



Please write clearly in dark ink

## SENDER'S INFORMATION

	<b>Report to be sent FAO</b>	
	Contact Phone	Ext
	<b>Purchase order number</b>	
	Project code	
Postcode		

## 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    Age
Forename	Patient's postcode
Hospital number	Patient's HPT
Hospital name (if different from sender's name)	Ward/ clinic name
	Ward type

## SAMPLE INFORMATION

**SAMPLE COLLECTION:** For electron microscopy examination of skin lesions the preferred specimens are smears of vesicle/blister fluid dried onto a microscope slide, scabs, a piece of crust, a biopsy or curettage of the lesion placed in a dry sterile container. Biopsy or curettage are preferable for suspected **orf** as these virions often remain cell-associated. Swabs in liquid medium are not recommended for electron microscopic examination of skin lesions, as this dilutes any virus present and reduces sensitivity.

### Your reference

Sample type	
Date of collection	Time
Date sent to UKHSA	
Priority status	

**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   

## TESTS REQUESTED

### Suspected agent:-

<input type="checkbox"/> Orf virus	<input type="checkbox"/> Molluscum contagiosum virus
<input type="checkbox"/> Other (please specify)	

## CLINICAL/EPIDEMIOLOGICAL INFORMATION/OTHER COMMENTS

Any other relevant clinical details

## REFERRED BY

Name
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