E13

PHE Microbiology request form

Polyomavirus JC Investigation

Public Health England

Virus Reference Department
61 Colindale Avenue
London NW9 5HT

Phone +44 (0)20 8327 6017/6266
VRDqueries@phe.gov.uk
www.gov.uk/phe

PHE Colindale
(VRD)
DX 6530006
Colindale NW

Please write clearly in dark ink

SENDER'S INFORMATION

Report to be sent FAO

Contact Phone Ext

Purchase order number

Project code

Postcode

PATIENT/SOURCE INFORMATION

☐ Inpatient ☐ Outpatient ☐ GP Patient

NHS number

Surname

Forename

Sex ☐ male ☐ female

Date of birth Age

Patient's postcode

Patient's HPT

Hospital number

Hospital name *(if different from sender's name)*

Have previous samples been sent to PHE ☐ Yes ☐ No

Ward/ clinic name

Ward type

PHE reference number

SAMPLE INFORMATION

Do you suspect from clinical or lab information that patient is infected with Hazard Group 3 or 4 pathogen?

If yes, give all relevant details

Note: If infection with a Hazard Group 4 pathogen is suspected, from clinical information or travel history, **you must** contact Reference Lab **before** sending

Please tick the box if your clinical sample is post mortem ☐

First sample

Your reference

Sample type

☐ Serum ☐ Plasma ☐ EDTA blood
☐ Urine ☐ DNA ☐ Brain
☐ CSF ☐ Other *(please specify)*

Date of collection Time

Date sent to PHE

Second sample

Your reference

Sample type

☐ Serum ☐ Plasma ☐ EDTA blood
☐ Urine ☐ DNA ☐ Brain
☐ CSF ☐ Other *(please specify)*

Date of collection Time

Priority status

TESTS REQUESTED

☐ JC Antibody (CSF and/or serum only) ☐ JC PCR

CLINICAL/EPIDEMIOLOGICAL INFORMATION

☐ BM/SC transplant Date of transplant *(if applicable)*

☐ HIV

☐ Other immunosuppressed *(please specify)*

☐ MS pre recombinant antibody treatment *(please specify)*

☐ MS on recombinant antibody treatment *(please specify)* Date started

☐ Other on recombinant antibody treatment *(please specify)* Date started

☐ Symptoms *(please specify)*

OTHER COMMENTS

Version effective from April - 2014 VW-0142.04