



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

Human  Animal  Other\*

\*Please specify

Inpatient  Outpatient  GP Patient

### NHS number

Surname

Forename

Sex  male  female

Date of birth Age

Patient's postcode

Hospital number

Hospital name (if different from sender's name)

Ward/ clinic name

Ward type

### Ethnic information

w  White m  Black Caribbean n  Black African

p  Black other y  Indian/Pakistani/Bangladeshi x  Other/Mixed

Have previous samples been sent to UKHSA  Yes  No

Country of birth

Country of origin

UKHSA reference number

Medico-legal case

## SAMPLE INFORMATION

### Your reference

Sample type  Serum/plasma  EDTA whole blood  CSF

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 (in addition to the requested investigation)?**

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

## TESTS REQUESTED

Anti HTLV detection/confirmation

HTLV proviral DNA PCR

Other (please specify)

## CLINICAL/EPIDEMIOLOGICAL INFORMATION

### Indicate reason for test

cli  Clinical investigation

obm  Organ/Bone marrow donor

mil  Milk donor

ste  Stem cell harvest

con  Contact of HTLV positive

1  HAM/TSP

2  Other neurological symptoms (please specify\*)

3  ATLL

4  Lymphoma

5  Other malignancy

6  IV drug user

Other (please specify\*)

7  Uveitis

8  Polymyositis

9  *Strongyloides stercoralis*

11  Polyarthrits

12  Asymptomatic

13  HIV co-infected

10  No information

Other (please specify)

\* Further details

## OTHER COMMENTS