

Respiratory Virus RCGP Surveillance

Health Nd Virus Reference Department 61 Colindale Avenue London NW9 5HT

Phone +44 (0)20 8327 6017/6266 VRDqueries@phe.gov.uk PHE Colindale (VRD) DX 6530006 Colindale NW

Please write clearly in dark ink	
GP Details	
	Project code ERCGP21
	PHE Requestor code
PATIENT/SOURCE INFORMATION	
NHS number	Sex male female
Surname	Date of birth D D M M Y Y
Forename	
SAMPLE/CLINICAL INFORMATION	
Please enter the date you took the swabs below. This should be within ≤ 10 days of first symptom onset. If you are a patient taking your own swabs, please check the details on the form and complete any unanswered questions. Enter the date you took the swabs below. Date you took the swabs P P M M Y Y Date the new illness started	SAFETY AND ADDITIONAL INFORMATION: Some patients' specimens may present a higher risk to laboratory workers. Do you know or suspect that this patient may have a serious infectious disease, in addition to the infection that relates to this surveillance? If yes, PLEASE PROVIDE DETAILS BELOW together with any additional information.
	d in the last 10 days (tick all that apply)?
Did the patient have any of the following that started	
History of Fever? Yes No	Altered sense of taste/smell 🗌 Yes 🔄 No
Presence of new Cough Yes No Shortness of breath Yes No	Presence of wheeze ☐Yes ☐ No (if aged ≤ 5 years)
FLU VACCINATION from September 2021 onwards	
Was the patient vaccinated with the Yes No NK If YES please give the date D D M M Y Y Current season's 2021/22 flu vaccine?	
If YES, where was the patient vaccinated? GP pharmacy/ chemist school work other Source of information on the flu vaccine: Patient record Patient/Guardian history	
PATIENT DETAILS	
The patient is a front line healthcare worker Yes No NK The patient works in a care home Yes No NK The patient lives in a care home Yes No NK The patient is a university student Yes No NK	
Would the patient be happy for a healthcare professional from Public Health England to get in touch to find out more about their illness? Yes No If YES, contact telephone number/ email	
REFERRED BY	
Name	I have explained to the patient the RCGP enhanced Surveillance Programme and that the patient has consented to take part and for the information to be used by RCGP and Public Health England for the purpose of surveillance

E4