

Serology Requests

Mnemonic	Name in Order Entry	Tests Done	Referral Lab	Sample type	Volume needed	TAT (Working days)	Restrictions	Form	Lab precautions
ADOPTION	Adoption screen	HIV Ag & Ab, HBsAg, HCV Ab, Syphilis serology	LCL	Clotted blood	1.3ml	3 to 5	None	AH form	
AMOEBIC	Amoebic serology	Amoebic serology	LSTM	Clotted blood	1.3ml	10	Lab order only	LSTM	
ASPPRECIP	Aspergillus precipitans	IgG anti-Aspergillus	LCL (Immuno)	Clotted blood	1.3ml	16	None	AH form	
b13DGLU	b-1-3-D Glucan	Beta Glucan serology	MRC (Wythenshaw)	Clotted blood	1.3ml	2	None	MRC	Do not separate blood first
BARTSER	Bartonella serology	Bartonella serology	Marseille	Clotted blood	1.3ml	2 following receipt in France	Lab order only	AH form	
BMTDONOR	BMT donor screen	HBsAg, anti-HBc, HCV Ab, HIV Ag & Ab, CMV IgG, EBV VCA IgG, HTLV 1&2, Syphilis, Toxoplasma IgM & IgG, HSV IgG, VZV IgG	LCL	Clotted blood	10ml	3 to 5	None	AH form	
BOTSER	Botulinum serology	Botulinum serology	Colindale, GBRU	Clotted blood	10ml	Varies	Lab order only	Form L5	≥ 5ml serum Serum collected close to the onset of symptoms (preferably < 3 days) and before antitoxin is given (lysed or EDTA treated blood specimens are not suitable). Contact GBRU before sending
BPSER	Bordetella pertussis serology	Anti-pertussis toxin IgG	Colindale, RVPBRU	Clotted blood	1.3ml	12	None	Form R3	(≥2week history of cough)

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BRUCSER	Brucella serology	Brucella IgG, IgM	LCL	Clotted blood	1.3ml	7	None	AH form	
CANABS	Candida Antibodies	Candida antibodies	Bristol, PHE	Clotted blood	1-2ml	2	Lab order only	Form Y2	
CARDSCR	Cardiomyopathy screen	Parvovirus IgG & IgM, Toxoplasma IgG & IgM	LCL	Clotted blood	1.3ml	3 to 6	None	AH form	
HEPCHRONIC	Chronic hepatitis diagnosis	HBsAg, HbC, HAV Ab, HCV Ab	LCL	Clotted blood	1.3ml	3	None	AH form	
CMVDIAG	CMV diagnosis	CMV IgG & IgM	LCL	Clotted blood	1.3ml	3 to 5	None	AH form	
CMVIMM	CMV immunity	CMV IgG	LCL	Clotted blood	1.3ml	3 to 5	None	AH form	
CISCREEN	Congenital infection screen	Toxoplasma IgM & IgG, CMV IgG & IgM	LCL	Clotted blood	1.3ml	3 to 6	None	AH form	
CRYPTOAG	Cryptococcal antigen	Cryptococcal antigen	LCL	CSF and Clotted blood	5ml blood	2	None	AH form	
CYTSER	Cysticercosis serology	Cysticercosis serology test	LHTD	CSF	Minimum 0.2ml	8	Lab order only	AH form	
				Clotted blood	>0.5ml				
DIALSCREEN	Dialysis screen	HBsAg, HCV Ab, HIV Ag & Ab	LCL	Clotted blood	1.3ml	3 to 5	None	AH form	
DIPHSER	Diphtheria serology	Diphtheria antitoxin level	Colindale, RVPBRU	Clotted blood	1.3ml (not less than 200µL serum)	21	None	Form R3	
EBVDIAG	EBV diagnosis (symptomatic)	EBV VCA IgM & IgG	LCL	Clotted blood	1.3ml	5	None	AH form	
EBVIMM	EBV immunity	EBV VCA IgG	LCL	Clotted blood	1.3ml	5	None	AH form	
ECHINO	Echinococcus serology	Antibodies to Echinococcus Sp.	LSTM	Clotted blood	0.5ml serum (minimum 0.1ml)	7	Lab order only	AH form	

