E18

UKHSA Microbiology request form

UK Health Security Agency

HHV-6 and HHV-7

Virus Reference Department
61 Colindale Avenue
London NW9 5HT

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VRDqueries@ukhsa.gov.uk
www.gov.uk/ukhsa

UKHSA Colindale
(VRD)
DX6530006
Colindale NW

Please write clearly in black ink

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

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

Pregnant ☐ Yes ☐ No ☐ Unknown Weeks

SAMPLE INFORMATION

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 ☐

First sample

Your reference

Sample type

☐ Serum ☐ Plasma

☐ EDTA Whole blood

☐ CSF

☐ Other *(please specify)*

Date of collection Time

Date sent to UKHSA

Second sample

Your reference

Sample type

☐ Serum ☐ Plasma

☐ EDTA Whole blood

☐ CSF

☐ Other *(please specify)*

Date of collection Time

Date sent to UKHSA

TESTS REQUESTED

☐ HHV-6 DNA integration studies & species typing (HHV-6A & HHV-6B)

(Please send EDTA whole blood)

HHV-6 confirmatory testing on positive samples only.
Please provide results of previous HHV-6 PCR testing

☐ HHV-7 DNA

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Date of onset of illness

☐ Childhood Rash ☐ Encephalitis ☐ Febrile seizure

☐ Allogeneic bone marrow transplant

☐ Other immunosuppressed *(please specify)*

☐ Pancytopaenia, low white blood count. *(please give WBC count)*

☐ Other symptoms *(please specify)*