



UK Health
Security
Agency

Measles, Mumps or Rubella

Virus Reference Department
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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
Hospital number	Patient's HPT
Hospital name (if different from sender's name)	Ward/clinic name
Pregnant ☐ Yes ☐ No ☐ Unknown Weeks	Ward type

SAMPLE INFORMATION

First sample Your reference Sample type ☐ Serum ☐ Oral fluid ☐ Throat swab ☐ Urine ☐ CSF ☐ Plasma ☐ Viral isolate ☐ cDNA ☐ Other (please specify)	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 ☐ Second sample Your reference Sample type ☐ Serum ☐ Oral fluid ☐ Throat swab ☐ Urine ☐ CSF ☐ Plasma ☐ Viral isolate ☐ cDNA ☐ Other (please specify)
Date of collection Time	Date of collection Time
Date sent to UKHSA	

TESTS REQUESTED

☐ Measles ☐ Investigation ☐ Mumps ☐ Confirmation of infection ☐ Rubella ☐ Immunity screen	If only specific tests required please indicate here ☐ IgG ☐ IgM ☐ PCR
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CLINICAL/EPIDEMIOLOGICAL INFORMATION

Date of onset *If no onset given IgG only will be performed. ☐ Rash ☐ Fever ☐ Conjunctivitis ☐ SSPE ☐ Parotid swelling ☐ Neurological involvement (please specify) ☐ Other symptoms (please specify) ☐ Contact Date of contact	Vaccination History: ☐ 1st MMR / MMRV date ☐ 2nd MMR / MMRV date ☐ No MMR ☐ Other
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OTHER COMMENTS

Including GP details, recent travel history, underlying conditions (if known)
