



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

<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
	Patient's HPT
Hospital number	Ward/ clinic name
Hospital name (if different from sender's name)	Ward type

SAMPLE INFORMATION

Your reference	<p>Do you suspect from clinical or lab information that patient is infected with Hazard Group 3 or 4 pathogen?</p> <p>If yes, give <u>all</u> relevant details</p> <p>Note: If infection with a Hazard Group 4 pathogen is suspected, from clinical information or travel history, you must contact Reference Lab before sending</p> <p>Please tick the box if your clinical sample is post mortem <input type="checkbox"/></p> <p>Priority status</p>
Sample type	
<input type="checkbox"/> Respiratory Sample (please specify)	
<input type="checkbox"/> Eye Swab (please specify)	
<input type="checkbox"/> Other (please specify)	
Date of collection Time	
Date sent to UKHSA	

SENDER'S LABORATORY RESULTS

Adenovirus <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other (please specify)
Diagnostic test used
Specify Ct value

CLINICAL/EPIDEMIOLOGICAL INFORMATION

<input type="checkbox"/> Respiratory illness? (please specify)	Associated with Outbreak? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Conjunctivitis?	If yes, please give details
<input type="checkbox"/> Other (please specify)	
Does the patient have an underlying condition?	Foreign Travel? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Immune compromised ? (please specify)	If Yes, which country
<input type="checkbox"/> Other (please specify)	Date of return
	Antiviral therapy given? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, (please specify)
	Therapy start date

OTHER COMMENTS

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