

VIROLOGY AND MICROBIAL SEROLOGY

JB-35600



**PLEASE USE A BALL POINT PEN, PRINT FIRMLY AND CLEARLY
HAVE YOU LABELLED THE SPECIMEN CORRECTLY
PLACE LABELLED SPECIMEN IN BAG
ON BAG OF REQUEST FORM**



TEAR

University Hospitals Sussex NHS Foundation Trust
Royal Sussex County Hospital
Princess Royal Hospital

Lab Number

Specimen Collected

Date:/..../..

Time:

RELEVANT CLINICAL DATA - Main features - Please circle as appropriate

Respiratory / Hepatitis / Lymphadenopathy / Neurological

Gastric / Rash / Fever / Other - please specify

Date of onset:

LMP:

Vaccination history:

In contact with:

Previous sample YES / NO

Outbreak YES / NO

Requests for urgent examination must be telephoned to the laboratory

Medication / Drugs

Please state date and time of last dose

SPECIMENS - Please circle as appropriate

Throat swab / CSF / Faeces

NPA / Urine / Conjunctival

Penis / Vagina / 10 ml's Heparin Plasma
(for pp65 CMV antigenaemia test)

For antibody send 5 - 10 ml's of clotted blood

CHLAMYDIA DETECTION

Urethral / Endocervical

Conjunctiva / Urine

Other (specify)

PLEASE USE APPROPRIATE FORMS FOR BACTERIOLOGY

NHS Number

Hospital Number

* Surname

* Forename

* D.O.B.

M F

Patient Category
NHS PP Cat II

*** INDICATES MANDATORY INFORMATION**

* Consultant / GP

* Hospital

* Ward / Surgery

* Requested By

* Signature

Code

Code

Copy to

Bleep No

Date

INVESTIGATIONS REQUIRED - Please tick as appropriate

Rubella

Syphilis

HIV

Hepatitis BsAg

Toxoplasma

VZV IgG

Parvovirus B19

Hepatitis A

Hepatitis C

Hepatitis B antibody (vaccine)

Helicobacter pylori

CMV

EBV

Virus Respiratory screen

Legionella Ag / Ab

ASO

Lyme disease

Cryptococcal antigen

Fungal precipitins

Avian precipitins

Other - please specify: