|  |  |
| --- | --- |
| **Facility Name** |  |
| **Address** |  |

# **Testing Information**

|  |  |
| --- | --- |
| **Testing Performed Respiratory:** | |
| **Number of PCRs performed** |  |

|  |  |
| --- | --- |
| **Testing Performed Gastrointestinal:** | |
| **Number of stool samples sent to Virology & Microbiology** |  |

**Complete only for symptomatic residents who have had samples sent to the lab for testing analysis.**

**Testing is only required for up to the 5 most recent symptomatic residents.**

|  |  |  |  |
| --- | --- | --- | --- |
| **DOB** |  | **H&C Number** |  |
| **Date of sample(s)** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **DOB** |  | **H&C Number** |  |
| **Date of sample(s)** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **DOB** |  | **H&C Number** |  |
| **Date of sample(s)** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **DOB** |  | **H&C Number** |  |
| **Date of sample(s)** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **DOB** |  | **H&C Number** |  |
| **Date of sample(s)** |  | | |

**Form Completed by:**

|  |  |
| --- | --- |
| **Name** |  |
| **Role** |  |
| **Date** |  |

Please return above completed form to: **PHA.DutyRoom@hscni.net**

# **Sample labelling:**

The following information MUST be fully completed on both the **sample request form *and* the specimen bottle;**

* + - Name
    - Date of Birth
    - H&C Number
    - The source
    - GP Cypher Codes (link to codes)[***6.2 Testing Advice, Admissions and Transfers Into A care Facility***](https://pdf.browsealoud.com/PDFViewer/_Desktop/viewer.aspx?file=https://pdf.browsealoud.com/StreamingProxy.ashx?url=https://www.publichealth.hscni.net/sites/default/files/2024-07/Outbreak%20Pack%20V1.0%20Final%2015072024.pdf&opts=www.publichealth.hscni.net#langidsrc=en-gb&locale=en-gb&dom=www.publichealth.hscni.net)
    - Key word ‘Outbreak’ noted on request form and specimen bottle
    - Date of sample taken

**Please note:** Failure to fully complete the required details on the sample request form/specimen bottle, may result in the sample being rejected for testing.

# **Samples:**

## **Gastrointestinal**

Samples obtained for a gastrointestinal outbreak should be sent to both Virology and Microbiology

## **Respiratory**

Samples obtained for a respiratory outbreak should be sent to Virology