UK Health Security Agency

UNIVERSITY OF OXFORD

RCGP RESEARCH & SURVEILLANCE CENTRE

Serological Surveillance 2022/23

Instructions for HCA/Phlebotomists

Please email **practiceenquiries@phc.ox.ac.uk** if you have any queries

1 Please give patients the information sheet provided and ask if they are happy to provide an additional blood sample. Only take the blood sample after they have read and understood the information and have **provided verbal consent.**

2 If you are able to print sticky labels they must containing the following details: Practice Name, Patient Name, NHS Number, DOB, Sex and Date of Collection.

3 Attach the first sticky label to the additional blood sample (ie red top vacutainer) and the second to this form. Without these details, the sample will be of no use.

4 If you do not have sticky labels then you must manually complete the below form and write the specified details on the tube. There is no box for the NHS Number on the tube so please add it in where you can.

5 Take an additional blood sample in the red top 10ml vacutainer (you may occasionally receive an 8.5ml yellow top vacutainer instead) provided. If you use a different blood collection system i.e. monovette containers, ensure diameter of blood bottle is <17mm.

6 Insert the filled blood tube (rubber stopper facing out) into the white plastic transport container with a **green lid.** Place the combined tubes and form into the cardboard box. (**1 patient sample per box**)

7 Place cardboard box into pre-labelled envelope. Make sure this is addressed to the Vaccine Evaluation Unit in Manchester.

8 Post it via **standard post. Please do not put this sample in with any other pathology samples as this will <u>not</u> be going to your local trust lab.**

9 Please code *'Save sample for serum serology'* (SNOMED CT ID: 509571000000108) in patient record (CMR)

ID '*Sample serology*' for practices which do not have the above description.

All fields must be completed below:

This patient consents to a serology sample being taken.

Practice name: _____

Attach sticky label (patient details) here

Please ensure you have included:

1. Patient Name: _____
2. NHS number:_____
3. DOB: _____   4. Collection date: _____   5:Sex: _____