

Zika testing (No current symptoms)

Rare and Imported Pathogens Laboratory (RIPL)

PHE Microbiology Services

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Version effective from June - 2018 SPATHW0224.03

Please write clearly in dark ink

All requests are subject to PHE standard terms and conditions.

Direct Phone		SENDER'S INFORMATION				
Postcode  PATIENT / SOURCE INFORMATION   Inpatient   Outpatient   GP Patient   Other		Sender's name and address		Direct Phone		
Postcode  PATIENT / SOURCE INFORMATION   Inpatient   Outpatient   GP Patient   Other						
Postcode  PATIENT / SOURCE INFORMATION   Inpatient   Outpatient   GP Patient   Other						
PATIENT   SOURCE INFORMATION   Inpatient   Other   O				Direct Phone (out of hours)		
PATIENT   SOURCE INFORMATION   Inpatient   Other   O						
Impatient   Outpatient   Other   Oth		Postcode				
NHS number   Gender   male   female		PATIENT/SOURCE INFORMATION				
Date of birth		☐ Inpatient ☐ Outpatient ☐ GP Patient ☐ Other	* r	* Please specify		
Patient's postcode   Patient's HPT	Ī	NHS number		Gender male female		
Patient's HPT		Surname		Date of birth   D   D   M   M   Y   Y   Y   Y   Age		
Hospital number	_			Patient's postcode		
Haspital name of different from sender's name)  Have previous samples been sent to RIPL? Yes No  SAMPLE INFORMATION  Sample type		Forename		<u> </u>		
Haspital name of different from sender's name)  Have previous samples been sent to RIPL? Yes No  SAMPLE INFORMATION  Sample type	-	Hospital number				
Have previous samples been sent to RIPL? Yes No  RIPL Lab ref. no P1 CO	-			· · · · · · · · · · · · · · · · · · ·		
SAMPLE INFORMATION Sample type Serum/clotted blood EDTA whole blood Plasma Unine Date of collection Date sent to RIPL TESTS REQUESTED RIPL will select the most appropriate tests (serology and / or PCR) based on information provided below.  If inadequate information is provided, the sample(s)  Will not be tested.  CLINICAL/EPIDEMIOLOGICAL INFORMATION Foreign Travel within previous 21days? Yes No Purpose of travel (trom UN) Date of travel (trom UN) Date of travel (trom UN) Foreign Travel within previous 21days? Yes No Purpose of travel (trom UN) Date of travel (trom UN) Foreign Travel within previous 21days? Yes No Purpose of travel (trom UN) Date of travel (trom U	-					
Sample type		•	YesINO	RIPL Lab ret. no P1 _ CO		
Serum\clotted blood   EDTA whole blood   Plasma   Plasm				This form MUST only be used following the PHE guidance at		
EDTA whole blood						
Plasma   pregnancy status above) for testing to be performed.   Fields marked \$\frac{36}{8}\$ are mandatory.						
Other (please specify)   Date of collection	-			pregnancy status above) for testing to be performed.		
Date of collection  Date sent to RIPL  Date sent to RIPL  Date sent to RIPL  RIPL will select the most appropriate tests (serology and/or PCR) based on information provided below.  If inadequate information is provided, the sample(s) will not be tested.  CLINICAL/EPIDEMIOLOGICAL INFORMATION  Foreign Travel within previous 21days? Yes No  Purpose of travel (from usc) Symptom Onset Date Symptom Onset Date Rural area Meningitis Open country Myalgia Forests Oedema  Mosquito bite Tick bite Other insect bite Rash Livestock exposure Other exposure Retro-orbital pain Information (output) Annual Results (included in the sample (s) will not be tested.  ZIKA VIRUS INVESTIGATIONS  ZIKA VIRUS INVESTIGATIONS  Select relevant option: %  Select relevant option: %  Select relevant option: %  Solect relevant option: %  For PATIENTS WITH CURRENT SYMPTON  If pregnant, or for male patient if partner is pregnant, please state gestation week / 1/40  Other clinical details	-					
Date sent to RIPL  Date sent to RIPL  RIPL will select the most appropriate tests (serology and/or PCR) based on information provided below.  If inadequate information is provided, the sample(s) will not be tested.  CLINICAL/EPIDEMIOLOGICAL INFORMATION  Foreign Travel within previous 21days? Yes No Purpose of travel  Date of travel (trom ux) Fever Date returned (to ux) Conjunctivitis  Symptom Onset Date	-	Utilet (please specify)			orior	
TESTS REQUESTED  RIPL will select the most appropriate tests (serology and / or PCR) based on information provided below.  If inadequate information is provided, the sample(s) will not be tested.  CLINICAL/EPIDEMIOLOGICAL INFORMATION  Foreign Travel within previous 21days? Yes No  Purpose of travel within previous 21days? Yes No  Purpose of travel from vistal area Conjunctivitis  Date of travel from vistal area LFTs raised  Symptom Onset Date Urban area LFTs raised  Rural area Meningitis  Open country Myalgia  Forests Oedema  Mosquito bite Tick bite Other insect bite Restro-orbital pain  Thrombocytopenia  Thrombocytopenia  ZIKA VIRUS INVESTIGATIONS  ZIKA VIRUS INVESTIGATIONS  ZIKA VIRUS INVESTIGATIONS   ATHRIBIAL INVESTIGATIONS  Select relevant option: %  No current or previous symptoms as indicated, now well  DO NOT USE THIS REQUEST FORM  FOR PATIENTS WITH CURRENT SYMPTON  If pregnant, or for male patient if partner is pregnant, please state gestation week / 40  Other clinical details		Date of collection   D   D   M   M   Y   Y   Time				
