



**UK Health
Security
Agency**

Molecular Test Referral

Infections Sciences Pathology Sciences building
Southmead Hospital Bristol BS10 5NB
Tel +44 (0)117 414 6222
DX 6120200 Bristol 90 BS

SENDER'S INFORMATION

Sender's name and address

Referred by

Name:

Signature:

Postcode

Date:

Contact phone number

Ext

PATIENT / SOURCE INFORMATION

NHS number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Surname or Clinic Number: _____

Forename: _____

Date of birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Gender (M,F or U)

SAMPLE INFORMATION

Your reference: _____ Date of collection: _____

Sample type: _____ Date sent to PHE: _____

CLINICAL DETAILS

Do you suspect that the sample you are referring could be a Hazard Group 3 Risk Yes No
If so please contact the Laboratory prior to sending the specimen

Tests Requested:

- CMV
- EBV
- Herpes simplex 1/2
- Varicella zoster
- HHV 6
- Adenovirus
- Enterovirus
- Parvovirus B19
- BK virus
- Norovirus
- Faecal (Gastroplex) PCR

- Measles PCR
- Pertussis PCR
- Flu A, Flu B, RSV (RES1)
- AdV, huMPV, RhV (RES2)
- Parainfluenza 1-4 (RES3)
- Influenza A typing (H1, H3) only
- HIV Viral load
- Hepatitis B viral load
- Hepatitis C viral load
- Hepatitis C genotype
- Hepatitis C Qualitative PCR

Other tests (please state):