



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

Inpatient Outpatient 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

<p>Your reference</p> <p>Sample type</p> <p><input type="checkbox"/> Original sample (please specify)</p> <p><input type="checkbox"/> Original sample in lysis buffer</p> <p>Date of collection Time</p> <p>Date sent to UKHSA</p>	<p>Do you suspect from clinical or lab information that patient is infected with Hazard Group 3 or 4 pathogen?</p> <p>Hazard Group 3 <input type="checkbox"/> Hazard Group 4 <input type="checkbox"/></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>
--	---

SENDER'S LABORATORY RESULTS

<p><input type="checkbox"/> RSV A <input type="checkbox"/> RSV B <input type="checkbox"/> RSV (Not subtyped)</p> <p>Other (please specify)</p> <p>RT-PCR assay(s) used (eg in-house, Cepheid, AusDiagnostic)</p> <p>Does RT-PCR assay give CT values? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes please give CTs)</p>	<p>SARS CoV-2 Testing</p> <p>Has this sample been tested for SARS CoV-2? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Result (If yes)</p> <p><input type="checkbox"/> Negative</p> <p><input type="checkbox"/> Positive (give CTs/Result)</p> <p>Assay used</p>
---	--

CLINICAL/EPIDEMIOLOGICAL INFORMATION

<p>Is this sample from an outbreak?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, give details:</p>	<p>Foreign Travel? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, which country</p> <p>Date of return</p> <p>Exposure to palivizumab antiviral drugs in the last 14 days?</p> <p><input type="checkbox"/> None <input type="checkbox"/> Yes</p> <p>Therapy start date</p> <p>Does the patient have an underlying condition?</p> <p><input type="checkbox"/> Immune compromised (please specify)</p> <p><input type="checkbox"/> Other (please specify)</p>
---	---

OTHER COMMENTS

--