



Genotypic Analysis of Rotavirus

(Sample referral form)

Please write clearly in black ink

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