E22

UKHSA Microbiology request form

UK Health Security Agency

Intrathecal Antibody Test Request Form

Please write clearly in black ink

Please send samples to:

Virus Reference Department
61 Colindale Avenue
London NW9 5HT

Phone:+44 208 327 6017/7887
Email: VRDqueries@ukhsa.gov.uk
www.gov.uk/ukhsa

UKHSA Colindale
(VRD)
DX6530006
Colindale NW

SENDER'S INFORMATION

Sender's name and address:

Postcode

Report to be sent FAO

Direct phone

Direct phone (out of hours)

PATIENT/SOURCE INFORMATION

NHS number

Surname

Forename

Hospital number

Hospital name *(if different from sender's name)*

Sex ☐ male ☐ female

Date of birth

Patient's postcode

SAMPLE INFORMATION

Sample Type

☐ Serum ☐ CSF

Date of serum collection:

Date of CSF collection:

If available please provide results for:

Total serum IgG:

Total CSF IgG:

Serum albumin:

CSF albumin:

Date sent to UKHSA:

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 ☐

INTRATHECAL ANTIBODY TESTS REQUESTED *

☐ HSV *
☐ VZV
☐ Measles
☐ Rubella

Some additional targets (other then what is specifically requested) will be tested for control purposes.

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Date of onset of neurological symptoms

Samples should be taken at least 10 days after the onset of neurological symptoms

☐ Encephalitis
☐ Meningitis
☐ CNS vasculopathy
☐ SSPE

OTHER CLINICAL DETAILS