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Virology Milk Donor Request Form			

Send to: REGIONAL VIRUS LABORATORY, Kelvin Building, Royal Group of Hospitals Trust, Grosvenor Road, Belfast BT12 6BA. Direct Tel 02896151777 (9am-5pm Mon-Fri)

AFFIX LABEL OR ENTER DETAILS LEGIBLY

Male/Female Female	Surname BANK	Forename Milk	D.O.B. 01 Jan 2001
Address _____		H&C No. 3752867434	
Postcode _____		DONATION NUMBER:	
		SOURCE CODE AHHMB (SWAH HUMAN MILK BANK)	
		Or other source	

<p>Standard milk donor screen <input type="checkbox"/> {BMLK}</p> <p>This testing comprises: HIV (antibody), HBV (HBsAg) and HCV (antibody) screening and HTLV1&2 (antibody) screening, Syphilis screening. The sample will also be stored in the virus Laboratory for 11 years. {ST11}</p> <p>Other tests, please specify: </p>	
Specimen Date & Time	Lab use
Signature	

- 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 E-mail: Mobile: **07889086946**