



HSL Virology Guthrie CMV Form

Newborn Screening Dried Bloodspot

Bloodspot Sample Number:	
Specimen Collection Date:	
Name on Bloodspot Card:	
NHS Number:	
D.O.B:	
Mother's Name:	
Date Sample Sent to HSL:	

Copies of Report to Sender and Requesting Clinician

Sender (& Address):	
Requesting Clinician (& Address):	
Please Send Invoice To:	

Please send this form with Guthrie Card to:

**UCLH Virology Sample Reception
UCLH Rapid Response Laboratory
60 Whitfield Street
London
W1T 4EU**