



**NATF 1322 04**

(Relates to SOP No. NATS NMRU 072, NATS NMRU 084, NATS NMRU 088, NATS NMRU 089, NATS NMRU 094, NATS NMRU 105, NATS NMRU 107, NATS NMRU 136, NATS NMRU147, NATS NMRU 158, NATS MIC 037)



**NMRU BLOOD DONOR REQUEST FORM**

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.

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			
	Screen		Lookback		Comment:							

INVESTIGATION(S) REQUIRED											
FOR CONFIRMATION:		INITIAL SCREEN:				Please select (✓)					
Serology (✓)	HBV		HCV		HIV		HTLV		Syphilis		
	Anti -HBc		Malaria		T.Cruzi		SARS-CoV-2				
NAT (✓)	HBV		HCV		HIV		HEV		WNV		
	SARS-CoV-2		For NMRU Use Only. Copy of request form sent to NAT Lab, please tick								

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

Sent by:	Print name	Signature	Date:
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**NMRU BLOOD DONOR REQUEST FORM**

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

**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 a 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.

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 testing 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  $\geq 1.0$

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.scot](mailto:NSS.SNBTS-NMRUSeniorStaff@nhs.scot)

Refer samples to NMRU, SNBTS, Jack Copland Centre, 52 Research Avenue North, Heriot Watt Research Park, EDINBURGH EH14 4BE.

**FOR THE ATTENTION OF THE SNBTS DONOR TESTING LABORATORY**

For TCAT referrals, please scan copy of completed form to:

nss.snbts-tissues-seniors@nhs.scot

TCAT Clinical Lead & Deputy: sharon.zahra@nhs.scot; salma.abedin2@nhs.scot