

Revision Number	2.0	Document Number	M-1375
Author/Reviewer	C McCaughey	Authoriser	SA Feeney
Active Date	10/03/2020	Page Number	Page 1 of 1
Effective Date	10/03/2020	Document Type	Request Form
Virology Request Form – Meningococcal Pathway (<i>Neisseria meningitidis</i> qPCR)			

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		Hospital No.	
		Hospital	Consultant /GP
		Ward / Clinic	
Postcode			
Clinical Details:			
Specimen Recommendations			
≥0.5 ml EDTA blood (purple Top)			
≥0.5 ml CSF (uncentrifuged neat specimen)			
Nasal/Throat swab supplied dry or in Transport medium – Do not place swab in gel			
Specimens Submitted			
<input type="checkbox"/> EDTA Blood qPCR - {TEN}-B			
<input type="checkbox"/> CSF qPCR- {TEN VZV THS}-C			
<input type="checkbox"/> Nasal/Throat Swab qPCR- {TEN}-R			
<input type="checkbox"/> Other qPCR (Please state) _____			
Consent obtained for more detailed microbiological analysis at a later date.			
Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>			
Specimen type(s)	Specimen Date	Laboratory Use Only	
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