



UK Health
Security
Agency

Please write clearly in black ink

Enteric Virus/Polio Investigation

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

Postcode

Report to be sent FAO

Contact Phone Ext

Purchase order number

Project code

Patient/Source Information

☐ Inpatient ☐ Outpatient ☐ GP Patient

NHS number

Surname

Forename

Hospital number

Hospital name (if different from sender's name)

Sex ☐ male ☐ female

Date of birth Age

Patient's postcode

Patient's HPT

Ward/ clinic name

Ward type

Sample Information

Your reference

Sample type

Date of collection Time

Date sent to UKHSA

Priority status

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 Reference Lab **before** sending

Please tick the box if your clinical sample is post mortem

Tests Requested

☐ Norovirus detection

☐ Norovirus characterisation

☐ Rotavirus detection

☐ Astrovirus detection

☐ Sapovirus detection

☐ Parechovirus detection

☐ Enteric Adenovirus detection

☐ Enterovirus detection

☐ Enterovirus characterisation

Clinical/Epidemiological Information

☐ Gastroenteritis ☐ Rash ☐ Cardiomyopathy

☐ Neurological symptoms (Please specify) ☐ Immunosuppressed

☐ Occupational (Please specify)

☐ Other (Please specify)

Date of onset

In the 3 months prior to onset, had the patient:

Travelled abroad? ☐ Yes ☐ No ☐ Not known If yes, please specify country

Received IPV? ☐ Yes ☐ No ☐ Not known If yes, please specify date

Received OPV? ☐ Yes ☐ No ☐ Not known If yes, please specify date

Had contact with an OPV recipient? ☐ Yes ☐ No ☐ Not known If yes, please specify date

Please discuss patients with suspected Polio with
Dr Vanessa Saliba (Telephone 020 8327 7084) or
Dr Mary Ramsay (Telephone 020 8327 6085)
at an early stage.

If Acute Flaccid Paralysis or Polio is suspected, please use the E72 form.

Sender's Laboratory Results

Please provide the results of your typing (if performed)

Other Comments