



Rare and Imported Pathogens Request

Rare and Imported Pathogens Laboratory [this form is NOT for routine Lyme requests]

UKHSA Microbiology Services
Porton Down, Salisbury
Wiltshire SP4 0JG

Phone +44 (0)1980 612348 (9am - 5pm)
Email ripl@ukhsa.gov.uk
www.gov.uk/UKHSA

UKHSA
DX 6930400
Salisbury 92 SP

Please write clearly in dark ink

SENDER'S INFORMATION

Sender's name and address

Direct Phone

Postcode

Direct Phone (out of hours)

PATIENT/SOURCE INFORMATION

Inpatient Outpatient GP Patient Other*

*Please specify

NHS number

Gender male female

Surname

Date of birth | D | D | M | M | Y | Y | Y | Y | Age

Forename

Patient's postcode

Hospital number

Patient's HPT

Hospital name (if different from sender's name)

ITU Other ward/clinic:

Pregnant Yes No Unknown

Have previous samples been sent to RIPL? Yes No

RIPL Lab ref. no P _ _ C _ _ _ _ _

SAMPLE INFORMATION

Sample type

Your reference

Serum \clotted blood

Plasma

EDTA whole blood

CSF

Other (please specify)

Date of collection | D | D | M | M | Y | Y | Time

Date sent to RIPL | D | D | M | M | Y | Y

If Viral Haemorrhagic Fever (or infection with another Hazard Group 4 pathogen) is suspected, the Infectious Diseases, Microbiology or Virology doctor must call the Imported Fever Service on

0844 77 88 990

This number can be used for urgent clinical discussion of any patient with acute undiagnosed fever following recent travel abroad

Please tick the box if your clinical sample is post mortem

TESTS REQUESTED

Based on the clinical details, RIPL will test against a panel of agents by serology +/- PCR at a **lower cost** than any two individual tests. If you do **NOT** want this service, tick the box and state your requirements.

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Foreign Travel within previous 21 days? Yes No

Purpose of travel

Date of travel (from UK) | D | D | M | M | Y | Y

Date returned (to UK) | D | D | M | M | Y | Y

Onset date | D | D | M | M | Y | Y

Countries/areas visited

Urban area

Rural area

Open country

Forests

Mosquito bite Tick bite Other insect bite*

Livestock exposure Other exposure*

*Please specify

Travel Vaccination History

Relevant Occupational History

Arthralgia

Encephalitis

Endocarditis

Eschar

Fever

Haemorrhage

Leucopenia

LFTs raised

Lymphocytosis

Meningitis

Myalgia

Neutrophilia

Rash

Respiratory symptoms

Retro-orbital pain

Sore throat

Thrombocytopenia

Other clinical details

Any unusual activities?

Suspected Diagnosis?

Antimicrobials given?

REFERRED BY

Name

Signature

Date