****

**Virology Laboratory**

Level 4, Camelia Botnar Labs   
Great Ormond Street Hospital for Children   
Great Ormond Street   
London WC1N 3JH

GOSH DX 6640203, Bloomsbury 91 WC

Sender name and institution:

Address for report and invoice:

Contact telephone:

**Metagenomics Request Form**

**A. Patient Information**

Surname: Forename:

Date of Birth: Hospital number: Male Female

**B. Sample information**

*We recommend tissue specimens are collected directly into RNALater and shipped at room temperature. Specimens stabilised in RNALater can be stored at +4 °C prior to shipping.*

*We recommend CSF specimens are frozen at −80 °C within 24 hours of collection and shipped on dry ice. CSF should be whole (not filtered or centrifuged). Recommended volume 500 µl.*

CSF ⬜

Storage conditions prior to referral:

+4 °C ⬜ −20 °C ⬜ −80 °C ⬜ Room temp ⬜

Other ⬜ (please provide details)

CSF volume \_\_\_\_\_\_ µl

Tissue in RNA*Later* ⬜

Tissue Frozen ⬜

Tissue Post-mortem ⬜

Tissue FFPE ⬜ (\_\_\_\_\_ sections of \_\_\_\_\_ µm)

Tissue type:

Sample date: Your lab reference number:

**C. Clinical information**

Please give full clinical details including immunodeficiency status, nature of clinical problem and the results of any virology/microbiology testing