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| Author/Reviewer | C McCaughey | Authoriser | SA Feeney |
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| Effective Date | 10/03/2020 | Document Type | Request Form |
| Virology for Patients with Suspected CMV Colitis | | | |

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. | NHS <input type="checkbox"/> |
| Postcode | | <i>Hospital</i> | <i>Private</i> <input type="checkbox"/> |
| | | Consultant /GP | |
| | | Ward / Clinic | |

Please send following specimen _____ **please tick** _____ **Codes**

Bowel BIOPSY PCR (x2 in saline for virology) **CMV PCR** **QCM-P**

Serum sample (red or yellow top) blood **CMV IgG Serology** **BCMS**

To establish if patient has latent CMV, negative IgG indicates CMV complicated colitis highly unlikely

Alternative specimen/request if appropriate

Please note:

If fresh tissue not available for PCR, FFPE tissue is acceptable but turn-around-time will be extended. If no tissue is available please send EDTA blood (Purple top) for PCR as alternative. Serology for CMV IgM not felt to be useful. Please speak to duty virologist if further advice required.

Clinical Information:

Acute severe colitis IBD/ACUTE/
 Flare IBD/Flare/
 Steroid refractory colitis IBD/SRC/
 Other
 Details:

| | | |
|------------------|---------------------------------|---|
| | Specimen Date & Time | Lab use |
| Signature | | Serum: <input type="checkbox"/> |
| | | Tissue: <input type="checkbox"/> |

- 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 bll.dutyvirologist@belfasttrust.hscni.net Mobile 07889086946