

Revision Number	1.0	Document Number	M-2589
Author/Reviewer	K. Li	Authoriser	L. McCorry
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Effective Date	16/02/2024	Document Type	Virology Request Form
Measles Immunity testing (IgG) in contacts of a confirmed measles case.			

**Send to: REGIONAL VIRUS LABORATORY, Kelvin Building, Royal Group of Hospitals Trust,
Grosvenor Road, Belfast BT12 6BA. Direct Tel 028 96 155645 (9am-5pm Mon-Fri)**
AFFIX LABEL OR ENTER DETAILS LEGIBLY

Female	Surname	Forename	D.O.B.
Address		H&C	NHS <input type="checkbox"/>
Postcode		Hospital	Private <input type="checkbox"/>
		Source Code / Ward / Clinic	HCP Code AND Consultant /GP

IMPORTANT: This form MUST be completed and sent with clotted blood sample (yellow top).

Please provide all relevant clinical details:

Patient identified as a close contact with a confirmed case of measles

Days since exposure _____

History of MMR/MR (PLEASE INDICATE): x0 x1 x2 unknown

Immunosuppressed Details: _____

Pregnant Gestation: weeks

Nature of contact: Work Household Other _____

Results are available via ECR

- For urgent results please phone 07889086946 (out of hours contact on call BMS via RVH switchboard on 028 90240503)
- For investigation of contact with other rash illness (e.g. chickenpox or slapped cheek) please send request form found at <https://rvl-belfast.hscni.net/documents-forms/>

Specimen type(s) Clotted blood	Specimen Date & Time	Lab use {MEAG}
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
Mobile 07889086946