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Author/Reviewer	K. Li	Authoriser	S. Feeney		
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Varicella Contact in Pregnancy Form					

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

Surname Forename			D.O.B	
	H&C N	0.		
	Hospita	Hospital		
Patients Address		Ward/Clinic/Source Code		
	Consult	ant AND HCP		
	Code			
	Or GP c	Or GP cypher / practice / GP name		
Postcode				
	Or othe	Or other source		
Women with a definite history of also immunocompromised.	chickenpox – do not i	require a VZ antibo	ody test or VZIG, unless they are	
Women with no/uncertain historic chickenpox or zoster.* If the result in PEP recommendation to oral (publishing.service.gov.uk) (Jan 20)	is negative or equivoc ACV. Guidelines on	al PEP can be iss	ued. Please note recent change	
Allow 2 working days after receip transport of the blood specimen to				
* Significant exposure to varicella ir minutes or more; face-to-face conta exposed shingles, disseminated zo	act e.g. having a conve	rsation, with a cas	e of a) chickenpox or b)	
For more detailed guidance see the	e varicella chapter in the	e DH "Green Book	211	
Nature of contact		Gestational stage _		
Timing of contact				
Report negative test result to:		Tel no:		
Out of hours/mobile:				
Specimen type(s): Clotted blood □	Specimen Date & Time	Lab use		
Signature		Code: {VZG}		

- 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: bll.dutyvirologist@belfasttrust.hscni.net Mobile: 07889086946

HSC Belfast Health and Social Care Trust	Belfast Trust Laboratories
Social Care Trust	Clinical Microbiology & Virology