



UK Health Security Agency

COVID-19 Genome Sequencing - Porton

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UKHSA PORTON
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Salisbury 92 SP

Please write clearly in dark ink

SENDER'S INFORMATION

Postcode

Report to be sent FAO

Contact Phone	Ext
Purchase order number	
Project code	
HPZONE or local outbreak ID	

PATIENT/SOURCE INFORMATION

NHS number

Surname

Forename

Hospital number

Hospital name (if different from sender's name)

Sex male female

Date of birth

Age

Patient's postcode

Patient's HPT

Ward/ clinic name

Ward type

SAMPLE INFORMATION

Your reference

Original Sample (please specify type)

Original sample (State which buffer) in lysis buffer

Nucleic Acid
(Include a plate map if sending extracts on plates)

Other (please specify)

Date of collection

Time

Date sent to UKHSA

All samples submitted should be treated as though the patient is infected with a Hazard Group 3 Pathogen. All samples must be sent in accordance with Cat B transport guidance.

SARS-CoV2 PCR Assay used?

CT value?

No Ct generated by assay used.

Tick if known co-infection. (please specify)

OTHER COMMENTS

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