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Virology Milk Donor Request Form			

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 _____			

Standard milk donor screen **{BMLK, BTPT}**

This testing comprises:

HIV(antibody), **HBV** (HBsAg) and **HCV** (antibody) screening and **HTLV1&2** (antibody) screening, **Syphilis** screening.
The sample will also be stored in the virus Laboratory for 11 years.

Other tests, please specify:

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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 Mobile: 07889086946