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Author/Reviewer	S Feeney	Authoriser	K Li
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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 151777 (9am-5pm Mon-Fri)
AFFIX LABEL OR ENTER DETAILS LEGIBLY

Male/Female	Surname	Forename	D.O.B.
Address		H&C	NHS <input type="checkbox"/>
Postcode		<i>Hospital</i>	<i>Private</i> <input type="checkbox"/>
		Consultant /GP	
		Ward / Clinic	
<p><u>Please send following specimen please tick Codes:</u></p> <p>Bowel BIOPSY PCR (x2 in saline for virology) CMV PCR (non-blood) <input type="checkbox"/> CMP</p> <p>Serum sample (red or yellow top) blood CMV IgG Serology <input type="checkbox"/> CMVG</p> <p>To establish if patient has latent CMV, negative IgG indicates CMV complicated colitis highly unlikely</p> <p><u>Alternative specimen/request if appropriate</u></p> <p><u>Please note:</u></p> <p>If fresh tissue not available for PCR, FFPE tissue is acceptable but turn-around-time will be extended.</p> <p>If no tissue is available please send EDTA blood (Purple top) for PCR as alternative. Please speak to duty virologist if further advice required.</p> <p>.....</p> <p>.....</p> <p><u>Clinical Information:</u></p> <p>Acute severe colitis <input type="checkbox"/> IBD/ACUTE/</p> <p>Flare <input type="checkbox"/> IBD/Flare/</p> <p>Steroid refractory colitis <input type="checkbox"/> IBD/SRC/</p> <p>Other details:</p>			
Sample type: Serum: <input type="checkbox"/> Tissue: <input type="checkbox"/>		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