TEL: 023 8079 6342

Virology/ Serology

Southampton NHS
University Hospitals NHS Trust

HOSP. CODE		WARD/ SURG. CODE		HOSP. NO. (OMIT SPACES)	LABEL BOTH PARTS OF FORM and/or PRINT WITH BALL POINT
REQUESTING CONSULTANT/ GP CODE				SURNAME	
SPECIMEN TYPE				FORENAME	
DATE TAKEN	D D / M M / Y Y	TIME TAKEN	"	DATE OF BIRTH	D D / M M / Y Y
COPY TO CODE(S)		LAB NO.		G.P. PATIENT NO.	
				ADDRESS	

DANGER OF INFECTION LABEL BOTH PARTS OF FORM

VIROLOGY/CHLAMYDIA/SEROLOGY REQUESTS ONLY (TICK BOXES)

HepBsAg ☐	SYPHILIS ☐	RUBELLA ☐
POST VACC HEP B ☐	CHLAMYDIA ☐	VARICELLA Ig G ☐
HEPATITIS ☐	OTHER (SPECIFY) ☐	VIRUS ISOLATION ☐
HIV ☐		

POST CODE		PATIENT CATEGORY (ring)	NHS PP(in) PP(OP) CAT 2
REQUESTING MO NAME		BLEEP NO.	

ANTENATAL SCREEN (RUBELLA, SYPHILIS, HIV, HBsAg) ☐

EDD YES

DECLINED HIV ☐
HBSAG ☐
SYPHILIS ☐

CLINICAL DETAILS
ONSET OF ILLNESS:
UNDERLYING DISEASE:
DATE OF CONTACT:
IF PREGNANT E.D.D.

PLEASE TICK FEATURES OF ILLNESS:

FEVER ☐	LYMPH NODES ☐	RASH ☐
JAUNDICE ☐	DIARRHOEA ☐	VOMITING ☐
SORE THROAT ☐	COUGH ☐	OTITIS ☐
PNEUMONIA ☐	PERICARDITIS ☐	MYOCARDITIS ☐
ENCEPHALITIS ☐	MENINGITIS ☐	NEUROPATHY ☐
VESICLES ☐	CONJUNCTIVITIS ☐	ARTHRITIS ☐
ULCER ☐	URETHRITIS ☐	CERVICITIS ☐

OTHER: (SPECIFY)

NEEDLESTICK/SHARPS/SPLASH INJURY DONOR ☐ RECIPIENT ☐

RESULTS LABORATORY USE ONLY

PLACE STICKER HERE TO IDENTIFY DANGER OF INFECTION SPECIMENS AND GIVE DETAILS

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REQUESTING CONSULTANT/ GP CODE | SURNAME
SPECIMEN TYPE | FORENAME
DATE TAKEN D D / M M / Y Y | TIME TAKEN " | LAB NO. | DATE OF BIRTH D D / M M / Y Y | G.P. PATIENT NO.
COPY TO CODE(S) | ADDRESS

DANGER OF INFECTION LABEL BOTH PARTS OF FORM

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ENCEPHALITIS ☐ MENINGITIS ☐ NEUROPATHY ☐
VESICLES ☐ CONJUNCTIVITIS ☐ ARTHRITIS ☐
ULCER ☐ URETHRITIS ☐ CERVICITIS ☐
OTHER: (SPECIFY)

NEEDLESTICK/SHARPS/SPLASH INJURY DONOR ☐ RECIPIENT ☐

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