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| **Microbiology Department** | | | | | https://www.nhsjobs.com/pub/employer_logos/54.png  *To access results please use the Outreach Results Portal* [*https://goshlink.gosh.nhs.uk/outreach/common/epic\_login.asp*](https://goshlink.gosh.nhs.uk/outreach/common/epic_login.asp) |
| ***Mycobacterium abscessus* sub-speciation Request Form**  Department of Microbiology, Virology and Infection Control  Level 4  Camelia Botnar Laboratories  Great Ormond Street Hospital DX6640203  Great Ormond Street Bloomsbury 91WC  London  WC1N 3JH Tel: 020 7405 9200 | | | | |
| Clinical queries (clinical advice, results interpretation): [Garth.Dixon@gosh.nhs.uk](mailto:Garth.Dixon@gosh.nhs.uk) ext 8594  Technical queries (specimen and test selection): [Laura.Atkinson@gosh.nhs.uk](mailto:Laura.Atkinson@gosh.nhs.uk) ext 0437  General queries (specimen receipt, availability of results): Microbiology lab ext 8661 | | | | | |
|  | | | | | |
| **Sender Information** | | | | | |
| Address: | | |  | Invoice Address (if different to results address): | |
| Contact Number Extension | | |  | Contact Email:  (Must be **nhs.net** account for results) | |
|  | | | | | |
| **Patient Information** | | | | | |
| Surname | | |  | NHS Number | |
| Forename | | | Sender Hospital Number | |
| DOB (UK Format)  / / | Sex  Male  Female | | Patient Location/Contact details | |
|  | | | | | |
| **Sample Information** | | | | | |
| Laboratory Reference Number | | |  | **Sample Type/Description** (please send pure *M. abscessus* isolates only, specify source of the isolate and media the isolate has grown on) | |
| Date of Collection | | Time |
| Date and time sent to GOSH | | |
| Please indicate whether the isolate should be returned to sender after sequencing:  Return isolate  Discard isolate after sequencing | | |
| **Clinical Information/ Reason for sequencing** | | | | | |
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