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: ☐☐☐☐☐☐☐☐☐☐

Surname or Clinic Number:_____

Forename: _____

Date of birth: ☐☐ ☐☐ ☐☐☐☐ Gender (M,F or U) ☐

SAMPLE INFORMATION

Your reference:_____ Date of collection:_____

Sample type: Date sent to PHE:_____
(Please indicate site if swab sample)

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	☐	Measles PCR	☐
EBV	☐	Pertussis PCR	☐
Herpes simplex 1/2	☐	Flu A, Flu B, RSV, COVID (RES4)	☐
Varicella zoster	☐	AdV, huMPV, RhV (RES2)	☐
HHV 6	☐	Parainfluenza 1-4 (RES3)	☐
Adenovirus	☐	Influenza A typing (H1, H3) only	☐
Enterovirus	☐		
Parvovirus B19	☐	HIV Viral load	☐
BK virus	☐	Hepatitis B viral load	☐
		Hepatitis C viral load	☐
		Hepatitis C genotype	☐
		Hepatitis C Qualitative PCR	☐

Other tests (please state):