



# Influenza Testing

Please write clearly in dark ink

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

## ADDRESS INFORMATION

☐ Care Home ☐ Nursing Home ☐ HMP ☐ 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  
LS2 7UE

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

Contact e-mail: [phe.yorkshirehumber@nhs.net](mailto:phe.yorkshirehumber@nhs.net)

Contact phone: 0300 303 0234

Ilog Number:

## PATIENT/SOURCE INFORMATION

NHS number

Surname

Forename

Pregnant

☐

Sex ☐ male ☐ female

Date of birth ☐ ☐ Age

## SAMPLE INFORMATION

Sample type ☐ Nasal Swab ☐ Throat Swab ☐ Nasal/Throat Swab

Date of collection Time

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 ☐ HMP resident  
☐ Care Home resident ☐ HMP staff  
☐ NHS staff  
☐ Index

☐ Other (please specify)

## CLINICAL DETAILS/EPIDEMIOLOGICAL INFORMATION

☐ No symptoms ☐ Symptomatic

Onset date of symptoms

Details of symptoms, eg Cough, Fever, Shortness of breath.  
(please specify)

Underlying Conditions including immunosuppression (please specify)