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FUNCAB	Func. Ab. (Hib & Pneumo only)	Hib and Pneumococcal Ab	SNGH	Clotted blood	4ml clotted blood (2ml serum)	10 to 15	None	Sheffield form	
FUNCAB -ID TEAM	Functional Abs (ID team only)	Hib, Pneumococcal and Tetanus Ab	SNGH	Clotted blood	4ml clotted blood (2ml serum)	10 to 15	ID team only	Sheffield form	
FUNGDMC	Fungal Microscopy and Culture	Hair, skin and nail microscopy and culture	MRC	Skin, Hair, Nail	Sample collected in a Dermapak	Microscopy 1-4, culture/ID 1-4 weeks	None	MRC	
GALMAN	Galactomannan test	Aspergillus antigen	MRC	Clotted blood	1.3ml	1 to 2	None	AH form	CSF and PF also an option but not validated
				BAL, CSF, PF	2ml				
GEOSEROL	Geographical serology	Any unusual serology request – discuss with Consultant Microbiologist	Porton Down, RIPL	Clotted blood	4ml clotted blood (2ml serum)	7	Lab order only	P1	Note that for VHF testing, a primary tube of clotted blood should be submitted rather than a separated serum aliquot.
HEPBANNUAL	Hep B annual (HTC only)	HepBPCR, Hep B c Ab & Ag (LAB ORDER ONLY)	LCL	Clotted blood	1.3ml	3 to 5	HTC only, Lab order only	AH form	
HEPACUTE	Acute hepatitis diagnosis	HBsAg, HBc, HAV IgG & IgM, HCV Ab	LCL	Clotted blood	1.3ml	3	None	AH form	
HEPBCAB	Hep B core Ab - Gastro team only	HBc	LCL	Clotted blood	1.3ml	3	Gastro team only	AH form	
HEPB-RITUXIMAB	Hep B serology - Pre rituximab	HBsAb	LCL	Clotted blood	1.3ml	3	None	AH form	
HEPAIMM	Hepatitis A - immunity status	HAV Ab	LCL	Clotted blood	1.3ml	3	None	AH form	
HEPBSAG	Hepatitis B surface antigen	HBsAg	LCL	Clotted blood	1.3ml	3	None	AH form	
HEPCAB	Hepatitis C antibody	HCV Ab	LCL	Clotted blood	1.3ml	3	None	AH form	
HEPDV	Hepatitis D virus serology	HDV Ab	Colindale, CSU	Clotted blood	1.3ml	15	Lab order only	S1	Serum or plasma (250µL)
HEPEV	Hepatitis E virus serology	HEV Ab	Colindale, CSU	Clotted blood	1.3ml	8	None	S1	Serum or plasma (100µL)

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HEPBPOST	Hepatitis B post vaccine status	anti-HBs	LCL	Clotted blood	1.3ml	3	None	AH form	
HIVBASE	HIV baseline	HIV Ab & Ag	LCL	Clotted blood	1.3ml	5	Known positive patient, Lab order only	AH form	
HEPBE	HTCHep	Hep B c Ab & Ag	LCL	Clotted blood	1.3ml	3	HTC Lab only	AH form	
HIV	HIV serology	HIV Ab & Ag	LCL	Clotted blood	1.3ml	5	None	AH form	
HIVCONFIRM	HIV serology - confirmation	HIV Ab & Ag	LCL	Clotted blood	1.3ml	5	None	AH form	
HIVSER	HIV serology– Rainbow	HIV Ab & Ag	LCL	Clotted blood	1.3ml	5	Rainbow patients	AH form	
HEPHODGKINS	Hodgkins – hepatitis screen	HCV Ab, HBcAb, HBsAg, HAV Ab	LCL	Clotted blood	1.3ml	3	None	AH form	
HSVIMM	HSV immunity	HSV IgG & IgM	LCL	Clotted blood	1.3ml	5	None	AH form	
HTLV	HTLV serology	HTLV Ab & Ag	LCL	Clotted blood	1.3ml	3	None	AH form	
IGRA	Interferon Gamma Release Assay	T cell response to TB antigen	LCL, Immunology	Heparin Blood	6ml of lithium heparin	10	Before 1pm on day of collection	AH form	
IGRA2	T-spot IGRA (age <5)	T cell response to TB antigen	LCL, Immunology	Heparin Blood	6ml of lithium heparin	10	Before 1pm on day of collection	AH form	
INTRATHECALIGG	Intrathecal antibodies	VZ IgG, Measles IgG, HSV IgG, Rubella IgG	Colindale, IDU	CSF	Paired serum and CSF (750µL each) within 24hrs of each other	28	Discuss with Micro	E22	The CSF and serum must be sent together or they will not test
LACSEROL	LAC serology	HIV Ag & Ab, HBsAg, HCV Ab, Syphilis serology	LCL	Clotted blood	1.3ml	3 to 5	None	AH form	
LEISHSER	Leishmania serology	Antibodies to Leishmania Sp	LSTM	Clotted blood	1.3ml	7	Lab order only	LSTM	0.5ml serum (minumum 0.1ml)

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LEPTOSER	Leptospira serology	Leptospirosis IgM	Porton Down, RIPL	Clotted blood	4ml clotted blood (2ml serum)	7	None	P3	
				Urine	1.5ml				
LYMESER	Lyme serology	Borrelia IgG & IgM	Porton Down, RIPL	Clotted blood	4ml clotted blood (2ml serum)	7	None	P2 lyme disease request form	CSF samples must be sent with a paired serum taken within 24hrs of the CSF sample
				CSF	>700µL				
MEASDIAG	Measles diagnosis	Measles IgG & IgM	MRI	Clotted blood	1.3ml	4	None	AH form	
MEASIMM	Measles immunity	Measles IgG	LCL	Clotted blood	1.3ml	4	None	AH form	
MENACUTE	Meningo acute serum	Meningo b serology	MRI	Clotted blood	1.3ml	28	None	VEU Vaccine Preventable Serology Request Form	0.2mL per serogroup
MENCONVO	Meningo convalescent serum	Strain specific serology following infection **Use PHE Form**	MRI	Clotted blood	1.3ml	28	None	VEU Vaccine Preventable Serology Request Form	0.2mL per serogroup
MENSPABS	Meningo specific antibodies	Titres to meningo types A, B, C, W and Y	MRI	Clotted blood	1.3ml	28	None	VEU Vaccine Preventable Serology Request Form	0.2mL per serogroup
MUMPSDIAG	Mumps diagnosis	Mumps IgG & IgM	MRI	Clotted blood	1.3ml	4	None	AH form	
MUMPSIMM	Mumps immunity	Mumps IgG	MRI	Clotted blood	1.3ml	4	None	AH form	
MYCOSER	Mycoplasma serology	Mycoplasma serology	GOSH	Clotted blood	1.3ml	3	None	GOSH	
NEEDLEDONOR	Needlestick – donor	HIV Ag & Ab, HBsAg, HCV Ab	LCL	Clotted blood	1.3ml	3 to 5	None	AH form	
NEEDLERECIPIENT	Needlestick – recipient	anti-HBs, serum to store	LCL	Clotted blood	1.3ml	3	None	AH form	
PRESPERMCOL	Oncology –pre sperm collection	HIV Ag & Ab, HBsAg, HCV Ab	LCL	Clotted blood	1.3ml	3 to 5	None	AH form	

