing.

Be aware that oral fluid samples possess an increased rate of inhibition.

1. Riddell, M. A., Chibo, D., Kelly, H. A., Calton, M. G. & Birch, C. J. Investigation of optimal specimen type and sampling time for detection of measles virus RNA during a measles epidemic. *J. Clin. Microbiol.* **39**, 375–376 (2001).
2. Woo, G. K. et al. Comparison of laboratory diagnostic methods for measles infection and identification of measles virus genotypes in Hong Kong. *J. Med. Virol.* **82**, 1773–1781 (2010).
3. Michel, Y. et al. Rapid molecular diagnosis of measles virus infection in an epidemic setting. *J. Med. Virol.* **85**, 723–730 (2013).

Appendix 6: Additional specimen types that may be submitted to the laboratory

Swabs can be submitted to the laboratory for testing. Please note that there are different types for Viral and Bacteriology (MC&S) investigations and liquid swabs are used for microbiology.



Viral swab

Snap off into red capped tube containing viral transport medium



Swab for MC&S

Swab is placed into long transport tube containing charcoal agar

Appendix 7: *Clostridium difficile* ribotyping network user guide links

Samples may be submitted to the *Clostridium difficile* ribotyping network, with reports and requests available online. A user guide is available which details how to access the service.