



Please send samples to:
Virus Reference Department
61 Colindale Avenue
London NW9 5HT

Phone: +44 208 327 6017

Email: IDUQueries@phe.gov.uk

<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/Encephalitis/>

Please write clearly in dark ink

SENDER'S INFORMATION

Sender's name and address:

Report to be sent **FAO**

Direct phone

Direct phone (out of hours)

Postcode

PATIENT/SOURCE INFORMATION

NHS number

Sex

male

female

Surname

Date of birth

Age

Forename

Patient's postcode

Hospital number

Hospital name (if different from sender's name)

SAMPLE INFORMATION

Sample Type

Serum

CSF

Date of serum collection:

Date of CSF collection:

If available

Total serum IgG:

Total CSF IgG:

Serum albumin:

CSF albumin:

Date sent to PHE:

Do you suspect from clinical or lab information that patient is infected with Hazard Group 3 or 4 pathogen?

If yes, give all relevant details

Note: If infection with a Hazard Group 4 pathogen is suspected, from clinical information or travel history, **you must** contact Reference Lab **before** sending

Please tick the box if your clinical sample is post mortem

INTRATHECAL ANTIBODY TESTS REQUESTED *

HSV

*Some additional targets (other than what is specifically requested) will be tested for control purposes.

VZV

Measles

Rubella

Other

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Date of onset

Encephalitis

"Samples should be taken at least 10 days after the onset of neurological symptoms"

Meningitis

Meningoencephalitis

OTHER CLINICAL DETAILS