Mnemonic	Name in Order Entry	Tests Done	Referral Lab	Sample type	Volume needed	TAT (Working days)	Restrictions	Form	Lab precautions
ODSCREEN	Organ donor screen	HBsAg, anti-HBc, HCV Ab, HIV Ag & Ab, CMV IgG, EBV VCA IgG, HTLV 1&2, Syphilis, Toxoplasma IgM & IgG	LCL	Clotted blood	10ml	3 to 6	None	AH form	
PARVODIAG	Parvovirus serology	Parvovirus IgM and IgG	LCL	Clotted blood	1.3ml	3	None	AH form	
PNSPABS	Pneumo specific antibodies	Pneumococcal serotype specific IgG antibodies	MRI	Clotted blood	1.3ml	28	None	AH form	>0.1mL
PNANTIGEN	Pneumococcal antigen	Pneumococcal capsular antigen	LCL	Urine	1ml	1	None	AH form	
QFEVER	Q fever serology	Q fever IgG & IgM, Coxiella IgG & IgM	Porton Down, RIPL	Clotted blood	4ml clotted blood (2ml serum)	10	None	P1	
RAINBOWSTORE	Rainbow store sample	Store for future testing	LCL	Clotted blood	1.3ml	3	Rainbow patients	AH form	
RAINBOWSEROL	Rainbow viral serology	HIV Ag & Ab, HBsAg, HBcAb, HCV Ab, Syphilis serology	LCL	Clotted blood	1.3ml	3 to 5	Rainbow patients	AH form	
RENALDBBV	Renal dialysis bld borne virus	HBsAg, HCV Ab, HIV Ag & Ab	LCL	Clotted blood	1.3ml	3 to 5	None	AH form	
RENALN	Renal nephrotic	HBsAg, HCV Ab, CMV IgG, EBV IgG	LCL	Clotted blood	1.3ml	3 to 5	None	AH form	
RENALPTB	Renal pre transplant baseline	HBsAg, anti-HBc, HCV Ab, CMV IgG, EBV IgG, Measles IgG, VZ IgG, HIV Ag & Ab	LCL	Clotted blood	10ml	3 to 5	None	AH form	
RENALAR	Renal transplant A/R	HBsAg, anti-HBc, HCV Ab, Measles IgG, VZ IgG	LCL	Clotted blood	1.3ml	3 to 5	None	AH form	
RENALTBR	Renal transplant base returned	HBsAg, anti-HBc, HCV Ab, CMV IgG, EBV IgG	LCL	Clotted blood	1.3ml	3 to 5	None	AH form	
RUBDIAG	Rubella diagnosis	Rubella IgG & IgM	MRI	Clotted blood	1.3ml	4	None	AH form	
RUBIMM	Rubella immunity	Rubella IgG	LCL	Clotted blood	1.3ml	3	None	AH form	
SCHISTO	Schistosoma serology	Schistosoma antibody test	LSTM	Clotted blood	1.3ml	7	None	AH form	0.5ml serum minimum 0.1ml
STORE	Store sample	Store for future testing	LCL	Clotted blood	1.3ml	3	None	AH form	

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STRONG	Strongyloides serology	Strongeloides ELISA	LSTM	Clotted blood	1.3ml	7	None	AH form	0.5ml serum minimum 0.1ml
SYPHSER	Syphilis serology	Treponemal IgG & IgM	LCL	Clotted blood, CSF	1.3ml	4	None	AH form	
TOXOCARA	Toxocara screen	Toxocara ELISA	LHTD	Clotted blood	1.3ml	8	None	HSL Pathology parasitology form	>0.5ml
TOXOCARA-CSF	Toxocara serology	Toxocara ELISA	LHTD	CSF		8	Lab order only	HSL Pathology parasitology form	Discuss with LHTD
TOXOPLASMA	Toxoplasma serology	Toxoplasma IgM & IgG **Discuss with Consultant**	LCL	Clotted blood	1.3ml	6	Micro clinician will decide where it goes	AH form	
			PHE Swansea	Clotted blood	1.3ml (neonates 20µl)	7		Toxoplasma reference unit form	
TRANRECIPIENT	Transplant recipient screen	HBsAg, anti-HBc, HCV Ab, HIV Ag & Ab, CMV IgG, VZV IgG, EBV VCA IgG	LCL	Clotted blood	10ml	3 to 5	None	AH form	
ULEGION	Urine – Legionella antigen	Urinary Legionella serogroup 1 antigen	LCL	Urine	1ml	1	None	AH form	
VZDIAG	VZ diagnosis	Varicella IgG & IgM	MRI	Clotted blood	1.3ml	4	None	AH form	
VZIMM	VZ immunity	Varicella IgG	LCL	Clotted blood	1.3ml	3	None	AH form	

