|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Virology Department** | | | | | https://www.nhsjobs.com/pub/employer_logos/54.png | | |
| **Viral Serology & PCR Requests**  Department of Microbiology, Virology and Infection Control  Level 4  Camelia Botnar Laboratories  Great Ormond Street Hospital DX6640203  Great Ormond Street Bloomsbury 91WC  London  WC1N 3JH  Telephone: 020 7813 8506  Email: [virology.group@gosh.nhs.uk](mailto:virology.group@gosh.nhs.uk) | | | | |
| Date and Time receipted into lab | | |
|  | | | | | | | |
| **Sender Information** | | | | | | | |
| Address: | | |  | Invoice Address (if different to results address): | | | |
| Contact Number Extension | | |  | Contact Email:  (Must be **nhs.net** account for results) | | | |
|  | | | | | | | |
| **Patient Information** | | | | | | | |
| Surname | | |  | NHS Number | | | |
| Forename | | | Sender Hospital Number | | | |
| DOB (UK Format)  / / | Sex  Male  Female | | Patient Location/Contact details | | | |
|  | | | | | | | |
| **Sample Information** | | | | | | | |
| Laboratory Reference Number | | |  | Sample Type  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |
| Date of Collection | | Time |
| Date and time sent to GOSH | | |
|  | | | | | | | |
|  | | | | | | | |
| **Requested Test** **(please tick desired testing):** | | | | | | | |
| Faecal Elastase (Stool) | | CMV DNA (Quantitative) PCR (whole blood)  Adenovirus DNA (Quantitative) PCR (whole blood)  EBV DNA (Quantitative) PCR (whole blood)  SARS-CoV-2 RNA by PCR | | | | Mycoplasma Total Ab serology (serum)  VZV IgG Quantitative Serology (serum) | |
|  | | | | | | | |
| **Clinical Information** – E.g., relevant symptoms, vaccinations, recent travel | | | | | | | |
|  | | | | | | | |