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UKHSA Microbiology request form

UK Health Security Agency

Polio Investigation
Acute Flaccid Paralysis or Myelitis Surveillance

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 INFORMATION

Report to be sent FAO

Contact Phone Ext

Purchase order number

Project code

Postcode

PATIENT/SOURCE INFORMATION

☐ Inpatient ☐ Outpatient ☐ GP Patient

NHS number

Surname

Forename

Sex ☐ male ☐ female

Date of birth Age

Patient's postcode

Patient's HPT

Hospital number

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

Ward/ clinic name

Ward type

SAMPLE INFORMATION

Your reference

Faecal Sample Original Material ☐ Suspension ☐

Date of collection Time

Date sent to UKHSA

Other Sample ☐

Sample Type

Please tick the box if your clinical sample is post mortem ☐

TESTS REQUESTED

☐ Poliovirus Isolation/detection + characterisation

☐ Poliovirus serology (must consult laboratory PRIOR to sending)

CLINICAL/EPIDEMIOLOGICAL INFORMATION: MUST BE COMPLETED PRIOR TO TESTING

☐ AFP/AFM ☐ Immunosuppressed

☐ Other Neurological Symptoms (specify)

Date of onset

Please discuss patients with suspected polio with the VRD Duty Doctor (Telephone 020 8327 6017 or 020 8200 4400 and ask for the VRD Duty Doctor) at an early stage.

Additional Clinical Details:

In the three months prior to onset, had the patient:

Travelled abroad?	☐ Yes	☐ No	☐ Not known	If yes, *please specify country*
Received IPV?	☐ Yes	☐ No	☐ Not known	If yes, *please specify date*
Received OPV?	☐ Yes	☐ No	☐ Not known	If yes, *please specify date*
Had contact with an OPV recipient?	☐ Yes	☐ No	☐ Not known	If yes, *please specify date*

SENDER'S LABORATORY RESULTS

Enterovirus PCR Result Positive ☐ Negative ☐ Not known ☐ Not Tested ☐

Ct value _____

OTHER COMMENTS