



UK Health  
Security  
Agency

# HHV-6 and HHV-7

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UKHSA Colindale  
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DX 6530006  
Colindale NW

Please write clearly in dark ink

## SENDER'S INFORMATION

Postcode

### Report to be sent FAO

Contact Phone Ext

### Purchase order number

Project code

## PATIENT/SOURCE INFORMATION

☐ Inpatient ☐ Outpatient ☐ GP Patient

NHS number

Surname

Forename

Hospital number

Hospital name (if different from sender's name)

Pregnant ☐ Yes ☐ No ☐ Unknown Weeks

Sex ☐ male ☐ female

Date of birth Age

Patient's postcode

Patient's HPT

Ward/ clinic name

Ward type

## 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 ☐ Plasma

☐ EDTA blood

☐ CSF

☐ Other (please specify)

Date of collection Time

Date sent to UKHSA

### Second sample

#### Your reference

Sample type

☐ Serum ☐ Plasma

☐ EDTA blood

☐ CSF

☐ Other (please specify)

Date of collection Time

Date sent to UKHSA

## TESTS REQUESTED

☐ HHV-6 DNA integration studies & Species typing (HHV-6A & HHV-6B) ☐ HHV-7 DNA

(Please send EDTA whole blood)

**HHV-6 confirmatory testing on positive samples only.**  
**Please provide results of previous HHV-6 PCR testing**

## CLINICAL/EPIDEMIOLOGICAL INFORMATION

Date of onset of illness

☐ Childhood Rash ☐ Encephalitis ☐ Febrile fits

☐ Allogeneic bone marrow transplant

☐ Other immunosuppressed (please specify)

☐ Pancytopenia, low white blood count. Please give WBC count

☐ Other symptoms (please specify)