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Effective Date	09/11/2023	Document Type	Virology Request Form
Virology Request form – Fetal Ultrasound anomalies			

Female	Surname	Forename	D.O.B.
Patients Address Or affix sticky label here:		H&C Number (Hospital No. If H&C Not Available)	
		Hospital	Consultant /GP
		Ward / Clinic	

Please tick ALL boxes which apply :-	
IUGR	<input type="checkbox"/>
Microcephaly	<input type="checkbox"/>
Ventriculomegaly	<input type="checkbox"/>
Multiple abnormalities	<input type="checkbox"/>
Intra-cranial/liver calcification	<input type="checkbox"/>
Non immune hydrops (contact 07889086946 urgently send 1 x serum AND 1x EDTA)	<input type="checkbox"/>
Echogenic bowel	<input type="checkbox"/>
Fetal death	<input type="checkbox"/>

Specimen type(s)	Specimen Date & Time	<p>NB There is insufficient evidence to test, or no proven association with an infectious cause for the following isolated US anomalies; - Polyhydramnios, Oligohydramnios, Cystic hygroma, raised nuchal measurement or nuchal thickening greater than 6.1mm at 18-22 weeks.</p> <p>Rubella should be considered for non-vaccinated women with geographical risk of exposure</p> <p>Syphilis should be considered where risk factors for acquisition post booking blood.</p> <p>Booking blood retrieval will be arranged where appropriate</p> <p>Do not use this form for Zika testing</p> <p>To discuss appropriate testing for individual cases please call the duty virologist on 07889086946</p>
Clotted blood x1 <input type="checkbox"/>		
EDTA X1 (HYDROPS) <input type="checkbox"/>		
Signature		