



Please write clearly in dark ink

## SENDER'S INFORMATION

Address

Report to be sent FAO

Contact Phone

Ext

Purchase order number

Project code

Postcode

## PATIENT/SOURCE INFORMATION

 Human  Animal  Other\*

\*Please specify

NHS number

Sex  male  female

Surname

Date of birth

Age

Forename

Patient's postcode

Patient's HPT

Hospital number

Ward/ clinic name

Hospital name (if different from sender's name)

Ward type

Have previous samples been sent to UKHSA?  Yes  No

UKHSA reference number

 Medico-legal case

## SAMPLE INFORMATION

Your reference

Sample type  Swab in VTM  EDTA whole blood/plasma Other (please specify)

Date of collection

Time

Date sent to UKHSA

**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** sendingPlease tick the box if your clinical sample is post mortem 

## TESTS REQUESTED

 HSV 1 + 2 Thymidine Kinase (TK) genotypic resistance HSV 1 + 2 phenotypic resistance HSV 1 + 2 DNA pol genotypic resistance

## CLINICAL INFORMATION

 BMT / HSCTHas patient ever been on therapy?  Yes  No Haematological malignancy

Details of current / previous therapies:

 Solid organ transplant

Current / most recent

Previous

 HIV infectionACV / vACV  Immunocompromised (other)FOS  ImmunocompetentCDV  Congenital infectionPritelivir  Other (specify)Other (specify) 

## OTHER COMMENTS

## REFERRED BY

Doctor's name

Signature

Date