PCR Requests

Mnemonic	Name in Order Entry	Referral Lab	Sample type	Volume	TAT	Restrictions	Form	Lab precautions
0157PCR	E.col0157PCR	Colindale,GBRU	Faeces	Faecal sample in standard sealed container ≥ 1 gram	8	Lab order only	L5	
16S	Bacterial PCR screen	LCL	CSF, JA, PF, PUS, Tissue, SCD	Any fluid or tissue from a normally sterile site, excl FFPE tissue. Fluids 500 μ L; Tissue 50mg	7	Lab order only	AH form	For 16s, the smallest sample volume which we can accurately test would be 50 μ l of any sterile site sample / tissue / pus etc
Bacterial PCR screen	Bacterial PCR screen	GOSH	Blood, CSF, JA, PF, PUS, SCD	Any fluid or tissue from a normally sterile site, including FFPE tissue. Fluids 500 μ L; Tissue 50mg; FFPE tissue 10 rolls (10 μ)	7	Lab order only	GOSH	Samples from non-sterile sites, including sputum, bronchoalveolar lavage and skin biopsies are not suitable for broad-range bacterial PCR and will not be processed. Alternatively targeted real-time PCR or broad-range fungal PCR can be performed on these specimen types if requested.
18S	18S fungal PCR screen	GOSH	See Clinical Details	Any fluid or tissue from a normally sterile site, including FFPE tissue. Fluids 500 μ L; Tissue 50mg; FFPE tissue 10 rolls (10 μ)	7	Lab order only	GOSH	
ADENOPCR	Adenovirus PCR (Other)	LCL	Biopsy, Urine, SCD	>200 μ l of fluid	3 to 5	None	AH form	
	Adenovirus PCR (EDTA only)	LCL	EDTA	1.3ml	3 to 5	None	AH form	
ASPPCR	Aspergillus PCR	MRC	BAL, Tissue, PF, SCD	1-2ml	7	None	Mycology reference centre form	
ATYPICAL	Atypical Resp. pathogens PCR	LCL	BAL, ETA, NPA, Nose/Throat,	>200 μ l of fluid	3	None	AH form	
BARTPCR	Bartonella PCR	Marseille	Tissue		2 following receipt in France	Lab order only	AH form	Biopsy of heart or skin valves if surgery (to be frozen at -80°C then sent in dry ice + part in 10% formalin preserved at room temperature)

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BKPCR	BK virus PCR	LCL	EDTA Blood, Urine	1.3ml	2	None	AH form	
CMV.SPOT	Blood spot - CMV PCR	MRI	Guthrie card	N/A	3	Lab order only	AH form	
TOXO.SPOT	Blood spot - Toxoplasma PCR	MRI	Guthrie card	N/A	4	Lab order only	AH form	
BOTOXIN	Botulinum toxin	Colidale, GBRU	Faeces	10g of faeces	9	Lab order only		
BPPCR	Bordetella PCR	MRI	PNS, NPA	>500µl	4	None*	AH form	*Included within FA panel
BORPCR	Borrelia PCR (Lyme disease)	Colindale, RIPL	CSF	>350µl	7	Lab order only	P2 lyme disease request form	
CANPCR	Candida PCR	MRI	BAL, CSF, Sputum, SCD	>1ml BAL/sputum, >0.5ml CSF	5 to 7	None	AH form	BAL should arrive in lab within 1wd. Sample stored at 4°C before dispatch and kept cool during transport to the laboratory. Non-invasive samples such as sputum and EDTA- blood may be used if BAL is unobtainable. CSF should not be centrifuged. Samples should be stored at 4°C and dispatched as soon as possible after being drawn.
CHLAMGC PCR	Chlamydia/GC PCR (GC; <i>Neisseria gonorrhoea</i>)	LCL	Urine, Eye, Genital samples, Rectal swabs, Pharynx, SCD	>200µl of fluid	5	None	AH form	
CMVPCR	CMV PCR (NOT BLOOD) (Cytomegalovirus PCR)	LCL	BAL, CSF, Urine, Biopsy, ETA, PCF, SCD	>200µl of fluid	2	None	AH form	
	CMV PCR (EDTA only)	LCL	EDTA	1.3ml	2	None	AH form	
CSFVIRAL	CSF PCR - HSV, VZ, Enterovirus	LCL	CSF, Brain	>200µl of fluid	1 to 5	None	AH form	
	CSF PCR - HSV, VZ, Enterovirus, CMV	LCL	CSF, Brain	>200µl of fluid	1 to 5	None	AH form	
EBVPCR	EBV PCR (NOT BLOOD) (Epstein-Barr virus PCR)	LCL	CSF, BAL, Faeces, PF, Tissue, SCD	>200µl of fluid	5	None	AH form	

