



National Virus Reference Laboratory
University College Dublin
Belfield, Dublin 4

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 Web: nvrl.ucd.ie
 Email: nvrl@ucd.ie

GENERAL REQUEST FORM

PATIENT DETAILS

Forename: DOB:

D	D	M	M	Y	Y	Y	Y
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Surname: Sex :

F	M
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Address:

SPECIMEN DETAILS

Specimen Type(s):

Serum	Plasma
Other:	

 Specimen Date & Time of collection:

D	D	M	M	Y	Y	Y	Y
H	H	M	M				

Sample Collection Details

Sample taken By: Signature: Date taken:

CLINICAL DETAILS

Clinical details aid the selection of an optimal testing strategy. Please include duration of illness and relevant vaccination/travel history

Clinical Details

Date of onset of symptoms:

D	D	M	M	Y	Y	Y	Y
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INVESTIGATION REQUIRED

DOCTOR / SURGERY DETAILS/REQUESTING HOSPITAL DETAILS

<p>Name: <input style="width: 100%;" type="text"/></p> <p>Signature: <input style="width: 100%;" type="text"/></p> <p>IMC No: <input style="width: 100px; height: 20px;" type="text"/></p> <p>Date: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table></p> <p>Tel: <input style="width: 100%;" type="text"/></p>	D	D	M	M	Y	Y	Y	Y	<p style="text-align: center;">Surgery Address / Hospital Address/Stamp</p> <p style="font-size: small; text-align: center;">N.B. Please note that the sample will not be processed without address of surgery or hospital</p> <div style="border: 1px solid black; height: 100px;"></div>
D	D	M	M	Y	Y	Y	Y		