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Active Date	10/06/2024	Page Number	Page 1 of 1
Effective Date	10/06/2024	Document Type	<b>Request Form</b>
<b>Virology Request Form – Meningococcal Pathway (<i>Neisseria meningitidis</i> qPCR)</b>			

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**

Male/Female	Surname	Forename	D.O.B.
Address		Hospital No.	
Postcode		Hospital:	
		Consultant <b>AND</b> HCP code:	
		Source Code/ Ward / Clinic:	
Clinical Details:			
<b>Specimen Recommendations</b> ≥0.5 ml EDTA blood (purple Top) ≥0.5 ml CSF (uncentrifuged neat specimen)			
<b>Specimens Submitted</b> <input type="checkbox"/> EDTA Blood qPCR - {TEN ENTPAR}-B <input type="checkbox"/> CSF qPCR- {TEN ENTPAR AHV}-C <input type="checkbox"/> Other qPCR (Please state) _____			
<b>Consent obtained for more detailed microbiological analysis at a later date.</b> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>			
Specimen type(s)	Specimen date & time:	Laboratory Use Only	
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](mailto:bl.dutyvirologist@belfasttrust.hscni.net) Mobile 07889086946