



UK Health Security Agency

Confirmatory Testing for Avian Influenza

Virus Reference Department
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www.gov.uk/UKHSA

UKHSA Colindale
(VRD)
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 **EH5**

Project Reference _____

PATIENT/SOURCE INFORMATION

NHS number _____

Surname _____

Forename _____

Hospital number _____

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

Sex male female

Date of birth _____ Age _____

Patient's postcode _____

Patient's HPT _____

ITU Case Other ward / clinic name _____

Ward type _____

SAMPLE INFORMATION

Your reference _____

Sample type

TS NS NS/TS BAL Sputum

Other (please specify) _____

Date of collection _____ Time _____

Date sent to UKHSA _____

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

Priority status _____

SENDER'S LABORATORY RESULTS

Flu A Yes No Flu B Yes No

H1 H1 (2009) H3 H5 H7 H9

Other Seasonal Resp and Avian Resp (please specify) _____

Diagnostic test used (give CTs) _____

Primary testing positive for non-seasonal influenza:

Has a serology sample been collected? Yes No

(Please collect an acute sample within 7-14 days of exposure and convalescent sample within 21-28 days post exposure and forward to the laboratory using form E5)

Identified as part of asymptomatic swabbing study Yes No

Incident number if available: _____

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Primary case Contact Of confirmed case

Does the patient have an underlying condition?

Immune compromised (please specify) _____

Other (please specify) _____

Date of exposure to confirmed case or poultry: _____

Subtype detected in primary case/confirmed poultry:
(please add further details if available)

Date of symptoms onset _____

Foreign Travel? Yes No

If Yes, which country _____

Date of return _____

Vaccinated with current season's Influenza vaccine

Yes No Unknown

CLINICAL COMMENTS
