



NATF 1377 02

(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)

If Applicable Attach 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
	Product	For NMRU use only. Affix label here

SAMPLE INFORMATION									
Date of Sample Withdrawal:					Sample Reference number				
Sample Types Sent (✓):	Serum (dry tube)		Plasma (PPT)		Plasma (EDTA)		Other		
Reason for Referral (✓):	Repeat Reactive (RR)		Previous RR		NAT Reactive		Short Sample		Other
Additional Information if applicable	Comment:								
Referring Clinician/Officer									
Address of referring site:									
Email address/ Telephone No.									

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

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 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