Two sets of samples are needed, for two distinct pathways

1. Common respiratory infection investigations – local laboratory
2. Coronavirus investigations - PHE Colindale

**LOCAL LABORATORIES**

**LOCAL RESPIRATORY PATHOGEN TESTING**
- **Upper respiratory tract** (nose/throat/nasopharyngeal sample in viral/universal transport medium)
- **Lower respiratory tract** if available (e.g., sputum, ETA or BAL)
- +/- other samples to identify bacteria

**Recommended local investigations**
- Influenza virus, RSV, parainfluenza virus 1-3, adenovirus, human metapneumovirus; *Legionella* sp.; other viral, bacterial and fungal investigations as clinically indicated

**PHE COLINDALE**

**PHE COLINDALE TESTING**
- **Upper respiratory tract** (nose/throat/nasopharyngeal sample in viral/universal transport medium)
- **Lower respiratory tract** if available (e.g., sputum, ETA or BAL)
- **Clotted blood/serum** for serology (minimum 5 ml)
- **EDTA blood sample** for PCR (minimum 5 ml)
- **Faecal Material** (minimum 10 g)
- **Urine**

**Molecular**
- Pan-CoV
- Seasonal CoVs
- 2019-nCoV

**Virus Isolation**

**Serology**
- Requires ACUTE (at illness onset) & CONVALESCENT sera 14 days apart

*(1) PHE Colindale will advise on sequential sampling, on a case by case basis
(2) Any case investigated through Colindale must have convalescent sera 14 days after illness presentation
# If testing for avian influenza is also indicated following risk assessment, obtain separate samples and follow the PHE avian influenza guidance