UKHSA National Infection Service laboratories request form

Influenza Testing Form(A)

Please write clearly in dark ink IMPORTANT: Please complete all fields below to avoid delays in processing.

☐ Care Home ☐ Nursing Home ☐HMP ☐Home ☐Other

Address:

Postcode:

SENDERS DETAILS Address:

Consultant: Dr Mike Gent - C3471919

Location Code: LCOVCH

Health Protection Team, UK Health Security Agency, Yorkshire & Humber, Leeds, LS1 4PL

Results to be emailed to: phe.yorkshirehumber@nhs.net

Contact email: phe.yorkshirehumber@nhs.net

Contact Phone: 0113 3860300

HPZone No:

Patient/Source Information

NHS Number:

Surname:

Forename:

Date of Birth Age

Sex ☐Male ☐Female

☐ Pregnant

Sample Information

Sample type: ☐ Nasal Swab ☐ Throat Swab ☐ Nasal/Throat Swab

Date of collection:
Date sent:

Site:

All samples submitted should be treated as though the patient is infected with a Hazard Group 3 Pathogen. All samples must be sent in accordance with Cat B transport guidance.

☐ Please tick the box if your clinical sample is postmortem

Reason for testing

☐ Care Home staff
☐ Care Home resident
☐ NHS Staff
☐ Index
☐ HMP Resident
☐ HMP Staff

☐ Other (*please specify*)

Clinical details / Epidemiological Information

☐ No symptoms ☐ Symptomatic

Onset date of symptoms:

Details of symptoms, e.g. Cough, Fever, Shortness of breath. (*please specify*)

Underlying conditions including immunosuppression *(please specify):*