



Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

# Specialist Antimicrobial Chemotherapy Unit (SACU)

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**PHW Microbiology**  
**HAYES DX 6070111**  
**CARDIFF 90 CF**

## SACU REQUEST FORM for GISA/hGISA Investigation

**PURCHASE ORDER NUMBER**

\_\_\_\_\_

### SENDER'S INFORMATION

Lab, Address and Telephone Number:

\_\_\_\_\_

Name of the referring clinician:

\_\_\_\_\_

### PATIENT and SAMPLE DETAILS

Surname: \_\_\_\_\_

Forename: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender:  M  F  Unknown

NHS Number: \_\_\_\_\_

Sample Number: \_\_\_\_\_

Collection date: \_\_\_\_\_

Date sent to SACU: \_\_\_\_\_

### ISOLATE IDENTIFICATION

*Staphylococcus aureus*

**Please note, this investigation is only validated for *Staphylococcus aureus*.**

Although not recommended, if testing is required for other *Staphylococcus species*, contact SACU ([sacu@wales.nhs.uk](mailto:sacu@wales.nhs.uk)) before sending the isolate.

### SPECIMEN TYPE

\_\_\_\_\_

### REQUIRED INFORMATION

Vancomycin MIC = \_\_\_\_\_ mg/L

Teicoplanin MIC = \_\_\_\_\_ mg/L

### BRIEF HISTORY OF GLYCOPEPTIDE TREATMENT

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