



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

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

SAMPLE INFORMATION

First (acute) serum sample	Do you suspect from clinical or lab information that patient is infected with Hazard Group 3 or 4 pathogen? If yes, give <u>all</u> 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
Your reference	
Date of collection Time	Please tick the box if your clinical sample is post mortem <input type="checkbox"/> Send serum samples (10ml blood, clotted and separated prior to sending) to the address at the top of this form. There should be 10-14 days between first and second samples.
Second (convalescent) serum sample	
Your reference	
Date of collection Time	Priority status
Date sent to UKHSA	

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Date of onset of clinical illness	Vaccinated with current season's Influenza vaccine <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	Vaccine brand (if known) _____
	Year of most recent influenza vaccination Y Y Y Y <input type="checkbox"/> Not vaccinated <input type="checkbox"/> Unknown
	Exposure to influenza antiviral drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, which drug? _____

OTHER COMMENTS

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