

SCOTTISH CLOSTRIDIUM DIFFICILE REFERENCE SERVICE

Scottish Microbiology Reference Laboratories, Glasgow
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For Ref. Lab. use only

Year: -

No: -

Request for *C. difficile* Typing

(Please complete a separate form for each culture. Cultures **MUST** be submitted in cooked meat broth.)

Patient Details

Name: -	Date of Birth: -	Age: -	Sex: -
Address (inc Postcode): -	Chi Number:-	Community Case <input type="checkbox"/>	Hospital case <input type="checkbox"/>
Date of admission to hospital		If Hospital case, please give hospital name and ward below.	
Hospital Name & Ward: -			
HPS Code	Sender's Name and Address		
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Sender's Reference Number: -	Specimen Type - Organism Isolated From: -		
Date Sample Taken: -	Date of Isolation: -		

Antibiotic Therapy & Clinical Details

Previous Antibiotic Therapy: -	Current Antibiotic Therapy: -
Other Clinical Details: - Including date of onset of illness (CDAD)	

Reason for submitting isolate (This section **MUST be completed)**

A) SEVERE CASE (YES/NO) (Please delete as applicable & indicate all of the criteria which apply)

- Pseudomembranous Colitis
- Toxic Megacolon (including surgery/colectomy)
- Admitted to Healthcare Facility from Community for treatment of CDAD
- Admitted to ITU for CDAD or its complications
- Fatal Case
- Refractory Case (Patient remains symptomatic AND toxin positive despite more than 2 courses of appropriate treatment)

B) OUTBREAK CASE (YES/NO) (Please delete as applicable)

If this is an outbreak case what is the total number of suspected cases to date?

C) HPS "Snap-shot" isolate Disease Severity - Mild Moderate Severe

Request for *C. difficile* PCR Ribotyping - Worksheet

***C. difficile* Number:** -

Action	Date	Initialled	Date	Initialled
Brazier's medium				
Subculture to FAA				
DNA extraction				
PCR run				
Electrophoresis Gel Run				
E-Tests set up				
E-Tests read				
"Protect" beads inoculated				

Antibiotic	Result	S/I/R	Read	Check	Result	S/I/R
Cefotaxime (CT)						
Erythromycin (EM)						
Levofloxacin (LE)						
Meropenem (MP)						
Metronidazole (MZ)						
Moxifloxacin (MX)						
Piperacillin-tazobactam (PTc)						
Vancomycin (VA)						
Clindamycin (CM) (48 Hours)						

Additional Work:

PCR Ribotype: -..... **Read By:** -..... **Checked:** -

Result: - **Date sent to Leeds:** -

Date of Report: -