



Please write clearly in dark ink

## Sender's Information

Postcode	<b>Report to be sent FAO</b>
	Contact Phone <span style="float: right;">Ext</span>
	<b>Purchase order number</b>
	Project code
	UKHSA outbreak/investigation
	ILog number

## Outbreak Details

Date of Incident	<p><b>Do you suspect from clinical or lab information that any patient is infected with Hazard Group 3 or 4 pathogen?</b></p> <p>If yes, give <b>all</b> relevant details</p> <p>Note: If infection with a Hazard Group 4 pathogen is suspected, from clinical information or travel history, <b>you must</b> contact Reference Lab <b>before</b> sending</p>
Setting (Hospital, school, hotel etc)	
Ward/Location/Address	
Other relevant information	
Priority status	
	Types of symptoms
	Number of people with symptoms
	Number of people at risk
	Food Associated <input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please specify

## Patient/Source Information

REFERENCE LABORATORY USE ONLY	NHS number	Your reference	Test performed
	Surname	Sample type <input type="checkbox"/> Faeces <input type="checkbox"/> Vomit	<input type="checkbox"/> EIA <input type="checkbox"/> PCR
	Forename	<input type="checkbox"/> Other (please specify)	Results
	DOB Sex	Date of collection D D M M Y Y Time	<input type="checkbox"/> +ve <input type="checkbox"/> -ve
		Date of onset D D M M Y Y	
REFERENCE LABORATORY USE ONLY	NHS number	Your reference	Test performed
	Surname	Sample type <input type="checkbox"/> Faeces <input type="checkbox"/> Vomit	<input type="checkbox"/> EIA <input type="checkbox"/> PCR
	Forename	<input type="checkbox"/> Other (please specify)	Results
	DOB Sex	Date of collection D D M M Y Y Time	<input type="checkbox"/> +ve <input type="checkbox"/> -ve
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