

COVID-19 VACCINE EFFECTIVENESS SEROLOGY COLLECTION

FAO Ezra Linley

Please ensure every field is completed and especially that the NHS number is correct,
otherwise the sample cannot be used

Practice Information									
Practice Name									
Practice ID									
Sample Information									
Date Sample Taken (dd/mm/yy)	_____ - ____ - ____								
Sample time point (pre/post COVID-19 vaccination) <u>please tick</u>	<input type="checkbox"/> SAMPLE 1 (Pre-Dose 1)	<input type="checkbox"/> SAMPLE 2 (Pre-Dose 2)	<input type="checkbox"/> SAMPLE 3 (Post-Dose 2)						
Patient Details									
Patient Name									
NHS Number									
DOB									
Sex									
COVID-19 Vaccination (Write N/A if dose has not yet been received)									
Dose 1	Date: ____ - ____ - ____	Brand:	Batch No:						
Dose 2	Date: ____ - ____ - ____	Brand:	Batch No:						

Instructions

Please take approximately 10ml of blood using the enclosed serum bottle:

- Please write the patient name, date of birth, NHS number on the serum bottle or use patient label
- Place the serum bottle inside the green topped hard plastic secondary tube (stopper end outwards)
- Place the tube in the cardboard box with this form
- Please post the box using the prepaid plastic envelope on the same day of collection, making sure it goes to the following address:
FOR SEU USE ONLY
Vaccine Evaluation Unit
c/o Microbiology Reception
Floor 2 Clinical Sciences Building II
Manchester Royal Infirmary
Oxford Road
Manchester
M13 9WL
- Please code in patient's CMR:
 - **Save sample for serum serology (SNOMED CT ID: 509571000000108)**, or if not available:
 - SNOMED CT (EMIS) Sample serology (procedure)
 - (EMIS) Test request: sample serology (with Description ID 1864331000006113)
 - CTv3 (TPP) 43L. Sample serology
 - Read 2 (Others) 43L. Sample serology