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	EBV PCR (EDTA only)	LCL	EDTA	1.3ml	5	None	AH form	
ENTEROPCR	Enterovirus PCR	LCL	Faeces, throat swab, PCF, Trach asp, EDTA, SCD, Tissue	>200µl of fluid	2	None	AH form	
		Colindale, VRD	Faeces, throat swab, PCF, Trach asp, EDTA, SCD, Tissue	Send here if Polio is suspected - minimum volume 200µL	Not published	None	E1	
HEPAPCR	Hepatitis A PCR	Colindale, BBVU	EDTA Blood	Serum or plasma 300µL	14	Lab order only	S1	
HEPBPCR	Hepatitis B PCR	LCL	EDTA Blood	1.3ml	5	None	AH form	
HEPCPCR	Hepatitis C PCR	LCL	EDTA Blood	1.3ml	5	None	AH form	
HEPEPCR	Hepatitis E PCR	Colindale, BBVU	EDTA Blood	Serum or plasma 300µL	14	Lab order only	S1	
HSVPCR (OTHER)	HSV PCR (Not blood)	LCL	BAL, Biopsy, CSF, ETA, PF LVS, Mouth, Penis, Tissue	>200µl of fluid	3	Lab order only	AH form	
HSVPCR (EDTA)	HSV PCR (EDTA ONLY)	LCL	EDTA Blood	1.3ml	5	W1B or ID team only	AH form	
HHV6PCR	HHV 6 PCR (Human herpesvirus 6 PCR) - Send to MRI if routine testing, send to Newcastle for Qualitative result	MRI	EDTA Blood, CSF, Tissue	>500µl	5	None	AH form	If processing is delayed, refrigeration is preferable to storage at ambient temperature. Delays of over 48hr are undesirable.
		Newcastle Freeman	EDTA Blood, CSF, Tissue	Minimum volume 1ml EDTA, 0.5ml CSF	3	None	AH form	Stable for up to 24hrs, if delays likely, refrigerate at 2-8c
HHV67	HHV 6/7 PCR (Human herpesvirus 6 & 7 PCR)	MRI	EDTA Blood, CSF	>500µl	5	None	AH form	If processing is delayed, refrigeration is preferable to storage at ambient temperature. Delays of over 48hr are undesirable.
HHV7PCR	HHV 7 PCR (Human herpesvirus 7 PCR)	MRI	EDTA Blood, CSF	>500µl	5	None	AH form	If processing is delayed, refrigeration is preferable to storage at ambient temperature. Delays of over 48hr are undesirable.

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HHV8	HHV 8 PCR (Human herpesvirus 8 PCR)	Colindale, CSU	EDTA Blood	1.3ml	15	None	S19	
HIVPRO	HIV PCR – Proviral DNA	Colindale, CSU	EDTA Blood, CSF	Minimum volume >1ml	8	None	S3	The integrity of the sample may be compromised if they are not received in the laboratory within 24hr of collection. If transport is delayed the store at +4c
HIVVL	HIV PCR – Viral load	LCL	EDTA Blood, CSF	1.3ml	3	None	AH form	
HIVQUALPCR	HIV 1/2 Qualitative PCR	LCL	EDTA	4ml	3	None	AH form	
HIVRT	HIV Resistance testing	LCL	EDTA Blood, CSF	1.3ml EDTA or >200µl of fluid	21	None	AH form	Referred to VRD
HIVTROP	HIV tropism determination	LCL	EDTA Blood, CSF	1.3ml EDTA or >200µl of fluid	14	None	AH form	
HPVPCR	Human papillomavirus PCR	MRI	See Clinical Details	600µl of fluid, biopsies or FFPE tissue (10 rolls). Fresh tissue cannot be processed. Swabs will be tested but not a validated sample type	3 to 4	None	AH form	
HTLV12	HTLV 1 & 2 PCR	Colindale, CSU	CSF	Not published	Not published	Lab order only	S5	
JCPCR	JC virus PCR	LCL	CSF	>200µl of fluid	3	None	AH form	
LEISHPCR	Leishmania PCR	LSTM	Marrow, Impression screens, EDTA blood, Biopsy, Bone marrow,	See sheet	7 to 10	Lab order only	LSTM form	
LEPTPCR	Leptospira PCR	Colindale, RIPL	EDTA, Urine	1.5ml of EDTA and ≥ 1.5 ML of urine	5	Lab order only	P3	
MEASPCR	Measles PCR	LCL	CSF, Throat swab, Urine, Tissue	>200µl of fluid	3	None	AH form	
NMPNPCR	Meningococcal / Pneumococcal PCR	MRI	CSF, EDTA, PCF, PF, TIS	>500µl	2	None	AH form	Heparinised, clotted blood, serum or citrated samples can be tested, but EDTA is preferred. Ideally CSF should be uncentrifuged. Where a CSF sample is available, this should be sent in addition to an EDTA blood sample

