



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

<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> GP Patient	
NHS number	Sex <input type="checkbox"/> male <input type="checkbox"/> female
Surname	Date of birth Age
Forename	Patient's postcode
Hospital number	Patient's HPT
Hospital name (if different from sender's name)	Ward/ clinic name
	Ward type

Sample Information

Your reference	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
Sample type	
Date of collection Time	
Date sent to UKHSA	
Priority status	
Please tick the box if your clinical sample is post mortem <input type="checkbox"/>	

Tests Requested

<input type="checkbox"/> Norovirus detection	<input type="checkbox"/> Astrovirus detection	<input type="checkbox"/> Enteric Adenovirus detection
<input type="checkbox"/> Norovirus characterisation	<input type="checkbox"/> Sapovirus detection	<input type="checkbox"/> Enterovirus detection
<input type="checkbox"/> Rotavirus detection	<input type="checkbox"/> Parechovirus detection	<input type="checkbox"/> Enterovirus characterisation

Clinical/Epidemiological Information

<input type="checkbox"/> Gastroenteritis <input type="checkbox"/> Rash <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Neurological symptoms (Please specify) <input type="checkbox"/> Immunosuppressed <input type="checkbox"/> Occupational (Please specify) <input type="checkbox"/> Other (Please specify)	Please discuss patients with suspected Polio with Dr Vanessa Saliba (Telephone 020 8327 7084) or Dr Mary Ramsay (Telephone 020 8327 6085) at an early stage.
Date of onset	If Acute Flaccid Paralysis or Polio is suspected, please use the E72 form.
In the 3 months prior to onset, had the patient:	
Travelled abroad? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	If yes, please specify country
Received IPV? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	If yes, please specify date
Received OPV? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	If yes, please specify date
Had contact with an OPV recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	If yes, please specify date

Sender's Laboratory Results

Please provide the results of your typing (if performed)

Other Comments