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Author/Reviewer	S. Feeney	Authoriser	K. Li		
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Effective Date	04/06/2024	Document Type	Request Form		
Virology for Patients with Suspected CMV Colitis					

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

	ALLIX	EADLE ON LITTEN	DETAILO	LEGIDEI		
Male/Female	Surname	Forename		D.O.B.		
			H&C		NHS 🗆	
Address					Private □	
			Hospital		Tilvate _	
_			ricopitar			
Postcode			HCP Code AND Consultant /GP			
			0	/ \\		
			Source C	ode/ Ward / Clin	iic	
Please send follo	owing specimen j	olease tick Codes:				
Bowel BIOPSY P	CR (x2 in saline fo	r virology) CMV F	CR (non-b	lood)	CMP	
	·	. .,	•	•		
Serum sample (red or yellow top) blood CMV IgG Serology CMVG						
To establish if patient has latent CMV, negative IgG indicates CMV complicated colitis highly unlikely						
_	imen/request if a			•		
Please note:	•					
	ot available for PC	CR. FFPE tissue is ac	ceptable b	ut turn-around-t	ime will be extended.	
		nd EDTA blood (Purp	•			
	further advice re	•	ю тору го:			
		quiroui				
					•••••	
Clinical Informat	ion:		••••••			
Acute severe coli		IBD/ACUTE/				
	=					
Flare	=	IBD/Flare/				
Steroid refractory	Collis	IBD/SRC/				
Other details:						
Sample type:		Specimen Date &	Timo	I oh was		
Sample type: Serum: Tis	ssue:	Specimen Date &	iiiie	Lab use		
Signature		1				

- 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 <u>bll.dutyvirologist@belfasttrust.hscni.net</u> Mobile 07889086946

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