

**FORM B – To send with blood sample
Invasive Pneumococcal Disease in Children**



PRN: Patient Name:

Date of Birth: Sex:

NHS No:
RSIL Number :
Original reporting Lab:

Sending Dr's Name _____

Sending Dr's Address _____

GP Name and Address

Blood Sample(s) for Pneumococcal Serology - Please take 1-2mls of clotted blood

This form should be completed and sent with any blood sample taken for pneumococcal serology. Please write the date when the sample was taken and tick the appropriate box.

Please confirm any and all pneumococcal (both 7-valent conjugate and 23 valent plain polysaccharide) vaccinations given to date :

Date _____ Vaccine _____

Date _____ Vaccine _____

Date _____ Vaccine _____

Date _____ Vaccine _____

DATE Blood Sample Taken: ____ / ____ / ____

Completed By: _____ Tel: _____ Date: _____
...../..... /.....

**All samples should be sent through your local laboratory where they will be packaged in accordance with current transport and postal regulations, and
MUST BE ACCOMPANIED BY THIS FORM**

Please send **Sample(s)** with **Form B** to:

**Dr Ray Borrow, HPA Meningococcal Reference Unit,
Manchester Medical Microbiology partnership,
Clinical sciences Building, Manchester Royal Infirmary,
Oxford Road, Manchester M13 9WZ.
Tel: 0161 276 6793. E-mail: ray.borrow@hpa.org.uk.**

(HAYS DX Meningococcal Reference Unit, DX 6962410, Manchester 90M)