



National Virus Reference Laboratory
University College Dublin
Belfield, Dublin 4

Tel General Enquiries: 01 716 4401

Web: nvrl.ucd.ie

Email: nvrl@ucd.ie

ORAL FLUID INVESTIGATION REQUEST FORM

PATIENT DETAILS

Forename:

Surname:

Address:

DOB:

D	D	M	M	Y	Y	Y	Y
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Sex :

F	M
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Hospital Number

Hospital Lab Number

SPECIMEN DETAILS

Oral Fluid Specimen Date & Time of collection:

D	D	M	M	Y	Y	Y	Y
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H	H	M	M
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Collection Details

Sample collected by Signature

CLINICAL DETAILS

Clinical details aid the selection of an optimal testing strategy.

Please indicate which investigation is required:

Measles

Rubella

Mumps

Other If other, please specify _____

Date rash onset: ___/___/___ (dd/mm/yyyy)

Vaccination History (please complete)

1 st MMR	Date of vaccination	Yes	No	Unknown	Date vaccinated	___/___/___
2 nd MMR	Date of vaccination	Yes	No	Unknown	Date vaccinated	___/___/___

If case reports history of getting monovalent measles (M) or rubella (R) vaccine, or bivalent (MR) vaccine, **please specify**

Vaccine type _____ Date vaccinated ___/___/___

Other relevant details (include recent exposure risks/contacts, travel history and dates):

*1. Please note, a testing algorithm will be followed,
 2. And tested for the disease considered most likely, based on the clinical and vaccination details provided,
 3. "If necessary this will be followed by further testing for other viral diseases specified".

This form should accompany the specimen sent to NVRL
 Measles, Mumps and Rubella are notifiable diseases under Infections Disease Regs (SI No. 707 of 2003)
 If you **diagnose or strongly suspect measles, mumps or rubella**; please contact the Medical Officer of Health (local public health department). Prompt notification allows rapid implementation of public health control measures and prevention of onwards transmission

DOCTOR / SURGERY DETAILS/REQUESTING HOSPITAL DETAILS

Name:

Signature:

IMC No:

Date:

D	D	M	M	Y	Y	Y	Y
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Tel:

Surgery Address / Hospital Address/Stamp

N.B. Please note that the sample will not be processed without address of surgery or hospital