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Varicella Contact in Pregnancy Form			

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

Surname	Forename	D.O.B
Patients Address _____ _____		H&C No.
		Hospital
Postcode		Consultant/GP
		Ward/Clinic
<p>Women with a definite history of chickenpox – do not require a VZ antibody test or VZIG, unless they are also immunocompromised.</p> <p>Women with no/uncertain history of chickenpox – test for VZ antibody after a significant contact with chickenpox or zoster.* If the result is negative or equivocal PEP can be issued. Please note recent change in PEP recommendation to oral ACV. Guidelines on post exposure prophylaxis for varicella/shingles (publishing.service.gov.uk) (Jan 2023)</p> <p>Allow 2 working days after receipt of specimen in the lab for a test result: if necessary, arrange urgent transport of the blood specimen to the lab. Please complete the section below.</p> <p>* Significant exposure to varicella includes: continuous home contact; contact in the same room for 15 minutes or more; face-to-face contact e.g. having a conversation, with a case of a) chickenpox or b) exposed shingles, disseminated zoster or localised zoster in an immunocompromised patient.</p> <p>For more detailed guidance see the varicella chapter in the DH “Green Book”</p> <hr/> <p>Nature of contact _____ Gestational stage _____</p> <p>Timing of contact _____</p> <p>Report negative test result to: _____ Tel no: _____</p> <p>Out of hours/mobile: _____</p>		
Specimen type(s): Clotted blood <input type="checkbox"/>	Specimen Date & Time	Lab use
Signature		Code: {VZG}

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