

Oral Fluid Swab for investigation of fever/rash illness
(particularly when suspect measles, rubella, parvovirus B19)
NATIONAL VIRUS REFERENCE LABORATORY (NVRL) REQUEST FORM

Patient Details

Patient Forename _____ Patient Surname _____
Address: _____
Date of birth; ___/___/____ (dd/mm/yyyy) Gender: _____ Male/ Female
Hospital (if relevant) _____ Chart Number: (if hospital case) _____
Referring hospital laboratory _____ Date Specimen taken ___/___/____ (dd/mm/yyyy)

Clinical details (required to determine testing*):

For which of the following **fever with rash illnesses** do you wish the sample to be tested*?
Measles Rubella Parvovirus B19 Other
If other, please specify _____
Date rash onset: ___/___/____ (dd/mm/yyyy)
Other relevant details (include recent travel history and dates): _____

V 1.2_ 03/06/2011

Vaccination History (please complete)

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

GP or hospital clinician details (or stamp)

GP/hospital doctor name: _____
GP/hospital address: _____

GP /doctor telephone number: _____

**Please note, a testing algorithm will be followed, testing for the disease considered most likely, based on the clinical and vaccination details provided, followed, if necessary by testing for other viral diseases specified*

This form should accompany the specimen sent to NVRL

Measles and Rubella are notifiable diseases under Infections Disease Regs (SI No. 707 of 2003)

If you diagnose or strongly suspect measles 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