

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"/> |
|-----------------|----------------------|----------------------|----------------------|

| | | | |
|-----------------------------------|---|---|---|
| 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