UKHSA Microbiology request form

Enteric Virus/Polio Investigation

UK Health Security Agency

Virus Reference Department
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London NW9 5HT

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www.gov.uk/ukhsa

UKHSA Colindale
(VRD)
DX 6530006
Colindale NW

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 | | | | | | | | | | |

Surname	Sex ☐ male ☐ female
	Date of birth Age
Forename	Patient's postcode
	Patient's HPT
Hospital number	Ward/ clinic name
Hospital name (if different from sender's name)	Ward type

Sample Information

Your reference

Sample type

Date of collection   Time

Date sent to UKHSA

Priority status

Do you suspect from clinical or lab information that patient is infected with Hazard Group 3 or 4 pathogen?
If yes, give **all** 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 ☐

Tests Requested

☐ Norovirus detection   ☐ Astrovirus detection   ☐ Enteric Adenovirus detection

☐ Norovirus characterisation   ☐ Sapovirus detection   ☐ Enterovirus detection

☐ Rotavirus detection   ☐ Parechovirus detection   ☐ Enterovirus characterisation

Clinical/Epidemiological Information

☐ Gastroenteritis   ☐ Rash   ☐ Cardiomyopathy

☐ Neurological symptoms (Please specify)   ☐ Immunosuppressed

☐ Occupational (Please specify)   ☐ Other (Please specify)

Date of onset

**Please discuss patients with suspected Polio with
Dr Vanessa Saliba (Telephone 020 8327 7084) or
Dr Mary Ramsay (Telephone 020 8327 6085)
at an early stage.**

If Acute Flaccid Paralysis or Polio is suspected, please use the E72 form.

In the 3 months prior to onset, had the patient:

Travelled abroad?	☐ Yes	☐ No	☐ Not known	If yes, please specify country
Received IPV?	☐ Yes	☐ No	☐ Not known	If yes, please specify date
Received OPV?	☐ Yes	☐ No	☐ Not known	If yes, please specify date
Had contact with an OPV recipient?	☐ Yes	☐ No	☐ Not known	If yes, please specify date

Sender's Laboratory Results

Please provide the results of your typing (if performed)

Other Comments