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Post Bone Marrow Transplant Monitoring			

For clinical virology advice contact Duty Virologist E-mail
bl.dutyvirologist@belfasttrust.hscni.net **Mobile 07889086946**

Male/Female	Surname	Forename	Date of birth
Address		Hospital No.	
		HCP Code <u>AND</u> Consultant/GP	
Postcode		Hospital	
		Source Code/ Ward/ Clinic	
Please tick relevant boxes below. <u>Lab Code</u>			
1. CMV PCR	<input type="checkbox"/>	{CMVP}	
2. EBV PCR	<input type="checkbox"/>	{EBVP}	
3. ADENOVIRUS PCR	<input type="checkbox"/>	{ADVP}	
4. BK VIRUS PCR	<input type="checkbox"/>	{BKVP}-blood, {BKVPU}-urine	
5. Other:	_____		
Please send one EDTA (purple top) – this is sufficient for all four tests if required.			
Specimen type(s)	Date:	Lab use	
EDTA blood <input type="checkbox"/>	Time:		
Signature			

- **Send to:** REGIONAL VIRUS LABORATORY, Department of Microbiology, Kelvin Building, Royal Group of Hospitals, Grosvenor Road, Belfast, BT12 6BA. (Telephone: Serology lab 02896155645 /Molecular lab 02896151647)
- Transport specimens to laboratory in sealed specimen bags. Ensure specimen container lids are well secured to prevent leakage in transit.