

Revision Number	3.0	Document Number	M-1343
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Effective Date		Document Type	Virology Request Form
Investigation of parvovirus B19 in the pregnant patient in contact with a rash or presenting with a rash or fetal hydrops			

Send to: REGIONAL VIRUS LABORATORY, Kelvin Building, Royal Group of Hospitals Trust, Grosvenor Road, Belfast BT12 6BA. Direct Tel 028 96 151777 (9am-5pm Mon-Fri)

AFFIX LABEL OR ENTER DETAILS LEGIBLY

Female	Surname	Forename	D.O.B.
Address		H&C	NHS <input type="checkbox"/>
Postcode		Hospital	Private <input type="checkbox"/>
		Ward / Clinic	Consultant /GP
Please provide all relevant clinical details:			
Gestation ___ weeks			
Nature of contact;- Work <input type="checkbox"/> Household <input type="checkbox"/> Other _____			
Please tick relevant box below and record duration as appropriate;			
1. Patient has a rash	<input type="checkbox"/>	Duration of rash _____ days	
2. Patients in contact with a rash	<input type="checkbox"/>	Days since exposure _____	
3. Patient in contact with "slapped cheek"	<input type="checkbox"/>	Days since exposure _____	
4. Fetal Hydrops on Ultrasound	<input type="checkbox"/>	Phone the duty virologist urgently Mobile 07889086946	
<ul style="list-style-type: none"> Results are available via LabCentre For urgent results please phone 07889086946 (out of hours contact on call BMS via RVH switchboard on 028 90240503) For contact with Varicella please use "Varicella contact in pregnancy" form which can be found at http://www.rvl-belfast.net/ 			
Specimen type(s) Clotted blood	Specimen Date & Time	Lab use	
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