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MONKEYPOXPCR	Monkey Pox PCR	LCL	Various swab sites	>200µl of fluid	1	Should be discussed with ID first	AH form	
MUMPSPCR	Mumps PCR	Colindale, IDU	CSF, Throat swab, Urine, saliva	Oral fluid (Oracol), throat swabs, NPA, urine or CSF (150µL) Urine and CSF not UKAS accredited	10	None	E8	
MYCPCR	Mycoplasma PCR	Colindale, RVPBRU	CSF, ETA, Tissue, Genital swabs, Throat swab	Minimum volume 200µL of respiratory sample (LRT or throat swab) in a sterile container. CSF with paired respiratory samples or DNA extract of positive specimen	5	Lab order only	R1	
PARVOPCR	Parvovirus PCR	LCL	EDTA Blood	1.3ml	3	None	AH form	
PCPPCR	Pneumocystis jirovecii PCR	LCL	BAL, Induced sputum	>200µl of fluid	3	None	AH form	
PSITPCR	Chlamydophila psittaci PCR	Colindale, RVPBRU	SPI	Minimum 200µL of respiratory sample (sputum, bronchoalveolar lavage, lung biopsy or throat swab).	5	Lab order only	R1 form	
TBPCR	Mycobacteria PCR	NMRS, Birmingham	BAL, Lymph node, CSF, Gastric asp, SCD, Sputum, Tissue, Urine (including tissue curls)	Mycobacterial PCR can be carried out on a variety of samples (e.g. sputum, CSF – ideally submit 5 ml of CSF for best yield -, aspirate fluids and non-fixed biopsy specimens). Histological samples - send 10 sections 10 µm thick	14	Lab order only	Birmingham Mycobacteriology form	Histological samples (have a lower sensitivity due of the effects of histological fixatives on DNA.
RENALBLDPCR	Renal PCR – Adeno, EBV, CMV, BK	LCL	EDTA Blood	1.3ml	2 to 5	None	AH form	

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Mnemonic	Name in Order Entry	Referral Lab	Sample type	Volume	TAT	Restrictions	Form	Lab precautions
SYPHPCR	Syphilis PCR	LCL	EDTA Blood, CSF, SCD	1.3ml EDTA or >200µl of fluid	3	Lab order only	AH form	
TOXOPCR	Toxoplasma PCR	MRI	EDTA Blood, Tissue, SCD	>500µl	4	None	AH form	All samples are suitable for overnight refrigeration only; they must not be stored over a weekend
TRICHPCR	Trichomonas PCR (RAINBOW)	LCL	Genital swabs	>200µl of fluid	5	None	AH form	
UREAPCR	Ureaplasma PCR	Colindale, RVPBRU	ETA, SCD, Tissue	Minimum volume 200µL of respiratory, CSF, joint and wound, aspirates in a sterile container	5	Lab order only	R1	
VZPCR	Varicella zoster PCR	LCL	EDTA, CSF, Tissue	1.3ml EDTA or >200µl of fluid	5	Lab order only	AH form	
VIRALEYE	Viral eye PCR – HSV, VZ, Adeno	LCL	Viral swab	>200µl of fluid	3 to 5	None	AH form	
VIRALFAEC	Viral faeces screen	LCL	Faeces, Colostomy/ Ileostomy fluid	Pea sized amount or 0.5ml into a stool container	2	Lab order only	AH form	
VIRALFLUID	Vesicle fluid – HSV, VZ, Entero	LCL	Mouth swab, Urethral swab, Vesicle fluid	>200µl of fluid	2 to 5	None	AH form	
WHIPPLEPCR	Whipples PCR (LAB ORDER ONLY)	GOSH	Tissue	Any fluid or tissue from a normally sterile site, including FFPE tissue. Fluids 500µL; Tissue 50mg; FFPE tissue 10 rolls (10µ)	3	Lab order only	GOSH	

Miscellaneous

Mnemonic	Name in Order Entry	Referral Lab	Sample type	Volume	TAT	Restrictions	Form	Lab precautions
GAN	Ganciclovir assay	Bristol	Clotted blood, CSF	4ml blood	<3 days	None	Bristol Antibiotic referral form	1-2ml of separated serum needed and need to know dosage, frequency and timing of sample. Samples should be kept at 4°C if there is a delay in sending. We recommend a pre dose sample and a post dose sample, taken either 1 hour after the end of iv administration or 2 hours after oral administration.
ACANTHA	Acanthamoeba	LCL	Contact lens, corneal scrape	Scalpel blade and if sending contact lenses, if possible send lenses and fluid in the original case	Gram stain <24hrs, prelim report 48-72hrs, final report at up to 14 days	None	LCL	
ASOT	Antistreptolysin O titre	In-house	Clotted blood	1.3ml	up to 7 days	None		
BIOHP	Biopsy - Helicobacter pylori	GBRU	Antrum	Gastric biopsies in sterile saline or a suitable H. pylori transport medium	19	None	L5	Please avoid sending samples on Fridays *
CELLO	Cellotape slide - Threadworm	In-house	Cellotape slide		1	None		
INSECT	Insect identification	LSTM	Insect		2	Lab order only	LSTM	

Mnemonic	Name in Order Entry	Referral Lab	Sample type	Volume	TAT	Restrictions	Form	Lab precautions
OVAID	Ova identification	LSTM	Faeces, ileostomy/jejunostomy fluid	Minimum of ¼ specimen pot of faecal sample.	2	Lab order only	LSTM	
WORMID	Worm identification	LSTM	Worm		2	Lab order only	LSTM	
METAGENOMICS	Metagenomics	GOSH	CSF, Tissue	1ml (minimum 500µl) whole CSF, Fresh tissue max 0.5cm diameter		Must be discussed with Micro clinician first		**
OCPFAECES	Confirmation of ova, cysts or parasites	In-house/LSTM	Faeces	Minimum of ¼ specimen pot of faecal sample.	2	None	Tested in-house first but may be referred to LSTM if in-house test negative and strong suspicion of parasitic infection	Minimum of 1/4 specimen pot of faecal sample.
OCPFLUID		LSTM	Urine (other fluids)	Cyst fluid should ideally be examined within 2 days of sample being taken. Urine-10ml, CSF 1ml, pus minimum 1ml, Bile/duodenal aspirates 1ml, sputum/BAL 1ml	2	None		Ideally total 10am - 2pm urine collection or terminal midday samples
TBBC	TB Culture from blood	Bacteriology RLH	5ml Heparin blood	1 to 5ml	42	None		

