

Stockport NHS Foundation Trust

Poplar Grove

Stockport

SK2 7JE

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**VIROLOGY REQUEST FORM**

**For clinical requesting advice see – Web address:** <https://tinyurl.com/mu4vwhvd>

Date Collected Time Collected Specimen Type

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Surname DOB *dd/mm/yyyy*

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Forename NHS Number (IMPORTANT)

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Consultant / GP District Number

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Ward / Department / Surgery Sex

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Location / Address

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Contact phone number **Date of onset of symptoms:**

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Routine tests will be performed in the following syndromes **(please tick):**

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|[ ]  Diarrhoea & Vomiting (Faeces sample) |[ ]  Needlestick Donor (Blood – ochre top) – (Includes HIV, Hep B Sag & Hep C) |
|[ ]  HIV Screen (Blood – Ochre Top) |[ ]  Needlestick recipient (Blood – Ochre top) – (Storage only) |
|[ ]  Abnormal LFTs (Blood – Ochre top); Hep B Sag & Hep C screen (If ALT >500 consider Hep A and Hep E) |  | **Date of Needlestick Injury:** |
|[ ]  Sputum for Mycoplasma pneumoniae PCR |  |

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|[ ]  Immunomodularity screen **(Rheumatology)** pre TNF α-blocker (Blood – Ochre top) – (Includes HIV) |[ ]  Flu-like illness / RSV (Nasopharyngeal or throat swab in viral transport media) |
|[ ]  Immunomodularity screen **(Non-Rheumatology)** pre TNF α-blocker (Blood – Ochre top) – (Includes HIV) |[ ]  Immunity Screen (Blood – Ochre top) *Please state which screen required.* |
|[ ]  VIRAL Rash (Blood – Ochre top) or Viral Lesions send swab in Viral transport media for PCR |[ ]  Keratitis (eye swab in viral transport media) |

For PCR tests on blood please send EDTA blood and state which Viral test is required. Please supply all relevant clinical details.

Other symptoms / Tests required: **(Please include relevant travel history with dates)**