

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	DD/MM/YY	TIME TAKEN	"	LAB NO.	DATE OF BIRTH	DD/MM/YY	G.P. PATIENT NO.
COPY TO CODE(S)				ADDRESS			
VIROLOGY/CHLAMYDIA/SEROLOGY REQUESTS ONLY (TICK BOXES)							
HepBsAg <input type="checkbox"/>		SYPHILIS <input type="checkbox"/>		RUBELLA <input type="checkbox"/>		POST CODE	
POST VACC HEP B <input type="checkbox"/>		CHLAMYDIA <input type="checkbox"/>		VARICELLA Ig G <input type="checkbox"/>		PATIENT CATEGORY (ring) NHS PP(in) PP(OP) CAT 2	
HEPATITIS <input type="checkbox"/>		OTHER (SPECIFY) <input type="checkbox"/>		VIRUS ISOLATION <input type="checkbox"/>		REQUESTING MO NAME	
HIV <input type="checkbox"/>						BLEEP NO.	
ANTENATAL SCREEN (RUBELLA, SYPHILIS, HIV, HBsAg) <input type="checkbox"/>							
EDD				YES			
DECLINED				HIV <input type="checkbox"/>			
				HBSAG <input type="checkbox"/>			
				SYPHILIS <input type="checkbox"/>			
CLINICAL DETAILS				RESULTS			
ONSET OF ILLNESS:				LABORATORY USE ONLY			
UNDERLYING DISEASE:							
DATE OF CONTACT:							
IF PREGNANT E.D.D.							
PLEASE TICK FEATURES OF ILLNESS:							
FEVER <input type="checkbox"/>	LYMPH NODES <input type="checkbox"/>			RASH <input type="checkbox"/>			
JAUNDICE <input type="checkbox"/>	DIARRHOEA <input type="checkbox"/>			VOMITING <input type="checkbox"/>			
SORE THROAT <input type="checkbox"/>	COUGH <input type="checkbox"/>			OTITIS <input type="checkbox"/>			
PNEUMONIA <input type="checkbox"/>	PERICARDITIS <input type="checkbox"/>			MYOCARDITIS <input type="checkbox"/>			
ENCEPHALITIS <input type="checkbox"/>	MENINGITIS <input type="checkbox"/>			NEUROPATHY <input type="checkbox"/>			
VESICLES <input type="checkbox"/>	CONJUNCTIVITIS <input type="checkbox"/>			ARTHRITIS <input type="checkbox"/>			
ULCER <input type="checkbox"/>	URETHRITIS <input type="checkbox"/>			CERVICITIS <input type="checkbox"/>			
OTHER: (SPECIFY)							
NEEDLESTICK/SHARPS/SPLASH INJURY	DONOR			RECIPIENT			

DANGER OF INFECTION LABEL BOTH PARTS OF FORM

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

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