



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

Your reference	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 Please tick the box if your clinical sample is post mortem <input type="checkbox"/> Priority status
Sample type	
<input type="checkbox"/> Original sample (please specify):	
<input type="checkbox"/> Original sample in lysis buffer	
<input type="checkbox"/> Other (please specify):	
Date of collection Time	
Date sent to UKHSA	

SENDER'S LABORATORY RESULTS

Influenza Typing	Flu A <input type="checkbox"/> Negative <input type="checkbox"/> Positive Ct	Assay used for typing
	Flu B <input type="checkbox"/> Negative <input type="checkbox"/> Positive Ct	
Influenza Subtyping	<input type="checkbox"/> Subtyping not performed	Assay used for subtyping
	(H1)pdm09 <input type="checkbox"/> Negative <input type="checkbox"/> Positive Ct	
	H3 <input type="checkbox"/> Negative <input type="checkbox"/> Positive Ct	
	<input type="checkbox"/> Other Subtype Ct	
	<input type="checkbox"/> Unsubtypable	
Co-detections	<input type="checkbox"/> SARS-CoV-2 <input type="checkbox"/> Seasonal CoV <input type="checkbox"/> RSV <input type="checkbox"/> Adenovirus <input type="checkbox"/> Rhinovirus <input type="checkbox"/> Other (please specify)	

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Influenza antiviral testing for patient management MUST be discussed with the reference lab before sending samples

Is this sample from an influenza outbreak? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details: Does the patient have an underlying condition? <input type="checkbox"/> Immune compromised (please specify) <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> This patient is part of the Respiratory Dept. surveillance study (CIDSC scheme)
	Foreign Travel? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which country Date of return
	Vaccinated with current season's Influenza vaccine <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	Exposure to influenza antiviral drugs in the last 14 days? <input type="checkbox"/> None <input type="checkbox"/> Yes, patient <input type="checkbox"/> Yes, household contact If yes, which drug? Therapy start date

OTHER COMMENTS