**Virology Laboratory**

Level 4, Camelia Botnar Labs
Great Ormond Street Hospital for Children
Great Ormond Street
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DX 6640203, Bloomsbury 91 WC

Sender name and institution:

Address for report and invoice:

Contact telephone:

Viral Whole Genome Sequencing is performed at the University College London Pathogen Genomics Unit (UCL PGU). This is not a UKAS accredited service.

1. **Patient Information**

Surname: Forename:

Date of Birth: Hospital number: ⬜ Male ⬜ Female

1. **Sequencing requested**

Virus to be sequenced:

⬜ Adenovirus ⬜ CMV ⬜ VZV ⬜ Other (\_\_\_\_\_\_\_\_\_\_\_\_)

Reason for sequencing:

⬜ Typing ⬜ Epidemiology ⬜ Resistance ⬜ Other (\_\_\_\_\_\_\_\_\_\_\_\_)

*Further relevant clinical information:*

1. **Sample Information** *If possible please send purified DNA*

Specimen type (please specify even if sending DNA):

⬜ DNA ⬜ EDTA blood ⬜ CSF ⬜ Urine ⬜ Stool ⬜ NPA

⬜ BAL ⬜ Plasma ⬜ Other (\_\_\_\_\_\_\_\_\_\_\_\_)

Does the specimen need extracting? ⬜ Yes ⬜ No

Volume supplied:\_\_\_\_\_\_\_\_\_\_ µl

Sample Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your lab reference number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PCR Ct value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Viral load (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If sample is already extracted, please provide the following information:*

Extraction Method (e.g. EZ1 virus mini kit):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volume used in extraction (µl): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Extract elution volume: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_