



DEPARTMENT OF VIROLOGY

Manchester Medical Microbiology Partnership

Postal Address

PO Box 209
Clinical Sciences Building
Manchester Royal Infirmary
Oxford Road
Manchester M13 9WL

HayesDX Address

Medical Microbiology Partnership
DX6962410
Manchester 90M

Call Centre Telephone Numbers

0161 276 8854/8788

Fax Numbers

0161 276 5744/8787

SPECIMEN ACCEPTANCE POLICY

Guidance for Pathology Laboratories, CsCDC and Local Authorities

Specimens must be correctly labelled and request forms adequately completed.

PLEASE FOLLOW THE RULES

Specimens **MUST** be labelled with the following:-

Surname

any two out of three of:-

Forename

Full date of Birth

NHS Number

Date of Collection of Specimen

Time and Date

Gender

Sender's Reference / Laboratory Number

Contact Number for Requester

Relevant Clinical Information

Post Code

ILOG Number (for outbreaks and studies)

Request forms **MUST** match the information on the sample

PLUS Address for the Report
Consultant, GP or CsCDC
Name of Requester
Tests Required

Request forms **SHOULD** have