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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 02896151777 (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 _____			

<p>Standard milk donor screen <input type="checkbox"/> {BMLK, BTPT}</p> <p>This testing comprises:</p> <p>HIV(antibody), HBV (HBsAg) and HCV (antibody) screening and HTLV1&2 (antibody) screening, Syphilis screening.</p> <p>The sample will also be stored in the virus Laboratory for 11 years.</p> <p>Other tests, please specify:</p> <p>.....</p> <p>.....</p>	
<p>Specimen Date & Time</p>	<p>Lab use</p>
<p>Signature</p>	

- 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: bl.dutyvirologist@belfasttrust.hscni.net Mobile: 07889086946