Mnemonic	Name in Order Entry	Referral Lab	Sample type	Volume	TAT	Restrictions	Form	Lab precautions
TB	TB Culture	Bacteriology RLUH	ASF, Nodes, BAL, BCG, Bronch, CSF, EMU, ETA, GASP, Marrow, NPA, PCF, PF, SCD, SMA, SP		***	None		Sputum/BAL - 3 fresh, purulent samples from the lower resp tract collected on consecutive days, Urine - 3 fresh early morning urines collected on consecutive days (mid-stream EMU are acceptable but full EMU samples are preferable)

* Gastric biopsy specimens for isolation of *H. pylori*: should be sent to GBRU laboratory for testing without delay, preferably within 24 hours. Ideally, biopsies should be sent in a suitable *H. pylori* transport medium or alternatively, in sterile saline. If a biopsy is not posted or couriered on the day of receipt, then please store at 4°C. Drying and exposure to air or oxygen easily kills *Helicobacter* spp. Do not put biopsies into a histological cassette as they cannot be safely opened in the laboratory. Any biopsies that are received in a histological cassette will be reported as 'not examined'. Instructions to optimise the growth of *Helicobacter* spp. from gastric biopsy material. 1. Perform multiple gastric biopsies (5 to 6), at least 2 from the antrum and 2 from the anterior and posterior corpus respectively. 2. Larger volumes increase the yield. 3. All microbiology specimens should be taken with sterile forceps before the histology specimens are taken to reduce risk of contamination. 4. There is a risk with pooling biopsy specimens that the organism may not be isolated if any contaminating microbial flora from one biopsy cross contaminates others. 5. Endoscopic biopsies should be performed in the middle of the week (avoid Fridays) and sent via courier or Dx within 24 hours to the Gastrointestinal Bacteria Reference Unit Colindale. 6. Have treatment-free interval before biopsy, at least 2 weeks off PPI and 4 weeks off antibiotics.

** 1. CSF: 1 ml (minimum 500 µl) whole CSF (not filtered or centrifuged). We recommend CSFs are stored at -80 °C within 24 hours of collection (maximum 72 hours) to minimise RNA degradation. CSF is not stable at room temperature. CSF collected with RNALater is not recommended due to poor sequence outcomes associated with dilution of the CSF. Smaller volumes, sub-optimal storage or any pre-processing (e.g. filtering or centrifugation) will reduce ability to detect pathogens. Fresh tissue (max 0.5cm diameter) – RNALater: Specimens must be collected directly into RNALater at the point of collection (e.g. in theatre); this is to rapidly stabilise RNA and prevent degradation. Specimens stabilised in RNALater can be stored at +4 °C for up to one month prior to shipping and are stable at room temperature for up to 1 week. Fresh tissue – unstabilised: Tissue that has not been immediately stabilised in RNALater nor frozen is not recommended for metagenomics due to rapid degradation of RNA. Tissue in saline is not suitable. Please be aware sub-optimal specimen collection, storage or transport will result in RNA degradation which will significantly reduce ability to detect RNA pathogens. FFPE (formalin fixed paraffin embedded) tissue: 8x 10 µm or 4 x 20 µm rolled sections. Please be aware the ability to detect low-level pathogens will be reduced in FFPE tissue compared to fresh tissue due to degradation of nucleic acid during formalin fixation. FFPE is a sub-optimal specimen type but can be processed in the absence of fresh tissue. Ocular fluid (aqueous or vitreous fluid): DNA/RNA shield at the point of collection (approx. 100 µl fluid in 450 µl DNA/RNA shield). Stable at ambient temperature for 1 month.

*** **Positive AFB smear to direct MTB PCR:** 24hrs (excluding weekends), **Positive AFB smear to culture result:** 1-3 weeks for MTB, 1-6 weeks for Atypical Mycobacteria, **Negative AFB smear to culture result:** up to 6 weeks for MTB, up to 10 weeks for Atypical Mycobacteria (note: positive cultures are routinely sent to reference laboratory for confirmation of identification and antibiotic sensitivity testing), **Positive culture to Gene Probe:** 4 days (excluding weekends), **Positive culture to full identification and antibiotic sensitivity:** 4 weeks

