



Please write clearly in dark ink

## SENDER'S INFORMATION

Postcode

### Report to be sent FAO

Contact Phone	Ext
Purchase order number	
Project code	

## PATIENT/SOURCE INFORMATION

<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> GP Patient	
NHS number	Sex <input type="checkbox"/> male <input type="checkbox"/> female
Surname	Date of birth <span style="float: right;">Age</span>
Forename	Patient's postcode
Hospital number	Patient's HPT
Hospital name (if different from sender's name)	Ward/ clinic name
Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown   Weeks	Ward type

## SAMPLE INFORMATION

**First sample**

**Your reference**

Sample type

Serum    Oral fluid    Throat swab    Urine  
 CSF    Plasma    Viral isolate    cDNA  
 Other (please specify)

Date of collection   Time

Date sent to PHE

### 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  

### Second sample

**Your reference**

Sample type

Serum    Oral fluid    Throat swab    Urine  
 CSF    Plasma    Viral isolate    cDNA  
 Other (please specify)

Date of collection   Time

Priority status

## TESTS REQUESTED

Measles    Investigation  
 Mumps    Confirmation of infection  
 Rubella    Immunity screen

If only specific tests required please indicate here

IgG    IgM    PCR    Rub Avidity

## CLINICAL/EPIDEMIOLOGICAL INFORMATION

Date of onset

Rash    Fever    Conjunctivitis  
 SSPE    Parotid swelling  
 Neurological involvement (please specify)  
 Other symptoms (please specify)

Contact   Date of contact

### Vaccination History:

1st MMR date  
 2nd MMR date  
 No MMR  
 Single    ME    MU    RU

## OTHER COMMENTS

Including GP details, recent travel history, underlying conditions (if known)