



## Adenovirus Testing in Whole Blood

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Please write clearly in dark ink

## SENDER'S INFORMATION

Postcode	<b>Report to be sent FAO</b>	
	Contact Phone	Ext
	<b>Purchase order number</b>	
	Project code	

## PATIENT/SOURCE INFORMATION

<input type="checkbox"/> Human	<input type="checkbox"/> Animal	<input type="checkbox"/> Other*	*Please specify
<b>NHS number</b>		Sex <input type="checkbox"/> male <input type="checkbox"/> female	
Surname		Date of birth	
Forename		Age	
Hospital number		Patient's postcode	
Hospital name (if different from sender's name)		Patient's HPT	
Have previous samples been sent to UKHSA		UKHSA reference number	
<input type="checkbox"/> Yes <input type="checkbox"/> No			

## SAMPLE INFORMATION

<b>Your reference</b>	<p><b>Do you suspect from clinical or lab information that patient is infected with Hazard Group 3 or 4 pathogen?</b></p> <p>If yes, give <u>all</u> relevant details</p> <p><b>Note:</b> If infection with a Hazard Group 4 pathogen is suspected, from clinical information or travel history, <b>you must</b> contact Reference Lab <b>before</b> sending</p> <p>Please tick the box if your clinical sample is post mortem <input type="checkbox"/></p>
Sample type <input type="checkbox"/> EDTA whole blood	
<b>Preferably in 2ml Sarstedt</b>	
Date of collection	
Date sent to UKHSA	Time

## TESTS REQUESTED

 Whole Blood Adenovirus

## CLINICAL/EPIDEMIOLOGICAL INFORMATION

	Negative	Positive	Not Tested
Hepatitis A virus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B virus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C virus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis E virus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## TREATMENT HISTORY (IF RELEVANT)

## OTHER COMMENTS

For Respiratory Adenovirus use request form E27

For Enteric Adenovirus use request form E1