



Please write clearly in dark ink

SENDER'S INFORMATION

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

PATIENT/SOURCE INFORMATION

<input type="checkbox"/> Human <input type="checkbox"/> Animal <input type="checkbox"/> Other*		*Please specify
NHS number	Sex	<input type="checkbox"/> male <input type="checkbox"/> 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 PHE	<input type="checkbox"/> Yes <input type="checkbox"/> No	PHE reference number
	<input type="checkbox"/> Medico-legal case	

SAMPLE INFORMATION

Your reference		<p>Do you suspect from clinical or lab information that patient is infected with Hazard Group 3 or 4 pathogen?</p> <p>If yes, give <u>all</u> relevant details</p> <p>Note: If infection with a Hazard Group 4 pathogen is suspected, from clinical information or travel history, you must contact Reference Lab before sending</p> <p>Please tick the box if your clinical sample is post mortem <input type="checkbox"/></p>
Sample type	<input type="checkbox"/> Serum/plasma <input type="checkbox"/> EDTA whole blood	
<input type="checkbox"/> Other (please specify)		
Date of collection	Time	
Date sent to PHE		

TESTS REQUESTED

<input type="checkbox"/> HSV 1 and HSV 2 type-specific serology <input type="checkbox"/> HSV 1 + 2 drug susceptibility <input type="checkbox"/> HHV-8 DNA PCR	<p>Note: Type specific antibody responses to HSV-1 and HSV-2 may take 2-3 months to develop following primary infection.</p> <p>Note: Add treatment history for drugs susceptibility testing in other comments.</p>
---	---

CLINICAL/EPIDEMIOLOGICAL INFORMATION

0 <input type="checkbox"/> No symptoms	6 <input type="checkbox"/> Recurrent herpes labialis
1 <input type="checkbox"/> Pregnant	7 <input type="checkbox"/> First episode herpes labialis
2 <input type="checkbox"/> Encephalitis/CNS	8 <input type="checkbox"/> Recurrent herpes genitalis
3 <input type="checkbox"/> Neonatal herpes simplex	9 <input type="checkbox"/> First Episode herpes genitalis
4 <input type="checkbox"/> Known HSV culture-positive	11 <input type="checkbox"/> Whitlow
5 <input type="checkbox"/> Known HSV culture-negative	12 <input type="checkbox"/> Rash
10 <input type="checkbox"/> No information	13 <input type="checkbox"/> Corneal ulcers

OTHER COMMENTS