RIPL will select the most appropriate tests (serology and/or PCR) based on information provided below.  If inadequate information is provided, the sample(s) will not be tested.  CLINICAL/EPIDEMIOLOGICAL INFORMATION  Foreign Travel within previous 21days? Yes No Purpose of travel  Date of travel (from UK)  Date of travel (from UK)  Date returned (to UK)  Date returned (to UK)  Conjunctivitis  Date returned (to UK)  Rural area Meningitis  Open country Myalgia  Forests Oedema  Mosquito bite Tick bite Other insect bite Rash  Livestock exposure Other exposure Retro-orbital pain  Threase specify  Thrombocytopenia	ľ	Date sent to RIPL		Please tick the box if your clinical sample is post mortem		
If inadequate information is provided, the sample(s) will not be tested.  CLINICAL/EPIDEMIOLOGICAL INFORMATION  Foreign Travel within previous 21days? Yes No  Purpose of travel  Date of travel (from ux) Fever  Date returned (to ux) Headache  Symptom Onset Date		TESTS REQUESTED				
If inadequate information is provided, the sample(s) will not be tested.  CLINICAL/EPIDEMIOLOGICAL INFORMATION  Foreign Travel within previous 21days? Yes No  Purpose of travel  Date of travel (from UK) Headache  Symptom Onset Date Duta Duta Ameningitis  Countries/areas visited Copen country Myalgia  Forests Oedema  Mosquito bite Tick bite Other insect bite Rash  Livestock exposure Other exposure Thrombocytopenia  If inadequate information is provided, the sample(s) will not be tested.  Select relevant option: Headache Select relevant option: Headache No current or previous symptoms as indicated, now well  DO NOT USE THIS REQUEST FORM FOR PATIENTS WITH CURRENT SYMPTOM  If pregnant, or for male patient if partner is pregnant, please state gestation week 1/40  Other clinical details				ZIVA VIDLIC INIVESTICATIONS		
CLINICAL / EPIDEMIOLOGICAL INFORMATION  Foreign Travel within previous 21days? Yes No  Purpose of travel  Date of travel (from ux) Fever  Date returned (to ux)   Headache  Symptom Onset Date   D   D   M   M   Y   Y   Leucopenia  Countries/areas visited   Open country   Myalgia   Forests   Odedema  Mosquito bite   Tick bite   Other insect bite   Rash   Livestock exposure   Other exposure   Thrombocytopenia    Select relevant option:   Select relevant option:   No current or previous symptoms as indicated, now well   DO NOT USE THIS REQUEST FORM   FOR PATIENTS WITH CURRENT SYMPTOM   If pregnant, or for male patient if partner is pregnant, please state gestation week   /40   Other clinical details    Mosquito bite   Tick bite   Other insect bite   Rash   Livestock exposure   Other exposure   Thrombocytopenia	and/or PCR) based on information provided below.			ZIKA VIKUS INVESTIGATIONS		
Foreign Travel within previous 21days? Yes No  Purpose of travel  Date of travel (from UK) Select relevant option: Select relevant option: No current or previous symptoms  Date returned (to UK) Previous symptoms as indicated, now well  Do NOT USE THIS REQUEST FORM FOR PATIENTS WITH CURRENT SYMPTOM  Symptom Onset Date		If inadequate information is provided, the sample(s) will not be tested.				
Purpose of travel  Date of travel (from UK)  Date returned (to UK)		<u> </u>				
Date of travel (from UK) Be Date returned (to UK) Be Date returned (to UK) Date returned			Arthrolaic	Select relevant option: 🕊		
Date returned (to UK) Headache  Symptom Onset Date		ruipose di tiavei	_	☐ No current or previous symptoms		
Date returned (to UK) Headache  Symptom Onset Date		Date of travel (from UK) To . D I M . M I Y . Y I	•	— , , ,		
Symptom Onset Date		Date returned 4- 111/18			IDTOMS	
Countries/areas visited Rural area   LFTs raised   Please specify   Urban area   LFTs raised   If pregnant, or for male patient if partner is pregnant, please state gestation week   Mosquito						
Rural area			·		nant,	
☐ Open country ☐ Myalgia ☐ Forests ☐ Oedema ☐ Mosquito bite ☐ Tick bite ☐ Other insect bite ☐ Rash ☐ Livestock exposure ☐ Other exposure ☐ Retro-orbital pain ☐ Thrombocytopenia ☐ Thrombocytopenia						
Mosquito bite       Tick bite       Other insect bite <sup>†</sup> Rash         Livestock exposure       Other exposure <sup>†</sup> Retro-orbital pain         † Please specify       Thrombocytopenia		Open country	Myalgia	Other chilical details		
□ Livestock exposure       □ Other exposure <sup>†</sup> □ Retro-orbital pain         □ Thrombocytopenia       □ Thrombocytopenia		Forests				
†Please specify						
Trease specify		· · · · · · · · · · · · · · · · · · ·				
Relevant Occupational History		† Please specify	Thrombocytop	enia		
		Relevant Occupational History				
		DEFENDED BY				
REFERRED BY  Name Signature Date   D   M   M   Y   Y			Signature	Date ID.DIM.MI	Y , Y	