



UK Health  
Security  
Agency

Please write clearly in dark ink

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Scan for the VRD user  
manual. Include detailed  
guidance on specimens,  
services and reporting



UKHSA Colindale  
(VRD)  
DX 6530006  
Colindale NW

# Typing of Influenza Strains

## SENDER'S INFORMATION

	Report to be sent FAO
	Contact Phone <span style="float: right;">Ext</span>
	Purchase order number
	Project code
Postcode	

## PATIENT/SOURCE INFORMATION

<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> GP Patient	
NHS number	Sex <input type="checkbox"/> male <input type="checkbox"/> female
Surname	Date of birth <span style="float: right;">Age</span>
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	<div>Do you suspect from clinical or lab information that patient is infected with Hazard Group 3 or 4 pathogen? If yes, give <u>all</u> relevant details <b>Note:</b> If infection with a Hazard Group 4 pathogen is suspected, from clinical information or travel history, <u>you must</u> contact Reference Lab <u>before</u> sending Please tick the box if your clinical sample is post mortem <input type="checkbox"/> Priority status</div>
Sample type	
<input type="checkbox"/> Original sample (please specify):	
<input type="checkbox"/> Original sample in lysis buffer	
<input type="checkbox"/> Other (please specify):	
Date of collection <span style="float: right;">Time</span>	
Date sent to UKHSA	

## SENDER'S LABORATORY RESULTS

Influenza Typing	Flu A <input type="checkbox"/> Negative <input type="checkbox"/> Positive Ct	Assay used for typing
	Flu B <input type="checkbox"/> Negative <input type="checkbox"/> Positive Ct	
Influenza Subtyping	<input type="checkbox"/> Subtyping not performed	Assay used for subtyping
	(H1)pdm09 <input type="checkbox"/> Negative <input type="checkbox"/> Positive Ct	
	H3 <input type="checkbox"/> Negative <input type="checkbox"/> Positive Ct	
	<input type="checkbox"/> Other Subtype <span style="float: right;">Ct</span>	
	<input type="checkbox"/> Unsubtypable	
Co-detections	<input type="checkbox"/> SARS-CoV-2 <input type="checkbox"/> Seasonal CoV <input type="checkbox"/> RSV <input type="checkbox"/> Adenovirus <input type="checkbox"/> Rhinovirus <input type="checkbox"/> Other (please specify)	

## CLINICAL/EPIDEMIOLOGICAL INFORMATION

Influenza antiviral testing for patient management MUST be discussed with the reference lab before sending samples

	Foreign Travel? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, which country
	Date of return
	Vaccinated with current season's Influenza vaccine <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	<b>Exposure to influenza antiviral drugs in the last 14 days?</b> <input type="checkbox"/> None <input type="checkbox"/> Yes, patient <input type="checkbox"/> Yes, household contact
Is this sample from an influenza outbreak? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which drug?
If yes, give details;	Therapy start date
Does the patient have an underlying condition? <input type="checkbox"/> Immune compromised (please specify)	
<input type="checkbox"/> Other (please specify)	

## OTHER COMMENTS