CARE HOME TESTING: ORDER FORM

PLEASE COMPLETE AND SEND WITH PCR SAMPLE

AFFIX PRINTED LABEL	SENDER / REPORTING DETAILS / GP PRACTICE LABEL
CHI NUMBER DOB SURNAME - BLOCK LETTERS SEX M F PRIVATE NHS FORENAME POSTCODE Denotes Mandatory Data Set Please state postcode if CHI unavailable	**Return report to:** HEALTH PROTECTION TEAM GP PRACTICE: CARE HOME: REQUESTOR: HPT NO: 0300 790 6264

SPECIMEN DETAILS	INVESTIGATIONS REQUIRED	LAB USE ONLY
DATE COLLECTED __/__/____ ☐ SWAB IN MSS NOSE / THROAT OTHER : …….. **PLEASE ENSURE SAMPLE TUBE** **IS CLEARLY LABELLED**	☐ RESPIRATORY PCR TEST **CLINICAL DETAILS/SYMPTOMS** ☐ SYMPTOMATIC ☐ ASYMPTOMATIC ☐ REQUESTED BY HPT	PLEASE ENSURE SAMPLE FLAGGED AS "CARE"

FOLD

LOTHIAN VIROLOGY / MICROBIAL SEROLOGY / CHLAMYDIA

Please deliver to:

VIROLOGY and MICROBIAL SEROLOGY
Royal Infirmary of Edinburgh

NHS Lothian

VIROLOGY / MICROBIAL SEROLOGY / CHLAMYDIA

VIROLOGY CARE HOME OUTBREAK TESTING

ROYAL INFIRMARY OF EDINBURGH
51 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

Enquiries (0131) 242 6805 / 06 / 07
Clinical advice (0131) 242 6048