

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

<b>Patient Surname (or anonymous number)</b>	
<b>Patient Forename</b>	
<b>Patient CHI (or DoB)</b>	___ / ___ / _____
<b>Patient Gender</b>	<b>Male / Female</b>

<b>Referral Source</b>		
<b>Address of Referral Source (Laboratory address)</b>		
<b>Name of requester</b>		
<b>Laboratory reference number and address (if laboratory referral)</b>		
<b>Requestors signature</b>		
<b>Date sample taken</b>	___ / ___ / ___	
<b>Time sample taken</b>	___ : ___	
<b>Type of Sample (Please do not send nucleic acid extracts, extracts will NOT be tested)</b>		
<b>Has the patient been vaccinated against influenza this season?</b>		
<b>Influenza result</b>  <u>Please note: this form is NOT for influenza A subtyping requests</u>  (If you do not clearly state the subtype of the influenza virus detected in your sample it will NOT be sequenced)	<b>H1, H3 or Flu B (please specify)</b>	<b>Real-time PCR (Ct) value (please do not send samples with Ct&gt;30)</b>  <b>If another platform please indicate platform and ONLY send samples with strong positive signals</b>
	<b>Please supply the information required or the sample will NOT be tested</b>	
<b>Is this sample part of an outbreak? (please state nature of outbreak e.g. hospital ward, care home)</b>		

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