

West of Scotland Specialist Virology Centre **Level 5, New Lister Building Glasgow Royal Infirmary** 10-16 Alexandra Parade

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and Clyde

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West of Scotland Specialist Virology Centre: INFLUENZA SEQUENCING **Request Form**

Patient Surname			
(or anonymous number)			
Patient Forename			
Patient CHI (or DoB)			
Patient Gender	Male / Female		
Referral Source			
Address of Referral Source			
(Laboratory address)			
Name of requester			
Laboratory reference number and address (if laboratory referral)			
Requestors signature			
Date sample taken		//	
Time sample taken		:	
Type of Sample			
(Please do not send nucleic acid extracts, extracts			
will NOT be tested)			
,			
Has the patient been vaccinated against influenza			
this season?			
T., Cl., 14			Dool time DCD (Ct) value
Influenza result		H1, H3 or Flu B	Real-time PCR (Ct) value (please do not send samples
Disease mater this forms is NOT for influence A		(please specify)	with Ct>30)
Please note: this form is NOT for infi	iuenza A	(picase specify)	If another platform please
subtyping requests			indicate platform and ONLY
(If you do not clearly state the subty	oe of the		send samples with strong
influenza virus detected in your sample it will			positive signals
NOT be sequenced)			
-			
		Disassassas la di 1 ° ° 11	
		Please supply the information required or the sample will NOT be tested	
		be te	sieu
Is this sample part of an outbreak?			
(please state nature of outbreak e.g. hospital ward, care			
home)			

Influenza sequencing queries to: Prof Rory Gunson, Dr Samantha Shepherd or Dr Alasdair MacLean

