



Please write clearly in dark ink

Rare and Imported Pathogens Request

Rare and Imported Pathogens Laboratory [this form is NOT for routine lyme requests]

PHE Microbiology Services
Porton Down, Salisbury
Wiltshire SP4 0JG

Phone +44 (0)1980 612348 (9am - 5pm)
Phone +44 (0)1980 612100 (Oncall)
Email ripl@phe.gov.uk
www.gov.uk/phe

PHE
DX 6930400
Salisbury 92 SP

SENDER'S INFORMATION

Sender's name and address

Postcode

Report to be sent FAO

Direct Phone

Direct Phone (out of hours)

Purchase order number

Project code

PATIENT/SOURCE INFORMATION

Human Animal* Other*

*Please specify

Inpatient Outpatient GP Patient Other*

*Please specify

NHS number

Gender male female

Surname

Date of birth | D | D | M | M | Y | Y | Y | Y | Age

Forename

Patient's postcode

Patient's HPT

Hospital number

ITU or Other ward/clinic

Hospital name (if different from sender's name)

Pregnant Yes No Unknown

Have previous samples been sent to RIPL Yes No

RIPL Lab ref. no P1 _ CO _ _ _ _ _

SAMPLE INFORMATION

Sample type

Your reference

Serum/clotted blood

Plasma

EDTA whole blood

CSF

Other (please specify)

Date of collection | D | D | M | M | Y | Y | Time

Date sent to RIPL | D | D | M | M | Y | Y |

To discuss any patient with undiagnosed fever following recent travel abroad the Infectious Diseases, Microbiology or Virology doctor should call the Imported Fever Service on

0844 77 88 990

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

Please tick the box if your clinical sample is post mortem?

TESTS REQUESTED

RIPL will select the most appropriate panel of tests based on information provided below (i.e. travel and clinical details and suspected diagnosis).

Limit testing to the test(s) specified here ONLY

To opt out of this approach, tick the box and state test(s) required.

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Foreign Travel within previous 21 days? Yes No

Purpose of travel

Date of travel (from UK) | D | D | M | M | Y | Y |

Date returned (to UK) | D | D | M | M | Y | Y |

Onset date | D | D | M | M | Y | Y |

Countries/areas visited

- Urban area
- Rural area
- Open country
- Forests
- Arthralgia
- Encephalitis
- Endocarditis
- Eschar
- Fever
- Haemorrhage
- Leucopenia
- LFTs raised
- Lymphocytosis
- Meningitis
- Myalgia
- Neutrophilia
- Rash
- Respiratory symptoms
- Retro-orbital pain
- Sore throat
- Thrombocytopenia

Mosquito bite Tick bite Other insect bite*

Livestock exposure Other exposure*

*Please specify

Travel Vaccination History

Relevant Occupational History

Other clinical details

Any unusual activities?

Suspected Diagnosis?

Antimicrobials given?

REFERRED BY

Name

Signature

Date | D | D | M | M | Y | Y |