



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	<input type="checkbox"/> Other*	*Please specify
NHS number		Sex <input type="checkbox"/> male <input type="checkbox"/> female		
Surname		Date of birth		
Forename		Age		
Hospital number		Patient's postcode		
Hospital name (if different from sender's name)		Ward/ clinic name		
Ethnic information		Ward type		
<input type="checkbox"/> White	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Black African	Country of birth	
<input type="checkbox"/> Black other	<input type="checkbox"/> Indian / Pakistani / Bangladeshi	<input type="checkbox"/> Other/mixed	Country of origin	
Have previous samples been sent to UKHSA?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	UKHSA reference number

SAMPLE INFORMATION

Your reference	<p>Do you suspect from clinical or lab information that patient is infected with Hazard Group 3 or 4 pathogen (in addition to the requested investigation)?</p> <p>If yes, give all relevant details</p> <p>Note: If infection with a Hazard Group 4 pathogen is suspected, from clinical information or travel history, you must contact Reference Lab before sending</p>
Sample type <input type="checkbox"/> Serum <input type="checkbox"/> Plasma <input type="checkbox"/> EDTA whole blood	
Date of collection	Time
Please tick the box if your clinical sample is post mortem <input type="checkbox"/>	

TESTS REQUESTED

<input type="checkbox"/> HAV confirmation	<input type="checkbox"/> HBV serology	<input type="checkbox"/> HCV confirmation	<input type="checkbox"/> HDV serology	<input type="checkbox"/> HEV serology	Other tests
<input type="checkbox"/> HAV PCR	<input type="checkbox"/> HBV viral load	<input type="checkbox"/> HCV viral load	<input type="checkbox"/> HDV PCR	<input type="checkbox"/> HEV PCR	
	<input type="checkbox"/> HBsAg quantification				
	<input type="checkbox"/> anti-HBs				

SENDER'S LABORATORY RESULTS

		POS	NEG	EQV		POS	NEG	EQV		POS	NEG	EQV
Hepatitis A	anti-HAV IgM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	anti-HAV IgG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Hepatitis B	HBsAg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HBeAg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	anti-HBe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	anti-HBc total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	anti-HBc IgM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	anti-HBs	IU/L		
Hepatitis C	anti-HCV EIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
					Other tests							

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Antiviral therapy <input type="checkbox"/> Interferon <input type="checkbox"/> Ribavirin <input type="checkbox"/> Lamivudine <input type="checkbox"/> Tenofovir <input type="checkbox"/> Adefovir <input type="checkbox"/> HAART (if HIV-infected)	Risk group (tick one or more) <input type="checkbox"/> Homo/bisexual <input type="checkbox"/> IV drug abuser Bleeding disorder <input type="checkbox"/> Transfusion recipient <input type="checkbox"/> Transplant recipient	Indicate if this individual is a <input type="checkbox"/> Antenatal client <input type="checkbox"/> Organ/Tissue Donor <input type="checkbox"/> Healthcare worker <input type="checkbox"/> Needlestick injury recipient <input type="checkbox"/> Needlestick injury donor	<input type="checkbox"/> Vaccinee <input type="checkbox"/> Participant in an outbreak investigation <input type="checkbox"/> HIV coinfectd <input type="checkbox"/> Blood donor <input type="checkbox"/> Traveller
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OTHER COMMENTS

<p>Other comments</p>
