



UK Health
Security
Agency

Virus Reference Department
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www.gov.uk/ukhsa

UKHSA Colindale
(VRD)
DX 6530006
Colindale NW

Please write clearly in dark ink

SENDER'S INFORMATION

Postcode

Report to be sent FAO

Contact Phone Ext

Purchase order number

Project code

PATIENT/SOURCE INFORMATION

☐ Inpatient ☐ Outpatient ☐ GP Patient

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

CLINICAL INFORMATION:

☐ AFP/AFM ☐ Immunosuppressed

☐ Other Neurological Symptoms (specify)

Date of onset

Additional Clinical Details:

Please discuss patients with suspected polio with the VRD Duty Doctor at an early stage.

Poliovirus Type 2 is an ACDP Hazard Group 3 pathogen

Contact Poliovirus Reference Service if an ACDP HG 3 or 4 pathogen is suspected prior to sending sample(s)

POLIOVIRUS ISOLATION/DETECTION + CHARACTERISATION *

***A request for this test indicates a sample from an individual potentially shedding poliovirus**

Travelled abroad? ☐ Yes ☐ No ☐ Not known If yes, please specify country

Received OPV? ☐ Yes ☐ No ☐ Not known If yes, within last three months ☐

Contact with a recent OPV recipient? ☐ Yes ☐ No ☐ Not known If yes, please specify date

Faecal Sample Original Material ☐ Suspension ☐ Other Sample ☐

Date of collection Time Sample Type

Date sent to UKHSA

POLIOVIRUS SEROLOGY**

****Indications for serological testing available at <https://www.gov.uk/government/publications/poliomyelitis-indications-for-serological-testing>**

Received IPV? ☐ Yes ☐ No ☐ Not known If yes, please specify date

Received OPV? ☐ Yes ☐ No ☐ Not known If yes, please specify date

Serum ☐ Date of collection Time

Date sent to UKHSA

POLIOVIRUS SEROLOGY for other reasons

Please give detailed reason for request: _____

SENDER'S LABORATORY RESULTS and OTHER COMMENTS

Enterovirus PCR Result Positive ☐ Negative ☐ Not known ☐ Not Tested ☐