

# Scottish National Viral Haemorrhagic Fever Test Service

*In partnership with the Rare and Imported Pathogens Laboratory at Porton Down*

## Test Request Form

*[Please circle **all** options (in italics) that apply. (ij\_version 3\_26.11.2014)]*

### Sample Details

Collection time: \_\_\_\_\_ Collection date: \_\_\_\_\_ Laboratory number: \_\_\_\_\_

Sample type: *Clotted blood - EDTA blood - Urine - Other (specify):* \_\_\_\_\_

Post mortem: YES - NO

### Sender's Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Email: \_\_\_\_\_@nhs.net

Telephone: \_\_\_\_\_ Pager/Mobile: \_\_\_\_\_

### Patient's Details

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ CHI: \_\_\_\_\_ Gender: M - F

Hospital Number: \_\_\_\_\_ Location: \_\_\_\_\_

Pregnant: YES - NO - Unknown

### Clinical Details

Foreign travel within last 21 days? YES - NO

Purpose of travel: \_\_\_\_\_ Occupational history: \_\_\_\_\_

Date of UK departure: \_\_\_\_\_ Date of return to UK: \_\_\_\_\_

Details of visit (specify): \_\_\_\_\_

Any unusual activities (specify): \_\_\_\_\_

Countries visited (specify): \_\_\_\_\_

Areas visited: *Urban area – Rural area – Open country – Forests*

Risk exposures: *Mosquito bites – Tick bites – Other bites – Livestock or other animal exposure*

*Other exposure (specify):* \_\_\_\_\_

Travel vaccination history: \_\_\_\_\_

Signs/symptoms: Onset date of signs/symptoms: \_\_\_\_\_

*Arthralgia – Diarrhoea - Encephalitis – Endocarditis – Eschar – Fever - Haematuria – Haemorrhage*

*Leucocytosis – Leucopenia - Lymphocytosis - Lymphopenia - Meningitis – Myalgia – Neutrophilia*

*Neutropenia - Raised Liver Function Tests - Rash - Respiratory symptoms - Retro-orbital Pain - Sore Throat*

*Thrombocytosis - Thrombocytopenia – Vomiting*

Other clinical details (specify): \_\_\_\_\_

Suspected diagnosis (specify): \_\_\_\_\_

Antimicrobials given (specify): \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Scottish National Viral Haemorrhagic Fever Test Service

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