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Effective Date	04/06/2024	Document Type	<b>Request Form</b>
<b>Virology Milk Donor Request Form</b>			

**Send to: REGIONAL VIRUS LABORATORY, Kelvin Building, Royal Group of Hospitals Trust, Grosvenor Road, Belfast BT12 6BA. Direct Tel 02896151777 (9am-5pm Mon-Fri)**

**AFFIX LABEL OR ENTER DETAILS LEGIBLY**

Male/Female <b>Female</b>	Surname <b>BANK</b>	Forename <b>Milk</b>	D.O.B. <b>01 Jan 2001</b>
Address _____		H&C No. <b>3752867434</b>	
Postcode _____		SOUCE CODE <b>AHHMB</b> (SWAH HUMAN MILK BANK)	
		Or other source	

<p><b>Standard milk donor screen</b> <input type="checkbox"/> <b>{BMLK}</b></p> <p><b>This testing comprises:</b>  <b>HIV</b> (antibody), <b>HBV</b> (HBsAg) and <b>HCV</b> (antibody) screening and <b>HTLV1&amp;2</b> (antibody) screening, <b>Syphilis</b> screening.  The sample will also be stored in the virus Laboratory for 11 years. <b>{ST11}</b></p> <p><b>Other tests, please specify:</b>  .....  .....</p>	
<b>Specimen Date &amp; Time</b>	<b>Lab use</b>
<b>Signature</b>	

- Specimens should be packaged as per the laboratory user manual. Ensure specimen container lids are well secured to prevent leakage in transit.
- For clinical virology advice contact Duty Virologist E-mail: Mobile: **07889086946**