E27

UKHSA Microbiology request form

UK Health Security Agency

Respiratory Adenovirus Typing

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

Forename

Sex ☐ male ☐ female

Date of birth Age

Patient's postcode

Patient's HPT

Hospital number

Hospital name *(if different from sender's name)*

Ward/ clinic name

Ward type

SAMPLE INFORMATION

Your reference

Sample type

☐ Respiratory Sample *(please specify)*

☐ Eye Swab *(please specify)*

☐ Other *(please specify)*

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?

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 the Reference Lab **before** sending.

Please tick the box if your clinical sample is post mortem ☐

Priority status

SENDER'S LABORATORY RESULTS

Adenovirus ☐ Yes ☐ No

☐ Other *(please specify)*

Diagnostic test used

Specify Ct value

CLINICAL/EPIDEMIOLOGICAL INFORMATION

☐ Respiratory illness? *(please specify)*

☐ Conjunctivitis?

☐ Other *(please specify)*

Does the patient have an underlying condition?

☐ Immune compromised ? *(please specify)*

☐ Other *(please specify)*

Associated with Outbreak? ☐ Yes ☐ No

If yes, please give details

Foreign Travel? ☐ Yes ☐ No

If Yes, which country

Date of return

Antiviral therapy given? ☐ Yes ☐ No

If yes, *(please specify)*

Therapy start date

OTHER COMMENTS