SBSTIRL lab no

Lymphogranuloma Venereum (LGV) PCR

Scottish Bacterial Sexually Transmitted Infections Reference Laboratory (SBSTIRL)
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FROM
Consultant
Referring lab
Address
Telephone number

PATIENT DETAILS
Surname: Forename:

Clinic number / CHI: Date of Birth:

Sex: M / F / U

Category of patient: ☐ GUM ☐ GP ☐ Hospital ☐ Other

If Health Board of sample collection differs from referring lab please specify:
☐ OR ☐ SH ☐ WI ☐ Other

SPECIMEN
Your lab number:

Date collected: Date sent to SBSTIRL:

Sample type: ☐ Urethral ☐ Cervical
☐ Urine ☐ Vulvo/vaginal
☐ Rectal ☐ Throat
☐ Other (please specify)

TESTING
REFERRED SAMPLES MUST BE *CHLAMYDIA TRACHOMATIS* POSITIVE

Screening *Chlamydia trachomatis* NAAT test used:
☐ Abbott Alinity m STI ☐ Hologic Aptima Combo 2
☐ Abbott M2000 CT/NG ☐ Qiagen Artus CT/NG QS-RGQ
☐ BD Probetec ET CT/GC ☐ Roche Cobas CT/NG
☐ Cepheid Xpert CT/NG ☐ Other (please specify)

Ct/Cq/DC/RLU/other test value:

REASON FOR REQUEST
☐ Symptomatic ☐ Proctitis
☐ Inguinal lymphadenopathy
☐ Other (please specify)
☐ Contact of confirmed LGV case
☐ *Chlamydia trachomatis* positive sample from HIV positive MSM

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