E68

UKHSA Microbiology request form

Typing of Respiratory Syncytial Virus

UK Health Security Agency

Please write clearly in dark ink

Virus Reference Department
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London NW9 5HT

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vrdqueries@ukhsa.gov.uk
www.gov.uk/ukhsa

UKHSA
Colindale (VRD)
DX 6530006
Colindale NW

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

Forename

Sex ☐ male ☐ female

Date of birth Age

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

☐ Original sample *(please specify)*

☐ Original sample in lysis buffer

Date of collection Time

Date sent to UKHSA

Do you suspect from clinical or lab information that patient is infected with Hazard Group 3 or 4 pathogen?

Hazard Group 3 ☐ Hazard Group 4 ☐

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 ☐

Priority status

SENDER'S LABORATORY RESULTS

☐ RSV A ☐ RSV B ☐ RSV (Not subtyped)

Other *(please specify)*

RT-PCR assay(s) used
(eg in-house, Cepheid, AusDiagnostic)

Does RT-PCR assay give CT values? Yes ☐ No ☐

(If yes please give CTs)

SARS CoV-2 Testing

Has this sample been tested for SARS CoV-2? Yes ☐ No ☐

Result *(If yes)*

☐ Negative

☐ Positive *(give CTs/Result)*

Assay used

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Is this sample from an outbreak?

☐ Yes ☐ No

If yes, give details;

Foreign Travel? ☐ Yes ☐ No

If Yes, which country

Date of return

Exposure to palivizumab antiviral drugs in the last 14 days?

☐ None ☐ Yes

Therapy start date

Does the patient have an underlying condition?

☐ Immune compromised *(please specify)*

☐ Other *(please specify)*

OTHER COMMENTS