



URGENT REFERRAL SARS-CoV-2 Confirmatory Testing Sample Referral Form

Positive and indeterminate samples from laboratories without the facility to perform confirmatory testing should be submitted to the nearest regional Public Health England Laboratory. Contact details and delivery addresses for regional centres can be found on www.gov.uk/phe

Please write clearly in dark ink **IMPORTANT:** please complete all fields below to avoid delays.

SENDER'S INFORMATION

Sending laboratory

Postcode

Report to be sent **FAO**

Contact Phone

Core Hours

Outside of Core Hours

PATIENT/SOURCE INFORMATION

NHS number

Surname

Forename

Hospital number

Hospital name (if different from sender's name)

Sex Male Female

Date of birth

Patient's postcode

Patient's HPT

SAMPLE INFORMATION (Please send original)

Lab Number

Sample type

TS NS NS/TS BAL Sputum

Other sample type (by prior arrangement only):

SAMPLE VOLUME (500ul minimum):

Date of collection Time

Date sent to PHE

All samples submitted should be treated as though the patient is infected with a Hazard Group 3 pathogen.

All samples must be sent in accordance with Cat B transport guidance.

To preserve the integrity of viral RNA, samples should be stored refrigerated and referred as soon as possible by same day courier

SENDER'S SARS-COV-2 RESULTS

Reason for referral:

SARS-CoV-2 PCR Referring laboratory test details

Assay name and manufacturer:

Gene target/s

CT value/s:

Limit of detection of the assay (refer to manufacturer's instructions for use):

ADDITIONAL INFORMATION