

Revision Number	2.0	Document Number	M-2059
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Active Date	09/02/2024	Page Number	Page 1 of 1
Effective Date	09/02/2024	Document Type	Laboratory Form
Measles Investigation Request (PCR) Form			

Send to: REGIONAL VIRUS LABORATORY, Kelvin Building, Royal Group of Hospitals Trust, Grosvenor Road, Belfast BT12 6BA.

Contact Public Health and Virology before sending this form:

- Public Health Duty Room: 0300 555 0119 (9am-5pm; Mon-Fri). Public Health out of hours service is available for health professionals only.
- Regional Virus Laboratory: 02896 155645 (9am-5pm; Mon-Fri). For out of hours Virology Consultant on call, contact via RVH switch board.

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 _____	
Postcode _____		Or other source _____	
Date of onset of symptoms:			
Symptoms/duration:			
Type of contact:			
H/O MMR/MR – x0 x1 x2			
<u>IMPORTANT: Contact Public Health and Virology before sending sample.</u>			
Date of onset of rash: _____			
Please send (tick as appropriate);			
<input type="checkbox"/> Mouth swab			
<input type="checkbox"/> Throat swab			
<input type="checkbox"/> Nasopharyngeal aspirate			
Send swabs in COBAS media OR dry swabs in dry sterile container (DO NOT SEND GEL SWABS).			
Notes:			
<ul style="list-style-type: none"> • Samples should ideally be collected within 6 days of onset of rash for PCR testing. For patients who present >6 days from rash onset, PHA will provide advice on further testing. • Mark outside of packaging with <u>“URGENT MEASLES TESTING”</u> to facilitate recognition. 			
Specimen Date & Time		Lab use	
_____		{TME}	
Signature		{ST2}	

- 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: Mobile **07889086946** (9 am – 5pm Mon-Fri); E-mail: bl.dutyvirologist@belfasttrust.hscni.net