

Revision Number	3.0	Document Number	M-2039
Author/Reviewer	C McCaughey	Authoriser	L McCoy
Active Date	29/07/2020	Page Number	Page 1 of 1
Effective Date	29/07/2020	Document Type	Virology Request Form
COVID (SARS-CoV-2) PCR request			

Send to: REGIONAL VIRUS LABORATORY, Kelvin Building, Royal Group of Hospitals Trust, Grosvenor Road, Belfast BT12 6BA. Direct Tel 028 96 155645 (9am-5pm Mon-Fri)
AFFIX LABEL OR ENTER DETAILS LEGIBLY

Male/Female	Surname	Forename	D.O.B.
Address		H&C No.	
_____		Hospital _____ Ward/Clinic _____	
_____		Or GP cypher / practice / GP name _____	
_____		Or other source _____	
Postcode		Labcentre source code: _____	

Sample Type(s): TS NS NS/TS Sputum Tracheal secretions other _____

Inpatient or clinic (Lab do not need to add any tag)

ED attendance and respiratory presentation, not admitted (Lab to log **EDNA** in field 23)

HCW (working in trust or primary care) (Lab to log **HCW** in field 23)

Household contact of HCW (log **HCWR** in field 23)

Independent sector social care worker e.g. Private nursing home (log **ISW** in field 23)

Other key worker (Not Health worker) (**KW** in field 23)

Nursing/Care/residential home resident (log **CRES** in field 23)

For care home workers/residents: Name/code of nursing/residential home _____
(Virology: name of Home in field 29 or if not on list then enter in Clin details field 24)

Supported Living facility (log **SL** in field 23)

Contact Tracing test (test asked for as part of contact tracing) (log **CTR** in field 23)

Public Health Study / Research / Pilot (log **STUD** in field 23)

Specimen Date & Time	Lab use
Signature	

- Specimens should be packaged as per the laboratory user manual. Ensure specimen container lids are well secured to prevent leakage in transit.
- For clinical virology advice contact Duty Virologist E-mail: blldutyvirologist@belfasttrust.hscni.net