UKHSA Microbiology request form

UK Health Security Agency

Gastroenteritis Outbreak Investigation

Virus Reference Department
61 Colindale Avenue
London NW9 5HT

Phone +44 (0)20 8327 6017/6266
vrdqueries@ukhsa.gov.uk
www.gov.uk/ukhsa

UKHSA Colindale
(VRD)
DX 6530006
Colindale NW

Please write clearly in black ink

Sender's Information

Report to be sent FAO

Contact Phone _____ Ext

Purchase order number

Project code

UKHSA outbreak/investigation

ILog number

Postcode

Outbreak Details

Date of Incident

Setting (Hospital, school, hotel etc)

Ward/Location/Address

Other relevant information

Priority status

Do you suspect from clinical or lab information that any 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 Reference Lab **before** sending

Types of symptoms

Number of people with symptoms

Number of people at risk

Food Associated ☐ Yes ☐ No

If Yes, please specify

Patient/Source Information

REFERENCE LABORATORY USE ONLY	NHS number		Your reference			Test performed
	Surname		Sample type	☐ Faeces ☐ Vomit		☐ EIA ☐ PCR
	Forename			☐ Other (please specify)		Results
			Date of collection D D M M Y Y Time			
	DOB	Sex	Date of onset D D M M Y Y			☐ +ve ☐ -ve

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