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Effective Date	9/11/2023	Document Type	<b>Virology Request Form</b>
<b>Post Bone Marrow Transplant Monitoring</b>			

<b>Male/Female</b>	<b>Surname</b>	<b>Forename</b>	<b>Date of birth</b>
<b>Address</b> _____ _____ _____		<b>Hospital No.</b>	
<b>Postcode</b> _____		<b>Hospital</b>	<b>Consultant /GP</b>
		<b>Ward / Clinic</b>	
Please tick relevant boxes below.		<u>Lab Code</u>	
1. CMV PCR	<input type="checkbox"/>	{CMVP}	
2. EBV PCR	<input type="checkbox"/>	{EBVP}	
3. ADENOVIRUS PCR	<input type="checkbox"/>	{ADVP}	
4. BK VIRUS PCR	<input type="checkbox"/>	{BKVP}-blood, {BKVPU}-urine	
5. Other:	_____		
Please send one EDTA (purple top) – this is sufficient for all four tests if required.			
<b>Specimen type(s)</b>	<b>Date:</b>	<b>Lab use</b>	
EDTA blood <input type="checkbox"/>	<b>Time:</b>		
<b>Signature</b>			

**For clinical virology advice contact Duty Virologist E-mail**  
[bl.dutyvirologist@belfasttrust.hscni.net](mailto:bl.dutyvirologist@belfasttrust.hscni.net) **Mobile 07889086946**

- **Send to:** REGIONAL VIRUS LABORATORY, Department of Microbiology, Kelvin Building, Royal Group of Hospitals, Grosvenor Road, Belfast, BT12 6BA. (Telephone: Serology lab 02896155645 /Molecular lab 02896151647)
- Transport specimens to laboratory in sealed specimen bags. Ensure specimen container lids are well secured to prevent leakage in transit.