University Hospital Waterford-Virology/Serology Request Form: IMPORTANT: All fields marked* must be filled in using **BLOCK CAPITALS** and **BLACK** ink.
Care should be taken when completing "check" boxes.

FM010

*Chart Number

*Surname

*Forename

*Patient Address

*Date of Birth

*Consultant or GP Code   Female ☐   Male ☐

*GP Name or Ward / Hospital Address

*Date of Specimen

*Time of Specimen   :   hrs

Clinical Details, e.g. duration of illness, associated travel information, vaccination details, date of onset of rash or reason for request

Type of Specimen

Blood ☐   CSF ☐

Viral Swab ☐   Urine ☐   Other ☐

Virology / Serology Test Request

☐ Hepatitis A diagnosis
☐ Hepatitis A Immunity
☐ Hepatitis B diagnosis
☐ Hepatitis B Immunity (give vaccination details)
☐ Hepatitis C
☐ Rubella Immunity
☐ Varicella Immunity
☐ Measles
☐ Mumps
☐ HIV
☐ Syphilis
☐ EBV
☐ CMV
☐ ASOT
☐ Other

☐ Pre-Chemotherapy Virology Screen

Free text area for other tests not listed above.

Laboratory Use Only

Laboratory Number Here

Laboratory Number Here

Laboratory Use Only Comments

Number of additional samples

Routine ☐   Urgent ☐   **On-Call** ☐ (UHW only-must be completed for out of hours testing)

Please mark here if Private Test ☐   **Signature**

PLEASE CUT ALONG DOTTED LINE -