

## REQUEST FORM

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BL3+ LABORATORY, NATIONAL VIRUS REFERENCE LABORATORY,  
UNIVERSITY COLLEGE DUBLIN, BELFIELD, DUBLIN 4.  
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Please write in block letters

**SUSPECTED DIAGNOSIS:**

**INVESTIGATION REQUIRED:**

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**PATIENT DETAILS:**

Name:

Date of Birth:

Hospital/Laboratory No.:

**NAME OF REQUESTING DOCTOR:**

Contact telephone no (including mobile):

Address:

**SPECIMEN:**

Sample Type:

Date Taken:

**TRAVEL HISTORY (within previous 21 days):**

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Date returned:

Countries visited (with dates):

**RELEVANT OCCUPATIONAL/CONTACT HISTORY:**

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**CLINICAL FEATURES (tick box if present):**

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Onset date of illness:

Fever  Sore throat  Rash  Arthralgia  Myalgia  Eschar

Retro orbital pain  Endocarditis  Respiratory symptoms  Thrombocytopenia

Lymphopenia  Leucopenia  Abnormal LFTs

Haemorrhagic features  If present, details:

Meningitis  If present, details:

Encephalitis  If present, details:

Other relevant features:

**VACCINATION HISTORY**

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Yellow Fever  Tick-borne encephalitis  Rift Valley Fever  Japanese encephalitis

(Note: Interpretation of some results may be difficult without vaccination history)