**iLog Request Form: Influenza-like Illness**

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| **HP Zone situation number (if known)** |  |
| **REPORTING DETAILS** | |
| **Request for testing made by:**  (Name, role and organisation) |  |
| **Date request form completed:** |  |
| **CARE HOME DETAILS** | |
| **Care home name, address and postcode:** |  |
| **Care home contact** (name): |  |
| **Contact telephone number:** |  |
| **Care home email address:**  Please ensure this is a work email address (e.g. an NHS.net account) as it will be used to share results during weekends and bank holidays |  |
| **CARE HOME INCIDENT DETAILS** | |
| **Date incident reported:** |  |
| **Number of symptomatic residents:** |  |
| **Total number of residents in home:**  **Total number of staff in home:** |  |
|  |
| **Total number of test kits required\*:**  **\*Up to a maximum of 5 most recently symptomatic residents (within 5 days of onset of illness) meeting case definition for Influenza-like illness** |  |
| **Probable mode of transmission (do not edit)** | **Influenza-like Illness** |
| **iLog number allocated** |  |

**Please email to** [**clare.ward@phe.gov.uk**](mailto:clare.ward@phe.gov.uk)**;** [**edward.cryer@phe.gov.uk**](mailto:edward.cryer@phe.gov.uk)**;** [**donna.johnson@phe.gov.uk**](mailto:donna.johnson@phe.gov.uk)**;** [**shahid.aslam@phe.gov.uk**](mailto:shahid.aslam@phe.gov.uk)**;** [**COVID19ilogs.NorthWest@phe.gov.uk**](mailto:COVID19ilogs.NorthWest@phe.gov.uk)**; PLUS ADD IN LOCAL IPC TEAM.**

**All of the email addresses above must be cc’ed (whether the pathway is being triggered by a local IPC team or PHE on their behalf out of hours). This is to ensure that all are aware the testing pathway has been triggered and can document this in their records.**