



UK Health
Security
Agency

Varicella Zoster Virus

Virus Reference Department
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UKHSA Colindale
(VRD)
DX 6530006
Colindale NW

Please write clearly in black ink

SENDER'S INFORMATION

	Report to be sent FAO
	Contact Phone Ext
	Purchase order number
	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
Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Weeks	Ward type

SAMPLE INFORMATION

Your reference	Do you suspect from clinical or lab information that patient is infected with Hazard Group 3 or 4 pathogen? If yes, give <u>all</u> 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 <input type="checkbox"/> Date sent to UKHSA
Sample type	
<input type="checkbox"/> Vesicle Swab <input type="checkbox"/> Vesicle Fluid <input type="checkbox"/> CSF <input type="checkbox"/> *Plasma <input type="checkbox"/> Viral isolate <input type="checkbox"/> DNA <input type="checkbox"/> Scab <input type="checkbox"/> Serum *Please note: Plasma cannot be used for quantitative IgG	
<input type="checkbox"/> Other (please specify)	
Date of collection Time	

TESTS REQUESTED

- VZV IgG VZV DNA (for recently vaccinated patients only, please provide date of vaccination)
 VZV IgM+IgG (IgM will only be performed if IgG is negative and clinical information is provided below)

CLINICAL/EPIDEMIOLOGICAL INFORMATION

- Pre vaccine screening Post exposure Confirmation of VZV infection or re-activation

If this is a vaccine related query please fill in the following section, otherwise please fill in the non-vaccine related section

Vaccine related samples

Post vaccine

- Oka vaccine 1st dose
 Oka vaccine 2nd dose
 Zostavax

Date of administration

Nature of rash (if present)

- At vaccine inoculation site
 Localised away from vaccine inoculation site
 Generalised
 Other (Please give details)

Date of onset

Date of contact

OTHER CLINICAL DETAILS (eg immunosuppression)

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