



# Genotypic Analysis of Rotavirus

(Sample referral form)

## Patient details

Patient first name: .....

Patient surname: .....

Date of birth (dd/mm/yyyy): ...../...../..... Gender: Male  Female

NHS no: .....

Hospital no: .....

GP name: .....

Tel no: .....

Practice address: .....

..... Postcode: .....

## Referring laboratory

Laboratory/hospital name: .....

Laboratory sample number: .....

Sample date (dd/mm/yyyy): ...../...../.....

Lab contact name: .....

Lab tel no: .....

Symptom onset date (dd/mm/yyyy): ...../...../.....

## Available Rotavirus laboratory results (Please state platform used)

TEST	Status (Pos/Neg/UNK)	Quantity	Units/OD/OD ratio
.....	.....	.....	.....
.....	.....	.....	.....

Please send in aliquot of the FIRST sample which led to a report of Rotavirus infection  
Please include this form with the sample when dispatching