



Please write clearly in dark ink

Zika testing (No current symptoms)

Rare and Imported Pathogens Laboratory (RIPL)

PHE Microbiology Services
Porton Down, Salisbury
Wiltshire SP4 0JG

Phone +44 (0)1980 612348 (9am - 5pm)
Email ripl@phe.gov.uk
www.gov.uk/phe

PHE
DX 6930400
Salisbury 92 SP

SENDER'S INFORMATION

Sender's name and address

Direct Phone

Direct Phone (out of hours)

Postcode

PATIENT/SOURCE INFORMATION

Inpatient Outpatient GP Patient Other*

* Please specify

NHS number

Gender male female

Surname

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

Forename

Patient's postcode

Patient's HPT

Hospital number

ITU Other ward/clinic :

Hospital name (if different from sender's name)

Pregnant[⌘] Yes No Unknown

Have previous samples been sent to RIPL? Yes No

RIPL Lab ref. no P1 _ CO _ _ _ _ _

SAMPLE INFORMATION

Sample type

Your reference

- Serum/clotted blood
- EDTA whole blood
- Plasma
- Urine
- Other (please specify)

This form **MUST** only be used following the PHE guidance at:
<https://www.gov.uk/guidance/zika-virus-sample-testing-advice>

This form **MUST** be fully completed (including for women, pregnancy status above) for testing to be performed.

Fields marked [⌘] are mandatory.

Any post mortem samples must not be submitted without prior discussion on 01980 612348.

Date of collection | D | D | M | M | Y | Y | Time

Please tick the box if your clinical sample is post mortem

Date sent to RIPL | D | D | M | M | Y | Y

TESTS REQUESTED

RIPL will select the most appropriate tests (serology and/or PCR) based on information provided below.

ZIKA VIRUS INVESTIGATIONS

If inadequate information is provided, the sample(s) will not be tested.

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Foreign Travel within previous 21 days? Yes No

Purpose of travel

Arthralgia

Date of travel (from UK)[⌘] | D | D | M | M | Y | Y

Conjunctivitis

Date returned (to UK)[⌘] | D | D | M | M | Y | Y

Fever

Symptom Onset Date | D | D | M | M | Y | Y

Headache

Countries/areas visited[⌘]

- Urban area
- Rural area
- Open country
- Forests
- LFTs raised
- Meningitis
- Myalgia
- Oedema

Mosquito bite Tick bite Other insect bite[†]

Rash

Livestock exposure Other exposure[†]

Retro-orbital pain

[†] Please specify

Thrombocytopenia

Relevant Occupational History

Select relevant option: [⌘]

No current or previous symptoms

Previous symptoms as indicated, now well

DO NOT USE THIS REQUEST FORM FOR PATIENTS WITH CURRENT SYMPTOMS

If pregnant, or for male patient if partner is pregnant, please state gestation week / 40

Other clinical details

REFERRED BY

Name

Signature

Date