

INFECTIOUS MONONUCLEOSIS

Survey Number

Participant Reference Number

Receipt date (dd/mm/yy):

Analysis date (dd/mm/yy):

Your method/kit:

Specimen Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Specimen Quality (please tick)	Satisfactory <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Satisfactory <input type="checkbox"/>
	Unsatisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>

Results	Positive <input type="checkbox"/>	Positive <input type="checkbox"/>	Positive <input type="checkbox"/>
	Negative <input type="checkbox"/>	Negative <input type="checkbox"/>	Negative <input type="checkbox"/>

Comment:

Completed by:

Name:
Position:

Date:

Return via email: haem@ukneqas.org.uk