

## NTMRL Sample Referral Form

ATTACH NTMRL No.  
HERE

## Section A - For completion by referring laboratory

## Sample and donor/patient details

Investigation required			Referring site		
Donation / Sample No.	«DNTNO»	Donor / Patient ID	«PERID»	Date bled	«BLDAT»
Name (Family name/forename)				Date of Birth	«DOB»
Hospital No.		Sex (M/F)	«SEX»	New donor (Y/N)	«NEWDON»
Sample from	Blood <input type="checkbox"/> Cord <input type="checkbox"/> Surgical <input type="checkbox"/> Deceased <input type="checkbox"/> Stem cell <input type="checkbox"/> BBMR <input type="checkbox"/> Recipient <input type="checkbox"/> Patient <input type="checkbox"/> H&I <input type="checkbox"/> Reagent <input type="checkbox"/> Other <input type="checkbox"/>				
	If deceased tissue donor, is donor also an organ donor: YES / NO				
	If deceased tissue donor, was sample collected: PRE-MORTEM / POST-MORTEM				
	Was sample stored frozen below -20°C prior to despatch: YES / NO				
Previously referred: Yes / No			Previous NTMRL No(s):		Screen NAT result
Additional information:					HCV
					HIV
					HBV
					HEV
Completed by: (PRINT)				Date:	
Contact telephone No:			Contact email:		

## Section B - For completion by NTMRL

NTMRL comments:	
Tested under concession <input type="checkbox"/>	Concession request with referral <input type="checkbox"/>
No. of samples <input type="checkbox"/>	Low volume <input type="checkbox"/>
Haemolysed <input type="checkbox"/>	NAT aliquot taken <input type="checkbox"/>
Lipaemic <input type="checkbox"/>	No archive made <input type="checkbox"/>

## Final results (Must be completed if no copy of report is attached)

Investigation	Final results*		Completed by / Date
Screen - Molecular	Reactive	Negative	
Screen - Serology	Reactive	Negative	
Reference	Positive	Negative	Inconclusive

\*Please circle as appropriate