

HAVE YOU LABELLED THE SPECIMEN CORRECTLY?

**PRESS FIRMLY ON EACH END  
TO ENSURE A LEAKPROOF  
SPECIMEN CARRIER**

JB : 47170

<b>MANCHESTER MEDICAL MICROBIOLOGY PARTNERSHIP</b> Central Manchester University Hospitals NHS Foundation Trust and Public Health England - Public Health Laboratory, Manchester			ILOG Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<b>VACCINE PREVENTABLE SEROLOGY</b>								
Laboratory Number <input type="text"/>			Date Collected (dd/mm/yy) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			Time Collected (hr/min) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			KEEP WRITING WITHIN THE BOX LINES FILL BOXES LIKE THIS <input checked="" type="checkbox"/>			KEEP WRITING WITHIN THE BOX LINES		
<i>laboratory use only</i>			<input type="checkbox"/> Routine			<input type="checkbox"/> Urgent			<b>Clinical Features</b> FILL BOXES LIKE THIS <input checked="" type="checkbox"/>			<input type="checkbox"/> Immunocompromised (Give details)		
Sender's Referral Number <input type="text"/>			<input type="checkbox"/> Soliris Therapy: YES <input type="checkbox"/> NO <input type="checkbox"/>			<input type="checkbox"/> Post Vaccination (Give details)			<input type="checkbox"/> Other (Give details)			<input type="checkbox"/> Pneumococcal serotype-specific IgG		
Specimen Type <input type="text"/>			Surname <input type="text"/>			Forename(s) <input type="text"/>			Date of Birth (dd/mm/yyyy) <input type="text"/>			NHS Number <input type="text"/>		
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male			District Number <input type="text"/>			Hospital / Reference Number <input type="text"/>			<input type="checkbox"/> Private			<input type="checkbox"/> Meningococcal serogroup A bactericidal		
Address <input type="text"/>			Town <input type="text"/>			Post Code <input type="text"/>			<input type="checkbox"/> Meningococcal serogroup B bactericidal			<input type="checkbox"/> Meningococcal serogroup C bactericidal		
Consultant / GP <input type="text"/>			Ward / Department / Surgery / Health Centre <input type="text"/>			Location / Hospital <input type="text"/>			<input type="checkbox"/> Meningococcal serogroup Y bactericidal			<input type="checkbox"/> Meningococcal serogroup W bactericidal		
Address <input type="text"/>			<input type="checkbox"/> Haemophilus influenzae type B IgG			<input type="checkbox"/> Tetanus IgG			<input type="checkbox"/> Diphtheria IgG			<input type="checkbox"/> Serological Tests (7 mls clotted blood) FILL BOXES LIKE THIS <input checked="" type="checkbox"/>		