

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

MANCHESTER MEDICAL MICROBIOLOGY PARTNERSHIP Manchester University NHS Foundation Trust and UK Health Security Agency Vaccine Evaluation Unit, Manchester																														VACCINE PREVENTABLE SEROLOGY																													
Laboratory Number <div style="border: 1px solid black; height: 80px; margin-top: 5px; display: flex; align-items: center; justify-content: center; font-size: 1.2em; color: #ccc;">laboratory use only</div>															Date Collected (dd/mm/yy) <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 40px; height: 25px;"></div> <div style="border: 1px solid black; width: 40px; height: 25px;"></div> <div style="border: 1px solid black; width: 40px; height: 25px;"></div> <div style="border: 1px solid black; width: 40px; height: 25px;"></div> <div style="border: 1px solid black; width: 40px; height: 25px;"></div> <div style="border: 1px solid black; width: 40px; height: 25px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Routine <input type="checkbox"/> Urgent </div>										Time Collected (hr/min) <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 40px; height: 25px;"></div> <div style="border: 1px solid black; width: 40px; height: 25px;"></div> <div style="border: 1px solid black; width: 40px; height: 25px;"></div> <div style="border: 1px solid black; width: 40px; height: 25px;"></div> </div>					KEEP WRITING WITHIN THE BOX LINES										FILL BOXES LIKE THIS <input checked="" type="checkbox"/>										KEEP WRITING WITHIN THE BOX LINES									
Sender's Referral Number <div style="border: 1px solid black; width: 100%; height: 25px;"></div>																														Clinical Features										FILL BOXES LIKE THIS <input checked="" type="checkbox"/>																			
Specimen Type <div style="border: 1px solid black; width: 100%; height: 25px;"></div>																														<input type="checkbox"/> Immunocompromised (Give details)										<div style="border: 1px solid black; height: 100px;"></div>																			
Surname <div style="border: 1px solid black; width: 100%; height: 25px;"></div>																														<input type="checkbox"/> Post Vaccination (Give details)										<div style="border: 1px solid black; height: 100px;"></div>																			
Forename(s) <div style="border: 1px solid black; width: 100%; height: 25px;"></div>																														<input type="checkbox"/> Other (Give details)										<div style="border: 1px solid black; height: 100px;"></div>																			
Date of Birth (dd/mm/yyyy) <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 40px; height: 25px;"></div> <div style="border: 1px solid black; width: 40px; height: 25px;"></div> <div style="border: 1px solid black; width: 40px; height: 25px;"></div> <div style="border: 1px solid black; width: 40px; height: 25px;"></div> <div style="border: 1px solid black; width: 40px; height: 25px;"></div> <div style="border: 1px solid black; width: 40px; height: 25px;"></div> </div>															NHS Number <div style="border: 1px solid black; width: 100%; height: 25px;"></div>																																												
Gender <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Female <input type="checkbox"/> Male </div>															District Number <div style="border: 1px solid black; width: 100%; height: 25px;"></div>																																												
Hospital / Reference Number <div style="border: 1px solid black; width: 100%; height: 25px;"></div> <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <input type="checkbox"/> Private </div>																														Serological Tests <small>(7 mls clotted blood)</small>										FILL BOXES LIKE THIS <input checked="" type="checkbox"/>																			
Address <div style="border: 1px solid black; width: 100%; height: 25px;"></div>																														<input type="checkbox"/> Pneumococcal serotype-specific IgG																													
Town <div style="border: 1px solid black; width: 100%; height: 25px;"></div>																														<input type="checkbox"/> Meningococcal serogroup B bactericidal																													
Post Code <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 40px; height: 25px;"></div> <div style="border: 1px solid black; width: 40px; height: 25px;"></div> <div style="border: 1px solid black; width: 40px; height: 25px;"></div> <div style="border: 1px solid black; width: 40px; height: 25px;"></div> <div style="border: 1px solid black; width: 40px; height: 25px;"></div> <div style="border: 1px solid black; width: 40px; height: 25px;"></div> </div>																														<input type="checkbox"/> Meningococcal serogroup C bactericidal																													
Consultant / GP <div style="border: 1px solid black; width: 100%; height: 25px;"></div>																														<input type="checkbox"/> Meningococcal serogroup Y bactericidal																													
Ward / Department / Surgery / Health Centre <div style="border: 1px solid black; width: 100%; height: 25px;"></div>																														<input type="checkbox"/> Meningococcal serogroup W bactericidal																													
Location / Hospital <div style="border: 1px solid black; width: 100%; height: 25px;"></div>																														<input type="checkbox"/> Haemophilus influenzae type b IgG																													
Address <div style="border: 1px solid black; width: 100%; height: 25px;"></div>																														<input type="checkbox"/> Tetanus IgG																													
																														<input type="checkbox"/> Diphtheria IgG																													
																														Meningococcal serogroup A bactericidal test is currently not a routine clinical service. If clinically indicated or specifically required, please fill box (X) below:																													
																														<input type="checkbox"/> Meningococcal serogroup A bactericidal																													



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Manchester Medical Microbiology Partnership

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DX6962410
Manchester 90M

Call Centre Telephone Numbers
0161 276 8854/8788

Fax Numbers
0161 276 5744/8787

SPECIMEN ACCEPTANCE POLICY

*Guidance for Pathology Laboratories, CsCDC and Local Authorities
Specimens must be correctly labelled and request forms adequately completed.*

PLEASE FOLLOW THE RULES

Specimens **MUST** be labelled with the following:-

Surname

PLUS any two out of three of:-
Forename
Full date of Birth
NHS Number

AND Date of Collection of Specimen

Specimens from Sexual Health Clinics **MUST** be labelled with the following:-

ID Number
Full Date of Birth

Request forms **MUST** match the information on the sample

PLUS Address for the Report
Consultant, GP or CsCDC
Name of Requester
Tests Required

Request forms **SHOULD** have

Time and Date
Gender
Sender's Reference / Laboratory Number
Contact Number for Requester
Relevant Clinical Information
Post Code
ILOG Number (for outbreaks and studies)

REMOVE COVERING STRIP
PLACE SPECIMEN IN BAG
FOLD TOP OVER TO SEAL