

## MANCHESTER MEDICAL MICROBIOLOGY PARTNERSHIP

Manchester University NHS Foundation Trust and  
UK Health Security Agency  
Vaccine Evaluation Unit, Manchester

ILOG Number

VACCINE PREVENTABLE  
SEROLOGY

PRESS FIRMLY ON EACH END  
TO ENSURE A LEAKPROOF  
SPECIMEN CARRIER

Laboratory Number	Date Collected (dd/mm/yy)	Time Collected (hr/min)
<i>laboratory use only</i>		
	<input type="checkbox"/> Routine	<input type="checkbox"/> Urgent
Sender's Referral Number		
Specimen Type		
Surname		
Forename(s)		
Date of Birth (dd/mm/yyyy)	NHS Number	
Gender	District Number	
<input type="checkbox"/> Female	<input type="checkbox"/> Male	
Hospital / Reference Number	<input type="checkbox"/> Private	
Address		
Town		
Post Code		
Consultant / GP		
Ward / Department / Surgery / Health Centre		
Location / Hospital		
Address		

KEEP WRITING WITHIN THE BOX LINES

FILL BOXES LIKE THIS 

KEEP WRITING WITHIN THE BOX LINES

## Clinical Features

FILL BOXES LIKE THIS 

Immunocompromised  
(Give details)

Soliris/Ultomiris Therapy: YES  NO

Post Vaccination  
(Give details)

Other  
(Give details)

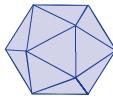
## Serological Tests (7 mls clotted blood)

FILL BOXES LIKE THIS 

- Pneumococcal serotype-specific IgG
- Meningococcal serogroup B bactericidal
- Meningococcal serogroup C bactericidal
- Meningococcal serogroup Y bactericidal
- Meningococcal serogroup W bactericidal
- Haemophilus influenzae type b IgG
- Tetanus IgG
- 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:

Meningococcal serogroup A bactericidal



**DEPARTMENT OF VIROLOGY**  
Manchester Medical Microbiology Partnership

Postal Address  
PO Box 209  
Clinical Sciences Building  
Manchester Royal Infirmary  
Oxford Road  
Manchester M13 9WL

HayesDX Address  
Medical Microbiology Partnership  
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:-*

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

Surname

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

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

*Request forms **SHOULD** have*

**AND** Date of Collection of Specimen

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

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

ID Number  
Full Date of Birth

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