St Helens and Knowsley Teaching Hospitals NHS Trust

STAFF COVID-19 Antibody Screening Request Form

Please use an individual **BROWN GEL** container to collect sample.
Label the sample using **three patient identifiers**, complete the form below, and send to Microbiology.
Please contact Pathology.Support@sthk.nhs.uk for a supply of forms and brown gel containers, if required.

PATIENT INFORMATION

Surname: ……

Forename: ……..

Date of birth: ….. / ….. / ……. (dd/mm/yyyy)

Sex: ☐ Male ☐ Female

Address: ……

……...

Postcode: ……..

NHS number: ……

Mobile number: ……

Job role: ……..

Department: ……

GP: ……

GP address: ……

……

Postcode: ……...

REQUESTING LOCATION

☐ **St Helens and Knowsley Hospitals** ☐ **Southport and Ormskirk Hospitals**

☐ **Other**: …… **(If other, please also tick associated hospital trust)**

Sample collected by: (Please print name) ……...

SAMPLE DETAILS – Clotted blood (Brown serum bottle)

Date collected: …… **Time**: ……

Laboratory use only
Sample reference: ……..

CLINICAL DETAILS

Previous symptoms? ☐ Yes: Date: ……
Previous PCR positive? ☐ Yes: Date: ……..….

Previous exposure to COVID-19? Tick if applies
☐ House hold contact Date: ……
☐ Other: …… Date: ……

EPIDEMIOLOGY – Used to help us understand the result, all responses will be confidential

Which best describes your ethnicity?
☐ White ☐ Black ☐ Asian ☐ Prefer not to say ☐ Other: ……

CONSENT

- I confirm I have read the above information; I understand that my participation if voluntary and I consent for this procedure.
- I have had the opportunity to consider the information and can confirm that I understand the nature and purpose of this procedure, together with the benefits and risks.
- I am aware that if the test is positive, based on the information available at this point in time, it may not indicate I am immune and confirm that I will continue to adhere to appropriate infection prevention practices. My information will be shared with PHE & NHS Bodies.
- I declare that the information I have given on this form is correct and complete.

Sign: **Date:**