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Investigation of parvovirus B19 and rubella in the pregnant patient in contact with a maculopapular rash or presenting with a rash (B19/syphilis) or fetal hydrops.			

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

Female	Surname	Forename	D.O.B.
Address		H&C:	NHS <input type="checkbox"/>
Postcode		Source Code:	Private <input type="checkbox"/>
		Hospital:	
		HCP Code AND Consultant /GP:	
		Ward / Clinic:	
Please provide all relevant clinical details: Gestation ___ weeks Nature of contact;- Work <input type="checkbox"/> Household <input type="checkbox"/> Other _____ Please tick relevant box below and record duration as appropriate; 1. Patient has a rash <input type="checkbox"/> PREGR SYPT 2. Patients in contact with a rash <input type="checkbox"/> PREGR 3. Patient in contact with "slapped cheek" <input type="checkbox"/> PREGR 4. Fetal Hydrops on Ultrasound <input type="checkbox"/> PREGR CMV PARP Fetal Hydrops on Ultrasound – Send 1 x EDTA AND 1 x clotted blood Phone the duty virologist urgently on Mobile 07889086946 (9am to 5pm Mon – Fri) • Results are available via NIECR • For urgent results please phone 07889086946 (out of hours contact on call BMS via RVH switchboard on 028 90240503) • For contact with Varicella please use "Varicella contact in pregnancy" form which can be found at http://www.rvl-belfast.net/			
Specimen type(s) Clotted blood		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