Text

Description automatically generated

# UKHSA Microbiology Services request form

**Bordetella pertussis (whooping cough) antibodies in oral fluid for notified cases aged 2 to <17 years of age**



Respiratory and Vaccine Preventable Bacteria Reference Unit

61 Colindale Avenue, London NW9 5HT

Web page: [RVPBRU: reference and diagnostic services](https://www.gov.uk/guidance/rvpbru-reference-and-diagnostic-services)

|  |  |  |  |
| --- | --- | --- | --- |
| GP information | | | |
| Surgery name: Click or tap here to enter text.  GP address: Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text.  GP postcode: Click or tap here to enter text.  GP telephone: Click or tap here to enter text. | | | Health Protection Team:  Click or tap here to enter text.  HPZone number: Click or tap here to enter text. |
| **Patient information** | | | |
| NHS number: Click or tap here to enter text.  (please use format xxx xxx xxxx)  Surname: Click or tap here to enter text.  Forename: Click or tap here to enter text.  Date of birth (dd/mm/yyyy): Click or tap here to enter text. | | Sex: Male  Female  Age: Click or tap here to enter text.  Patient’s postcode: Click or tap here to enter text. | |
| **Sample information** | Date sample taken (dd/mm/yyyy):\_\_\_\_\_\_\_\_\_\_ | | |
| **Clinical information** | | | |
| Date of onset of coughing (dd/mm/yyyy): Click or tap here to enter text.  What was the date of the above patient’s last whooping cough vaccine\*? \_\_\_\_\_\_\_\_\_  \*also known as the 5-in-1, 6-in-1, DTP, DTaP, pertussis, Pediacel, Infanrix-hexa, Infanrix-IPV, Vaxelis or Repevax | | | |
| **Whooping cough oral fluid sample to be taken 14 days or more after onset of cough.** | | | |