



UK Health
Security
Agency

Parvovirus B19

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(VRD)
DX6530006
Colindale NW

Please write clearly in black ink

SENDER'S INFORMATION

	Report to be sent FAO
	Contact Phone Ext
	Purchase order number
	Project code
Postcode	

PATIENT/SOURCE INFORMATION

☐ Inpatient ☐ Outpatient ☐ GP Patient	
NHS number	Sex ☐ male ☐ female
Surname	Date of birth Age
Forename	Patient's postcode
	Patient's HPT
Hospital number	Ward/ clinic name
Hospital name (if different from sender's 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 <u>all</u> relevant details Note: 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	
First sample	Please tick the box if your clinical sample is post mortem ☐
Your reference	Second sample
Sample type	Your reference
☐ Serum ☐ Foetal tissue (≤24 weeks)	Sample type
☐ Plasma ☐ Foetal tissue (>24 weeks)	☐ Serum ☐ Foetal tissue (≤24 weeks)
	☐ Plasma ☐ Foetal tissue (>24 weeks)
☐ Other (please specify)	☐ Other (please specify)
Date of collection Time	Date of collection Time
Date sent to UKHSA	

TESTS REQUESTED

☐ Investigation of possible infection ☐ Immunity screen	If only specific tests required please indicate
☐ Confirmation of infection ☐ Contact testing	
	☐ IgG ☐ IgM ☐ PCR

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Date of onset	Date of contact
☐ Rash ☐ Arthropathy ☐ Fetal infection	
☐ Haematological disease (please specify)	☐ Other symptoms (please specify)
☐ Immunosuppressed (please specify)	☐ Recent blood or blood products (please specify)

OTHER COMMENTS

Any other relevant clinical details including diagnosis and UKHSA reference numbers of any previous samples