



# Intrathecal Antibody Test Request Form

Please send samples to:  
**Virus Reference Department**  
61 Colindale Avenue  
London NW9 5HT

Phone +44 (0)20 8327 6017/7887  
vrdqueries@ukhsa.gov.uk  
www.gov.uk/ukhsa

UKHSA Colindale  
(VRD)  
DX 6530006  
Colindale NW

Please write clearly in dark ink

## SENDER'S INFORMATION

Sender's name and address:

### Report to be sent FAO

Direct phone

Direct phone ( out of hours)

Postcode

## PATIENT/SOURCE INFORMATION

NHS number

Sex

male

female

Surname

Date of birth

Age

Forename

Patient's postcode

Hospital number

Hospital name (if different from sender's name)

## SAMPLE INFORMATION

Sample Type

Serum

CSF

Date of serum collection:

Date of CSF collection:

If available please provide results for:

Total serum IgG:

Total CSF IgG:

Serum albumin:

CSF albumin:

Date sent to UKHSA:

**Do you suspect from clinical or lab information that patient is infected with Hazard Group 3 or 4 pathogen?**

If yes, give all 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

## INTRATHECAL ANTIBODY TESTS REQUESTED \*

HSV

\*Some additional targets (other than what is specifically requested) will be tested for control purposes.

VZV

Measles

Rubella

## CLINICAL/EPIDEMIOLOGICAL INFORMATION

Date of onset

Samples should be taken at least 10 days after the onset of neurological symptoms

Encephalitis

Meningitis

Meningoencephalitis

## OTHER CLINICAL DETAILS