Registered medical practitioner notification form template

(For urgent notifications out of hours, please call the London HP Team on 0300 303 0450)

Please email completed form to:

London phe.london.region@nhs.net

Please put the Infectious Disease being notified in the subject header, to help us prioritise emails.

Highlighted text = minimum data set

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| *Health Protection (Notification) Regulations 2010: notification to the proper officer of the local authority* |
| **Registered Medical Practitioner reporting the disease** |
| Name & position |  |
| Address/Trust |  |
| Post code  |  |
| Contact number DIRECT NO. |  |
| Direct micro team email |  |
| Date of notification |  |
|  **Notifiable disease** |
| Disease, infection or contamination |  |
|
| Pertinent clinical details/symptoms if available |  |
| Date of onset of symptoms |  |
| Date of diagnosis  |  |
| Date of death (if patient died) |  |
| Origin of sample (who requested)  |  |
| Type of sample & test(s)  |  |
| Microbiological result |  |
| Index case details  |
| First name of case |  |
| Surname  |  |
| Gender (M/F) |  |
| DOB |  |
| Ethnicity |  |
| NHS number/ Hospital Number |  |
| Home address Post code |  |
|  |
| Contact No. home/mobileemail |  |
| Is the case an inpatient? (Yes/ No). If “Yes” what ward and which clinical team? |  |
| Occupation /Travel history |  |
| Relevant immunisation history (e.g. if vaccine preventable infection) |  |