UK Health Security Agency

Genotypic Analysis of Rotavirus
(Sample referral form)

Patient details

Patient first name: .....

Patient surname: .....

Date of birth (dd/mm/yyyy): ...../...../..... Gender: Male ☐ Female ☐

NHS no: .....

Hospital no: .....

GP name: .....

Tel no: .....

Practice address: .....

..... Postcode: .....

Referring laboratory

Laboratory/hospital name: .....

Laboratory sample no: .....

Sample date (dd/mm/yyyy): ...../...../.....

Lab contact name: .....

Lab tel no: .....

Symptom onset date (dd/mm/yyyy): ...../...../.....

Available Rotavirus laboratory results (Please state platform used)

TEST	Status (Pos/Neg/UNK)	Quantity	Units/OD/OD ratio
.....	.....	.....	.....
.....	.....	.....	.....

Please send in aliquot of the FIRST sample which led to a report of Rotavirus infection
Please include this form with the sample when dispatching