E6

UKHSA Microbiology request form



Gastroenteritis Outbreak Investigation

Virus Reference Department 61 Colindale Avenue London NW9 5HT Phone +44 (0)20 8327 6017/6266 vrdqueries@ukhsa.gov.uk www.gov.uk/ukhsa UKHSA Colindale (VRD) DX 6530006 Colindale NW

Please write clearly in dark ink

Sender's Informa	tion		
		Report to be sent FAO	
		Contact Phone Ext	
		Purchase order number	
		Project code	
		UKHSA outbreak/investigation	
Postcode		ILog number	
Outbreak Details			
Date of Incident		Do you suspect from clinical or lab information that any patient	
Setting (Hospital, school, hotel etc)		is infected with Hazard Group 3 or 4 pathogen? If yes, give all relevant details	
Ward/Location/Address		Note: If infection with a Hazard Group 4 pathogen is suspected, from clinical	
		information or travel history, you must contact Reference Lab before sending	
		Types of symptoms	
Other relevant information		Number of people with symptoms	
		Number of people at risk	
		Food Associated Yes No	
Priority status		If Yes, please specify	
Patient/Source I	nformation		
REFERENCE LABORATORY USE ONLY	NHS number	Your reference	Test performed
	Surname	Sample type	□ EIA □ PCR
	Forename	Date of collection D D M M Y Y Time	Results
	DOB Sex	Date of onset D D M M Y Y	+ve -ve
REFERENCE LABORATORY USE ONLY	NHS number	Your reference	Test performed
	Surname	Sample type Faeces Vomit	□ EIA □ PCR
	Forename	Date of collection D D M M Y Time	Results
	DOB Sex	Date of onset D D M M Y Y	+ve -ve
REFERENCE LABORATORY USE ONLY	NHS number	Your reference	Test performed
	Surname	Sample type Faeces Vomit	EIA PCR
	Forename	Other (please specify)	Results
	DOB Sex	Date of collection D D M M Y Y Time	+veve
		Date of onset D D M M Y Y	Test performed
REFERENCE LABORATORY USE ONLY	NHS number Surname	Your reference Sample type Faeces Vomit	
		Other (please specify)	EIA PCR
	Forename	Date of collection D D M M Y Y Time	Results
	DOB Sex	Date of onset D D M M Y Y	+ve -ve
REFERENCE LABORATORY USE ONLY	NHS number	Your reference	Test performed
	Surname	Sample type Faeces Vomit Other (please specify)	□ EIA □ PCR
	Forename	Date of collection D D M M Y Y Time	Results
	DOB Sex	Date of onset D D M M Y Y	+veve