HPA Microbiology request form

Polio Investigation

Health Protection Agency

Virus Reference Department
61 Colindale Avenue
London NW9 5HT

Phone +44 (0)20 8327 6017/6266
VRDqueries@hpa.org.uk
www.hpa.org.uk/SRMTests

HPA Colindale
CfI (VRD)
DX 6530006
Colindale NW

Please write clearly in dark ink

SENDER'S INFORMATION

Sender's name and address

Report to be sent FAO

Contact Phone _____ Ext

Purchase order number

Project code

Postcode

PATIENT/SOURCE INFORMATION

NHS number | | | | | | | | | | |

☐ Inpatient   ☐ Outpatient   ☐ GP patient

Surname

Hospital name *(if different from sender's name)*

Forename

Ward/clinic name

Hospital number

Sex   ☐ male   ☐ female

Patient's CCDC

Date of birth   D D M M Y Y Y Y   Age

Patient's postcode

SAMPLE INFORMATION

Your reference

Sample type

Date of collection   D D M M Y Y   Time

Date sent to HPA   D D M M Y Y

Priority status

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, <u>**you must**</u> contact Reference Lab <u>before</u> sending

TESTS REQUESTED

☐ Detection and characterisation

☐ Serology

SENDER'S LABORATORY RESULTS

Please provide the result of your typing *(if performed)*

CLINICAL/EPIDEMIOLOGICAL INFORMATION

What prompted the specimen to be taken?

☐ Neurological symptoms   *specify*

☐ Immunosuppressed

☐ Occupational

☐ Other   *specify*

If symptomatic, approx. date of onset   D D M M Y Y

Please discuss patients with suspected polio with Dr David Brown (Telephone 020 8327 6016) or Dr Mary Ramsay (Telephone 020 8327 6085) at an early stage.

In the three months prior to onset, had the patient:

Travelled abroad?	☐ Yes	☐ No	☐ Not known	If yes, *please specify country*	
Received IPV?	☐ Yes	☐ No	☐ Not known	If yes, *please specify date*	D D M M Y Y
Received OPV?	☐ Yes	☐ No	☐ Not known	If yes, *please specify date*	D D M M Y Y
Had contact with an OPV recipient?	☐ Yes	☐ No	☐ Not known	If yes, *please specify date*	D D M M Y Y

OTHER COMMENTS

Any other relevant clinical details

All requests are subject to HPA standard terms and conditions, available at www.hpa.org.uk/hpa/standardterms.htm

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