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Effective Date	25/06/2020	Document Type	Laboratory Form
Antenatal screening			

**(a) Late Booking (>20 weeks) (b) Opt-Out and (c) Confirmatory
AFFIX LABEL OR ENTER DETAILS LEGIBLY**

REGIONAL VIRUS LABORATORY, Kelvin Building, RVH site, Grosvenor Road, Belfast BT12 6BA.

Surname		Forename		D.O.B.
Patients Address			H&C Number	
_____			_____	
_____			_____	
Postcode			Hospital	Consultant/GP
_____			_____	
			Ward/Clinic	

(a) Late Booking >20 weeks

URGENT tests (Patient in labour) will be done immediately on receipt of sample and results phoned through to unit. Please phone laboratory BEFORE sending sample on 028 90635242 or, out of hours, contact VIROLOGY BMS on call through RVH switchboard on 02890 240503. (for clinical advice or if difficulties phone Duty Virologist 07889086946)

Please tick ✓

ROUTINE (NOT IN LABOUR - Sample tested and result on system within 72hrs)

URGENT (IN LABOUR ONLY - Sample immediately tested)

HIV, Hepatitis B, Syphilis, Rubella IgG, & Store sample **Lab Code {BLBP B2Y}**

Comments _____

Please add a name and telephone number for **POSITIVE** results to be phoned to.

Name _____ Tel _____

(b) Opt out testing (please tick required tests)

HIV {BHIV}

Hepatitis B {BHBN}

Syphilis {BTPT}

Rubella IgG {BRBI}

(c) Confirmatory Testing (please tick required tests)

HIV {BHIV}

Hepatitis B {BHBN}

Syphilis {BTPT}

Specimen type(s)
1xClotted blood

Specimen Date & Time

Lab use

HCW Name/Signature

- Transport specimens to laboratory in sealed specimen bags. Ensure specimen container lids are well secured to prevent leakage in transit.
- For clinical virology advice contact Duty Virologist E-mail bl.dutyvirologist@belfasttrust.hscni.net Mobile 07889086946