



GIG  
CYMRU  
NHS  
WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

# Specialist Antimicrobial Chemotherapy Unit (SACU)

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## SACU REQUEST FORM

### SENDER'S INFORMATION

Name, Address and Telephone Number:

Name of BMS referring the isolate:

### PATIENT and SAMPLE DETAILS

Surname:

Forename:

Date of Birth:

Gender: ☐ M ☐ F ☐ Unknown

NHS Number:

Episode Number:

Sample Number:

Collection date:

Date sent to SACU:

### PACKING SLIP (issued using "MOTH" code)

Number:  ☐ NOT Applicable (e.g. Sender not in Wales)

### ISOLATE IDENTIFICATION

**Is this isolate a suspected Hazard Group 3 microorganism?** ☐ YES ☐ NO

### ISOLATED FROM

☐ Blood ☐ Sputum ☐ Screen

☐ Tissue ☐ Urine ☐ Wound

☐ Other (please state below):

### INVESTIGATION REQUIRED

- ☐ vanA/B detection in *Enterococcus* spp.
- ☐ mecA/C detection in *Staphylococcus* spp.
- ☐ PVL detection in *Staphylococcus aureus*
- ☐ Resistance Alert
- ☐ Carbapenemase investigation
- ☐ Colistin MIC by Broth MicroDilution
- ☐ Confirmation of local results  
(please state below)
- ☐ MIC Testing  
(please state antimicrobials required below)
- ☐ Other (please state below)

### Additional Information and/or Investigation Required