



UK Health
Security
Agency

Human Herpes Virus 8 (HHV-8)

Virus Reference Department
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www.gov.uk/ukhsa

UKHSA Colindale (VRD)
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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

☐ Human ☐ Animal ☐ Other*	*Please specify										
NHS number <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											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										
	Ward type										
Have previous samples been sent to UKHSA ☐ Yes ☐ No	UKHSA reference number										
	☐ Medico-legal case										

SAMPLE INFORMATION

Your reference	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 Please tick the box if your clinical sample is post mortem ☐
Sample type ☐ Serum ☐ Plasma ☐ EDTA whole blood	
☐ Other (please specify)	
Date of collection Time	
Date sent to UKHSA	

TESTS REQUESTED

☐ HHV-8 DNA PCR
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CLINICAL/EPIDEMIOLOGICAL INFORMATION

☐ No Symptoms	☐ Rash / lesions
☐ Encephalitis/CNS	☐ HIV-1 co-infected
☐ Kaposi's sarcoma	☐ EBV/CMV/ other herpes virus co-infection (please specify below)
☐ Multicentric Castleman's disease	☐ Organ / tissue transplant recipient
☐ Pleural / pericardial effusion	☐ Organ / tissue donor
☐ HLH	☐ MSM
☐ Pancytopenia / neutropaenia	☐ Origin in endemic area
☐ Lymphadenopathy	☐ Other (please specify below)
☐ Fever	

CLINICAL/TREATMENT HISTORY (IF RELEVANT)

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OTHER COMMENTS

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