SPECIAL PATHOGENS REFERENCE UNIT

Centre For Emergency Preparedness and Response,
Porton Down, Salisbury, Wiltshire, SP4 OJG

☎ **+44 (0)1980 612100** (Switchboard) **Fax +44 (0)1980 612561**
or +44 (0)1980 612224 (Direct line) **Email special.pathogens@hpa.org.uk**

SENDER'S INFORMATION

Address (for report)

Name Of Requesting Doctor:

Contact telephone No.

SUSPECTED DIAGNOSIS: **Onset Date:**

INVESTIGATION REQUIRED:

PATIENT INFORMATION

Surname: _____ Forename: _____ Sex: ☐ Male ☐ Female

Date of Birth: _____ or Age _____ Hospital Number: _____

SAMPLE INFORMATION

Your Reference: _____ Sample Type: _____

Date/Time Taken: _____ Date Sent to HPA: _____ Priority Status _____

CLINICAL/EPIDEMIOLOGICAL INFORMATION

TRAVEL HISTORY (within previous 21 days) Date of travel: _____ Date returned: _____

Countries/areas visited

RELEVANT OCCUPATIONAL HISTORY:

CLINICAL FEATURES (tick box if present) Onset date of illness: _____

☐ Fever ☐ Sore throat ☐ Rash ☐ Arthralgia ☐ Myalgia

☐ Retro orbital pain ☐ Eschar ☐ Endocarditis ☐ Respiratory symptoms

☐ Haemorrhagic features *(if present, please provide details)*: ☐ bleeding ☐ thrombocytopenia ☐ lymphopenia

other haemorrhagic:

☐ Meningitis/Encephalitis *(if present, please provide details)*:

Other relevant features *(leucopenia, abnormal LFTs etc)*:

VACCINATION HISTORY (tick box if given) **Note: Interpretation of some results may be difficult without the above vaccination history**

☐ Yellow fever ☐ Tick-borne encephalitis

☐ Japanese encephalitis ☐ Anthrax

Antibiotics given (where appropriate):

CPA Accredited Medical Laboratory Reference No: 1612

BSI REGISTERED FIRM NATIONAL ACCREDITATION OF CERTIFICATION BODIES

Certificate No. FS 33819