

# Influenza Testing Form(A)

Please write clearly in dark ink

IMPORTANT: Please complete all fields below to avoid delays in processing.

Care Home     Nursing Home    Other

Address:

Postcode:

**SENDERS DETAILS Address:**

Consultant: Dr Andrew Lee (C4630890)

Location Code: LCOVCH

Health Protection Team, UK Health Security Agency,  
Yorkshire & Humber, Leeds, LS1 4PL

Results to be emailed to: [phe.yorkshirehumber@nhs.net](mailto:phe.yorkshirehumber@nhs.net)

Contact email: [phe.yorkshirehumber@nhs.net](mailto:phe.yorkshirehumber@nhs.net)

Contact Phone: 0113 3860300

**HPZone No:**

## Patient/Source Information

NHS Number:

Date of Birth

Age

Surname:

Sex

Male

Female

Forename:

Pregnant

## Sample Information

Sample type:  Nasal Swab     Throat Swab     Nasal/Throat Swab

Date of collection:

Date sent:

Site:

All samples submitted should be treated as though the patient is infected with a Hazard Group 3 Pathogen. All samples must be sent in accordance with Cat B transport guidance.

Please tick the box if your clinical sample is postmortem

## Reason for testing

- Care Home staff  
 Care Home resident  
 NHS Staff  
 Index  
 HMP Resident  
 HMP Staff

Other (*please specify*)

## Clinical details / Epidemiological Information

No symptoms

Symptomatic

Onset date of symptoms:

Details of symptoms, e.g. Cough, Fever, Shortness of breath.  
(*please specify*)

Underlying conditions including immunosuppression (*please specify*):