**To: NMRU, Jack Copland Centre, SNBTS, 52 Research Avenue North, Heriot Watt Research Park, Edinburgh EH14 4BE**

|  |  |  |
| --- | --- | --- |
| Attach/Write  Donation Number Barcode Label Here  ………………………………………………… | Serum | For NMRU use only. Affix label here |
| Plasma (PPT) | For NMRU use only. Affix label here. |
| Plasma (EDTA) | For NMRU use only. Affix label here |
| Pack (Plasma) | For NMRU use only. Affix label here. |

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| **DONOR INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Sample Withdrawal: |  | | | | | | | Donor ID/Code | | | | | | | |  | | | | | | | |
| Donor (): | New | | |  | | | | Previous | | | |  | | | |  | | | | | | | |
| Originating Site:  () | ABN |  | | BEL | |  | | DUN | | |  | EDI |  | | | GLA | |  | | INV | | |  |
| CAU (GLA) | |  | | | CAU (ABN) | | |  | | | CAU (DUN) | | |  | | | TCAT | | |  | | |
| Sample Types  Sent (): | Serum (dry tube) | |  | | | Plasma (PPT) | | |  | | | Plasma (EDTA) | | |  | | | Pack | | |  | | |
| Reason for Referral (): | Repeat Reactive (RR) | |  | | Previous RR | |  | | | NAT  Reactive | |  | | Short Sample | | |  | | Invalid Result | | |  | |
| Other | |  | | Comment: | | | | | | | | | | | | | | | | | | |

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| **INVESTIGATION(S) REQUIRED** | | | | | | | | | | |
| FOR CONFIRMATION: | |  | INITIAL SCREEN: | | |  | Please select () | | | |
| Serology  () | HBV |  | HCV |  | HIV |  | HTLV |  | Syphilis |  |
| Anti -HBc |  | Malaria |  | T.Cruzi |  |  | | | |
| NAT () | HBV |  | HCV |  | HIV |  | HEV |  | WNV |  |

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| **TESTING INFORMATION: CONFIRMATORY SAMPLES ONLY** | | | | | |
| Serology | | | NAT  (circle as appropriate) | | |
| Initial (Index Value) | Repeat 1 (Index Value) | Repeat 2 (Index Value) | Reactive | Non- Reactive | Not applicable |
|  |  |  |

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| Sent by: | Print name | Signature | Date: |

**INFORMATION TO HELP COMPLETION OF THIS REQUEST FORM:**

Send Page 1 only to NMRU with sample(s) for testing. **One form per required investigation only.**

Donor Information: All fields are mandatory.

* Please provide the date of sample withdrawal
* Please provide donor/patient ID number or code
* Select whether new or previous donor
* Select the area where the donation originates from. See below
* Select all sample types being referred to NMRU
* Select why the sample is being referred to the NMRU.

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| Originating Site Code | | Abbreviations: | |
| ABN | Aberdeen | RR | Repeat Reactive |
| BEL | Belfast | Dry tube | Venous blood, clotted  sample. Serum from red top tube |
| DUN | Dundee | PPT | Plasma Preparation Tube. From white top tube |
| EDI | Edinburgh | EDTA | Plasma form purple top tube |
| GLA | Glasgow | Pack | Plasma pack |
| INV | Inverness | NAT | Nucleic Acid Test |
| CAU (GLA) | Clinical Apheresis Unit Glasgow |  |  |
| CAU (ABN) | Clinical Apheresis Unit Aberdeen |  |  |
| CAU (DUN) | Clinical Apheresis Unit Dundee |  |  |
| TCAT | Tissues, Cells and Advanced Therapeutics |  |  |

Investigation Required:

* Select whether for confirmatory testing or an initial screen is required (Mandatory)
* If serology required select marker of infection to be tested (Mandatory)
* If Nucleic Acid Testing (NAT) required select which marker of infection to be tested (Mandatory)
* **One form per required investigation only.**

Testing Information: If confirmatory testing is required provide screen test results (Mandatory). Express serology results as an Index value e.g. OD/COV. Reactive if ≥1.0

If further help is required to complete this form see contact details below: Contact Telephone number: 0141 433 5923

Contact email address: [NSS.SNBTS-NMRUSeniorStaff@nhs.net](mailto:NSS.SNBTS-NMRUSeniorStaff@nhs.net)