

NHS LABORATORY MICROBIOLOGY INFORMATION – entered onto DUTY online database

i) Patient Details

PATIENT UNIQUE ID	
PATIENT D.O.B	dd/mm/yyyy
REGIONAL ID	Regional/study site unique code*
LAB ID	Unique identifier
Date Sample Received at Lab	dd/mm/yyyy
Time Sample Received at Lab	xx.xx (24hr format)
Date Sample Processed	dd/mm/yyyy
Time Sample Processed	xx.xx (24hr format)
Date Sample Reported	dd/mm/yyyy
Time Sample Reported	xx.xx (24hr format)
Able to process urine: Yes/No	If 'no' drop down box: Leaked sample Other (please specify) <i>free text box</i>

ii) Urine Results

Microscopy

Microscopy performed: Yes/No			
If Yes indicate method:	Manual	Automated	Not Measured

	Count (mm ³)					
Microscopy Results	WBC	<10	10-30	30-100	>100	Absolute WBC count
	RBC	0	<5	6-100	>100	
	Squamous Epithelial Cells	0-5	6-75	>75		Not recorded

Culture

<p>Culture performed: Yes/No</p> <p>If No: please give reason (<i>free text</i>)</p>
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ii) Growth

No Growth	No significant growth		
Growth: (please indicate)	<10 ³ CFU/mL	10 ³ -10 ⁵ CFU/mL	>10 ⁵ CFU/mL

Purity: (please indicate)	Predominant	Mixed growth (2 species)	Mixed growth (> 2 species)
Speciation: (please indicate)	For organism 1 (see below)	For organism 1 & 2 (see below)	Not Applicable
Sensitivity: (please indicate)	For organism 1 (see below)	For organism 1 & 2 (see below)	Not Applicable

iii) Speciation and Sensitivity (for each organism identified from above)

Organism 1 (complete table for each identified)	Speciation	Sensitivity	Results (record for each item tested)		
	Not Identified	Not Tested			
Drop down box:	Coliform (please indicate species of coliform (e.g. E.coli, Klebsiella etc if available))	Menu of antibiotics tested (drop down list)	S	I	R
	Proteus**	Menu of antibiotics tested (drop down list)	S	I	R
	Enterococcus	Menu of antibiotics tested (drop down list)	S	I	R
	Other organisms: (please indicate) Staph saprophiticus Pseudomonas Staph aureus Candida	Not applicable			

	(additional drop down box for alternatives organisms)	
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(** Proteus is classified as a coliform, but recorded separately.)

Please record any other information here	<i>Free text box</i>
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RESEARCH LABORATORY MICROBIOLOGY INFORMATION.

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Time Sample Processed	xx.xx (24hr format)
Date Sample Reported	dd/mm/yyyy
Time Sample Reported	xx.xx (24hr format)
Able to Process Sample	Yes/No
If 'No' please tick:	Drop down box: Leaked sample

	Other (please specify) <i>free text box</i>
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ii) Urine Results

Weight Monovette (with urine)	xx.xx (g)
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Microscopy:

Microscopy Method	Manual	Automated	Not Measured
If Microscopy not performed please indicate why: <i>(free text box)</i>			
	Count (mm ³)		
WBC	Absolute WBC count		
RBC	Absolute RBC count		
Squamous Epithelial Cells	Absolute SEC count		

Culture:

Culture Performed	Yes/No
If 'no' please state reason:	<i>free text box</i>

NO GROWTH	NO SIGNIFICANT GROWTH
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Growth: (please indicate)	<u>Enter TOTAL count here (CFU/mL)</u>
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Purity: (please indicate)	Pure/Predominant	Mixed growth (2 species)	Mixed growth (> 2 species)
Speciation: (please indicate)	For organism 1 (see below)	For organism 1 & 2 (see below)	Not Applicable
Sensitivity: (please indicate)	For organism 1 (see below)	For organism 1 & 2 (see below)	Not Applicable

iii) Speciation and Sensitivity (for each organism identified from above)

Replicate tables generated for each Organism identified

Organism 1	Colony Count (CFU/mL) (enter absolute count)				
Organism 1 (complete table for each identified)	Speciation	Sensitivity (or indicate as 'not tested')	Results (record for each item tested)		
Drop down box:	<i>E.coli</i>	Menu of antibiotics tested (drop down list)	S	I	R
	<i>Enterococci</i>	Menu of antibiotics tested	S	I	R
	<i>Klebsiella-Enterobacter-Serratia</i> group	Menu of antibiotics tested	S	I	R
	<i>Proteus-Morganella-Providencia</i> group	Menu of antibiotics tested	S	I	R
	<i>Pseudomonas spp</i>	Menu of antibiotics tested	S	I	R
	<i>Staphylococci</i>	Menu of antibiotics tested	S	I	R
	Other organisms: (please indicate) (additional drop down box for alternatives organisms) <i>free text box for other info</i>	Not applicable			
Please enter any other Information here		<i>Free Text</i>			

Presence of Antimicrobial Substances	Yes/No
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