E9

UKHSA Microbiology request form

UK Health Security Agency

Parvovirus B19

Virus Reference Department
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London NW9 5HT

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vrdqueries@ukhsa.gov.uk
www.gov.uk/ukhsa

UKHSA Colindale
(VRD)
DX 6530006
Colindale NW

Please write clearly in dark ink

SENDER'S INFORMATION

Report to be sent FAO

Contact Phone Ext

Purchase order number

Project code

Postcode

PATIENT/SOURCE INFORMATION

☐ Inpatient ☐ Outpatient ☐ GP Patient

NHS number

Surname

Forename

Sex ☐ male ☐ female

Date of birth Age

Patient's postcode

Patient's HPT

Hospital number

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

Ward/ clinic name

Ward type

Pregnant ☐ Yes ☐ No ☐ Unknown Weeks

SAMPLE INFORMATION

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 ☐

First sample

Your reference

Sample type

☐ Serum ☐ Foetal tissue (<=24 weeks)

☐ Plasma ☐ Foetal tissue (>24 weeks)

☐ Other *(please specify)*

Date of collection Time

Date sent to UKHSA

Second sample

Your reference

Sample type

☐ Serum ☐ Foetal tissue (<=24 weeks)

☐ Plasma ☐ Foetal tissue (>24 weeks)

☐ Other *(please specify)*

Date of collection Time

TESTS REQUESTED

☐ Investigation of possible infection ☐ Immunity screen

☐ Confirmation of infection ☐ Contact testing

If only specific tests required please indicate

☐ IgG ☐ IgM ☐ PCR

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Date of onset

Date of contact

☐ Rash ☐ Arthropathy ☐ Foetal infection

☐ Haematological disease *(please specify)*

☐ Other symptoms *(please specify)*

☐ Immunosuppressed *(please specify)*

☐ Recent blood or blood products *(please specify)*

OTHER COMMENTS

Any other relevant clinical details including diagnosis and UKHSA reference numbers of any previous samples