Laboratory send aways

Test Name	Referred to	Sample requirements	PHE Request form	TAT	Restrictions
Fungal ID and sensitivities	Mycology Reference lab, Wythenshaw	Sab Slope of organism	MRC	Yeast ID 2-5, Mould ID 2-7, Yeast sens 1-5, Mould sens 3-7	
Antibiotic resistance testing/confirmation of ID	ARMHAI, Colindale	Nutrient agar slope of organism	H1 (Multiple), H2 (single)	14	
<i>Burkholderia cepacia</i> culture for genomovar typing	ARMHAI, Colindale	Nutrient agar slope of organism	H1 (Multiple), H2 (single)	15	
Enterovirus typing	VRD, Colindale	CSF	E1	Not published	Minimum volume 200µl
Haemophilus serotyping	RVPBRU Colindale	Chocolate agar slope of organism	R3	12	
Isolate identification (Gram Neg non fermenters)	ARMHAI, Colindale	Slope of organism	M1	14	
Meningococcal serotyping	PCR Lab, MRI	Chocolate agar slope of organism	Meningococcal reference unit form	Serogroup telephoned 2-3, final report 7-10	
Mycobacterium species	NMRS, Birmingham	L-J slope of organism	Mycobacterial form, Birmingham	40	
Organism typing	AMRHAI, Colindale	Nutrient agar slope of organism	H3 H4	15	
Pseudomonas typing	ARMHAI, Colindale	Nutrient agar slope of organism	H1 (Multiple), H2 (single)	15	
Salmonella ID and typing	GBRU, Colindale	Nutrient agar slope of organism	L4	17	

Test Name	Referred to	Sample requirements	PHE Request form	TAT	Restrictions
Staphylococcal typing	ARMHAI, Colindale	Nutrient agar slope of organism	H3 H4	14	
Shigella sp. For serotyping	GBRU, Colindale	Nutrient agar slope of organism	L4	14	
<i>Streptococcal pneumoniae</i> serotyping	RVPBRU, Colindale	Chocolate agar slope of organism	R3	14	
<i>Streptococcal A/B/C/G</i> typing (invasive isolates only)	RVPBRU, Colindale	Nutrient agar slope of organism	H3 H4	8	
<i>Vibrio Cholera</i> for serotyping	GBRU, Colindale	Nutrient agar slope of organism	L4	14	
<i>Yersinia enterocolitica</i> for serotyping	GBRU, Colindale	Nutrient agar slope of organism	L4	14	
Norovirus typing	VRD, Colindale	Faeces	E1	~1 month (no official TAT)	
Rotavirus typing	VRD, Colindale	Faeces	Rotavirus genotypic analysis form	~1 month (no official TAT)	
Cryptosporidium typing	Cryptosporidium reference unit, Swansea	Faeces	Cryptosporidium typing form	5 to 10	
Influenza typing	VRD, Colindale	Viral swab	E3	No official TAT - 2/3 runs per week in season	

Reference Laboratory Details

Abbreviation	Referral Laboratory	DX Address		Contact Numbers
Bristol, PHE	Mycology Reference Laboratory	DX 6120200	Bristol 90 BS	0117 414 6222
Colindale, AMRHA	Antimicrobial resistance and healthcare associated infections	DX 6530002	Colindale NW	020 8327 6511 / 7887
Colindale, VRD	VRD consists of BBVU, CSU, IDU, HPU, AVU, EVU, PRS	DX 6530006	Colindale NW	020 8327 7887
Colindale, RVPBRU	Respiratory and vaccine preventable bacteria reference unit	DX 6530002	Colindale NW	020 8327 7887
Colindale, GBRU	Gastrointestinal bacteria reference unit	DX 6530002	Colindale NW	020 8327 7887
GOSH	Virology Laboratory, Camelia Botnar Laboratories	DX 6640203	Bloomsbury 91 WC	020 7829 8661 Ext 2727
HTD	Department of Clinical Parasitology, Hospital for Tropical Diseases	DX6640701	Tottenham Court Rd 91 WC	020 7927 2427
LCL	Virology Department, Liverpool Clinical Laboratories	Courier used		0151 706 4404
LCL, Immunology	Immunology Department, Liverpool Clinical Laboratories	Courier used		0151 706 4380
LCL, TB	TB Department, Liverpool Clinical Laboratories	Courier used		0151 706 4733
Leeds, MDF	Molecular Diagnostic Facility, St James's Hospital	DX 6281602	Leeds 91 LS	0113 206 5205
LSTM	Liverpool School	Courier used		0151 705 3220
LTHT	Microbiology Department, Leeds Teaching Hospital Trust	DX6281505	Leeds 91 LS	0113 392 3499
MRC	The Mycology Reference Centre (Wythenshaw)	DX332601	Manchester 96M	0161 291 2124
MRI, Virology	Clinical Virology, Manchester Medical Microbiology Partnership	DX 6962410	Manchester 90 M	0161 276 8836
MRI, Microbiology	Microbiology, Manchester Medical Microbiology Partnership	DX 6962410	Manchester 90 M	0161 276 8788
NMRS, Birmingham	National Mycobacteria Reference Service (NMRS- Central &North)	DX 6780100	Birmingham B	0121 424 2500
RIPL, Porton Down	Rare and imported pathogens laboratory	DX 6930400	Salisbury 92 SP	0198 061 2348 (Mon-Fri)
SNGH	Immunology Department, Sheffield Northern General Hospital	DX6261402	Sheffield 94 S	0114 226 6963
PHE - Swansea	Toxoplasma Reference Laboratory	DX6070300	Swansea 90SA	01792 285 058
VITROME	Aix-Marseille Université, IRDIHU - Méditerranée Infection, 19-21 Bd Jean Moulin, 13005 Marseille, France			+33 (0)413 732 401
Whiston	Microbiology, Whiston Hospital	Courier used		0151 430 1837

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