



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 (<i>& Address</i>):	
Requesting Clinician (<i>& Address</i>):	
Please Send Invoice To:	

Please send this form with Guthrie Card to:

RRL - Specimen Reception (VIROLOGY Section)
1st Floor, HSL Laboratories
Royal Free Hospital
Pond Street, Hampstead
London, NW3 2QG