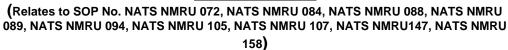
If Applicable Attach



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For NMRU use only.

Affix label here

NMRU REQUEST FORM (EXTERNAL USER)

Serum

If Applicable Attach Barcode Label Here							Plasma (PPT)			For NMRU use only. Affix label here.					
							Plasma (EDTA)				For NMRU use only. Affix label here				
										For NMRU use only. Affix label here					
				9/	MDI	F INF	ORMATI	ON							
	Sample hdrawal:		ole Reference number												
Sample Types Sent (✓):		Seru (dry tub				asma PPT)			Plasm (EDT			Othe	er		
Reason for Referral (✓):		Repeat Reactive (RR)		Previ RR	Ì	/ 1	NAT Reactive			Short Sample		Otl	ner		
Additional Information if applicable		Commer	nt:												
Referring Clinician/Officer Address of															
referring site:															
Email address/ Telephone No.															
INVESTIGATION(S) REQUIRED															
FOR	CONFIRM	MATION:	ATION: INITIAL S				CREEN: Please s			Please se	select (✓)				
Serol		HBV		HCV	HCV		HIV			HTLV	TLV		Syphilis		
	(~) A	Anti -HBc		Malaria	1		T.Cruzi							T	
NAT	(✓)	HBV		HCV			HIV			HEV		١	VNV		
		TEST	ING INFO	ORMAT	ION	: CON	FIRMATO	DRY	SAN	IPLES (ONLY				
Serology										(0	NAT (circle as appropriate)				
Initial (Index Value)		Repeat 1 (Index Value)				Repeat 2 (Index Value)			Reactive		Non- Reactive		Not applicable		
Sent by Print Name:					Sign	Signature:					Date:				
NATE	NATF 1377 02 PAGE 1 OF 2														



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(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 NMRU147, NATS NMRU 158)



NMRU REQUEST FORM (EXTERNAL USER)

INFORMATION TO HELP COMPLETION OF THIS REQUEST FORM:

This form should be used by Hospital Trusts, Laboratories and Companies, with which the NMRU has a Service Level Agreement in place, that are not part of a blood establishment.

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 if applicable.
- Please provide patient ID number/code or product ID number/code
- Provide name of referring clinician or scientific officer. The NMRU report will be sent to this individual.
- Provide address of referring site. The NMRU report will be sent to this address
- Select all sample types being referred to NMRU
- Select why the sample is being referred to the NMRU.

Abbreviations:				
RR	Repeat Reactive			
Dry tube	Venous blood, clotted sample. Serum from red top tube			
PPT	Plasma Preparation Tube. From white top tube			
EDTA	Plasma form purple top tube			
NAT	Nucleic Acid Test			

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.scot

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