

Revision Number	7.0	Document Number	M-1555
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Active Date	06/06/2024	Page Number	Page 1 of 1
Effective Date	06/06/2024	Document Type	<b>Virology Request Form</b>
<b>Fetal Ultrasound anomalies and Fetal Death Infection Screening</b>			

Female	Surname	Forename	D.O.B.
Patients Address <b>Or affix sticky label here:</b>		H&C Number (Hospital No. If H&C Not Available)	
		<i>Hospital</i>	
		HCP Code <u>AND</u> Consultant /GP	
		Source Code/ Ward / Clinic	

<b>Please tick ALL boxes which apply :-</b>	
IUGR <input type="checkbox"/>	<b>CMV/ Toxoplasmosis</b> {CMV TOX}
Microcephaly <input type="checkbox"/> Ventriculomegaly <input type="checkbox"/> Multiple abnormalities <input type="checkbox"/> Intra-cranial/liver calcification <input type="checkbox"/>	<b>CMV /Toxoplasmosis/Rubella</b> {CMV TOX RUBM RUBG}
Non immune hydrops <input type="checkbox"/> <b>(contact 07889086946 urgently send 1 x serum AND 1x EDTA)</b>	<b>CMV/ Parvovirus</b> {CMV PARV PARP}
Echogenic bowel <input type="checkbox"/>	<b>CMV</b> {CMV}
Fetal death <input type="checkbox"/>	<b>CMV/Toxoplasmosis/Parvovirus/Rube Ila/Syphilis</b>  {CMV TOX PREGR SYPT}

Specimen type(s)  Clotted blood x1 <input type="checkbox"/>  EDTA X1 (HYDROPS) <input type="checkbox"/>	<b>Specimen Date &amp; Time</b>	<p><b>NB</b> There is insufficient evidence to test, or no proven association with an infectious cause for the following isolated US anomalies; - <b>Polyhydramnios, Oligohydramnios, Cystic hygroma, raised nuchal measurement or nuchal thickening greater than 6.1mm at 18-22 weeks.</b></p> <p>Booking blood retrieval will be arranged where appropriate</p> <p>Do not use this form for Zika testing</p> <p>To discuss appropriate testing for individual cases please call the duty virologist on <a href="tel:07889086946">07889086946</a></p>
Signature		