



UK Health Security Agency

Confirmatory Testing for MERS-CoV

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

PATIENT /SOURCE INFORMATION

NHS number

Surname

Forename

Hospital number

Hospital name (if different from sender's name)

ITU Case or Other ward / clinic

Sex male female

Date of birth Age

Patient's postcode

Patient's HPT

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

Other Seasonal Resp (please specify)

UpE Yes Ct Value

Other (please specify)

Diagnostic test used (give CTs)

CLINICAL / EPIDEMIOLOGICAL INFORMATION

Primary case Contact of confirmed case

Does the patient have an underlying condition?

Immune compromised (please specify)

Other (please specify)

Foreign Travel? Yes No

If Yes, which country

Date of return

Vaccinated with current season's Influenza vaccine

Yes No Unknown

OTHER COMMENTS