PUBLIC HEALTH ENGLAND
MALARIA REFERENCE LABORATORY (MRL)
PATIENT REPORT/REFERRAL FORM

For MRL use only

In Confidence– please complete as fully as possible-this form may be used to refer specimens and/or to report cases

Family name: _____

All other names: _____

Home post code: _____ **NHS number:** _____

Address in UK: _____

_____

_____

Date of birth: ___ / ___ / _____ Age: _____ Gender: M / F

Country of birth: _____ Country of usual residence: _____

Ethnicity: (mark one)	**Reason for travel: (mark one)**	**Malaria prophylaxis taken: (mark as relevant)**
☐ White British	☐ New entrant to UK	☐ NONE
☐ Other White background	☐ Visiting family in country of origin	☐ Mefloquine (Lariam)
☐ Black African	☐ UK citizen living abroad	☐ Malarone
☐ Black Caribbean	☐ Civilian sea/air crew	☐ Doxycycline
☐ Other Black background	☐ British armed forces	☐ Chloroquine (Nivaquine/Avloclor)
☐ Indian Sub-Continent	☐ Business/Professional travel	☐ Proguanil (Paludrine)
☐ South-East Asian	☐ Foreign student studying in UK	☐ Unknown
☐ Other Asian background	☐ Holiday travel to malarious country	☐ Other (please specify)
☐ Mixed Ethnicity	☐ Foreign visitor ill while in UK	
☐ Other (please specify)	☐ Children visiting parents living abroad	Prophylaxis taken regularly? Y / N
	☐ Other (please specify)	Continued on return for _____ weeks

Date of onset of illness: ___ / ___ / _____ Date of starting treatment: ___ / ___ / _____

Date of arrival in UK from malarious country ___ / ___ / _____

Duration of stay abroad : _____

Country(ies) where infection acquired: _____

For India, please specify areas visited

G.P. Name & Address Tel. No.	Name and contact details of person completing this form if not G.P. Date:

Please complete other side →

Hospital where diagnosis made _____

Date of diagnosis ____ /____ /_____

Method of diagnosis:	☐ Blood film ☐ Clinical	☐ Antigen test Please specify _____ ☐ Other Please specify _____

Species of malaria parasite:	**Was patient treated as:**	**Outcome of illness:**
☐ P. falciparum	☐ Outpatient	☐ Recovery
☐ P. vivax	☐ Inpatient	
☐ P. malariae	**Was patient:**	☐ Death
☐ P. ovale	Pregnant Y / N _____ / 40	
☐ Species unknown	Admitted to ITU/HDU Y / N	☐ Unknown
☐ No malaria parasites found	Duration of stay in hospital _____ days	

Any other information relevant to this case: _____

If sending specimens for referral please also give the following information:

Date of Sample

NHS/Hosp No. _____ **Lab No.** _____ ____ / ____ / _____

Type of specimen:

- ☐ Blood
- ☐ Blood films
- ☐ Other (please specify)

Name and address for report:

MALARIA IS A NOTIFIABLE DISEASE - PLEASE FILL IN A STATUTORY NOTIFICATION FORM AND FORWARD TO THE CCDC.

Please return this form to:

PHE Malaria Reference Laboratory
Faculty of Infectious & Tropical Diseases
London School of Hygiene and Tropical Medicine
Keppel Street
London WC1E 7HT

Tel. No.: Surveillance 020 7927 2435
Laboratory 020 7927 2427
Fax 020 7637 0248

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