VIROLOGY ANTENATAL
Royal Infirmary of Edinburgh

NHS Lothian

BIOHAZARD

Laboratory Request Forms

Hospital & GP Use

MANDATORY DATA SET (MDS)

PATIENT LABELS MUST BE USED IN ALL CASES

The following comprises the mandatory patient demographic data set for the **form**:

1. Patient Identification Number (PAS, CHI)
2. Surname
3. Forename
4. Date of Birth
5. Sex
6. Location (Ward / Clinic / Practice)

If the CHI is unavailable, then the MDS also includes:

7. Postcode

The following comprises the mandatory information required on the **sample**:

1. Surname
2. Forename
3. Date of Birth
4. Sample Date and Time
5. Sample Type and Site

REQUESTS MAY NOT BE PROCESSED UNLESS THE MANDATORY DATA SET IS PROVIDED

AFFIX PRINTED LABEL

CHI NUMBER

DOB (IF CHI UNAVAILABLE)

SURNAME - BLOCK LETTERS

SEX

F

FORENAME

POSTCODE

☐ Denotes Mandatory Data Set ☐ Please state postcode if CHI unavailable

SENDER / REPORTING DETAILS / GP PRACTICE LABEL

Return report to:

Hospital / GP .....

Ward / Dept .....

Consultant / GP ..... Name Consultant Code

Requesting midwife / other .....

VIROLOGY - ANTENATAL REQUEST FORM - LOTHIAN

SPECIMEN DETAILS

Date collected: ..... / ..... / .....

Sample: 7ml clotted blood (white tube)

SIGNED CONSENT IS REQUIRED BY THE LABORATORY

Patient signature:

or Verbal consent given to: (midwife)

Please send form even if no sample consented

EDD: ..... / ..... / .....

INVESTIGATIONS REQUIRED

TESTS ACCEPTED ☑ or DECLINED ☒

- ☐ Hep B
- ☐ HIV
- ☐ Rubella
- ☐ Syphilis

ALL BOXES MUST BE COMPLETED

If any other antibody requests are required, please give relevant clinical details

✓ Tick for YES ✘ Cross for NO

Additional requests

Clinical details / Symptoms

LAB USE ONLY

If ALL offered and accepted enter:
ZZREG ZAN / FANS

Codes	
ZARBSG	For DECLINED tests use individual codes: **ZHBD ZHID ZRSD ZTD.**
ZARHIC	
ZARRUG	For ACCEPTED tests use individual test codes: **ZARBSG ZARHIC ZARRUG ZT** and **ZZREG / PANS.**
ZT	
NSS	If NO SAMPLE received (Spec. Code = NSS) enter: **ZZREG ZDANS / DANS**

VIROLOGY ANTENATAL REQUEST - LOTHIAN

VIROLOGY ANTENATAL
Royal Infirmary of Edinburgh

NHS Lothian

Please deliver to:

SPECIALIST VIROLOGY LABORATORY
ROYAL INFIRMARY OF EDINBURGH
51 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

Enquiries (0131) 242 6025

VIROLOGY - ANTENATAL REQUEST FORM - LOTHIAN