

Neisseria gonorrhoeae NAAT Positives for Sequence Typing

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

Screening GC NAAT test used:

Abbott Alinity m STI Qiagen Artus CT/NG QS-RGQ
 Abbott M2000 CT/NG Roche Cobas CT/NG
 BD Probetec ET CT/GC SpeeDx ResistancePlus GC
 Cepheid Xpert CT/NG Other (please specify)
 Hologic Aptima Combo 2

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