

**Oral fluid request form for swab test for confirmation Measles, Mumps or Rubella**

**Please complete and return this form with the sample**.

Clinical Services Unit, 61 Colindale Avenue, London NW9 5HT

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| --- | --- | --- | --- |
| **GP surgery information** | | | |
| Surgery name and full address including postcode | | | Health Protection Team:  Click or tap here to enter text.  CIMS identifier:  Click or tap here to enter text. |
| **Patient information** | | | |
| Surname: Click or tap here to enter text.  Forename: Click or tap here to enter text.  Date of birth: Enter as dd/mm/yyyy  Age: Click or tap here to enter text.  NHS number: Enter as nnn nnn nnnn  Sex: Choose an item. | | Patient/guardian/parent address including postcode: | |
| **Patient / parent please complete sections below:** | | | |
| **Sample information:** | Date sample taken (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ | | |
| **Clinical information:** | | | |
| Date of onset (date of rash onset if measles/rubella): Enter date as dd/mm/yyyy \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  Is the patient pregnant Yes ☐ No ☐  If yes, the number of weeks | | | |
| Vaccination history  MMR 1 Yes ☐ No ☐ Date:  MMR 2 Yes ☐ No ☐ Date:  Other measles/rubella containing vaccine(please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Kit Supplier Reference Use Only – Click or tap here to enter text. Click or tap here to enter text. | | | |

# 

00 Month 20XX CIMS Ref:

Dear XXX,

UKHSA Health Protection Team

First address line Second address line

Postcode

[www.gov.uk/ukhsa](http://www.gov.uk/ukhsa)

# Re: Oral Fluid kit for confirmation of measles, mumps or rubella

Your doctor thinks you/your child might have either measles, mumps or rubella.

We send a simple swab test kit to everyone who might have measles/mumps/rubella to check if there’s been an infection. It doesn’t hurt and is easy for both adults and children. It can be done even if you/your child are/is now better.

We have enclosed a special kit with instructions which are easy to follow. Once you have taken the sample using the instructions provided, this can then be posted to the laboratory using the pre-paid addressed bag. **Please complete the laboratory request form and return with the sample.** Follow the instructions in the kit or watch the video at <https://qrco.de/MeaslesOFK>or via the QR code below.

The results help us know how many people in England get these infections and to plan future prevention programmes.

Please complete this test even if a test confirming measles/mumps/rubella has already been done by your local hospital or doctor.

Your result will go to your health protection team and doctor within a few weeks. Most people are fine sending us samples, but it’s okay if you don’t want to – your doctor will still take good care of you.

Two doses of the MMR (measles, mumps and rubella) vaccine provide long lasting protection against these infections. Contact your GP if you are unsure if you and your family are protected.

For more information on measles, mumps or rubella visit the NHS website: <https://www.nhs.uk/conditions/>

Kind Regards

Health Protection Team

