CONFIDENTIAL DOCUMENT
INFORMATION RELATED TO THE PATIENT'S MEDICAL CONDITION

eurofins | Biomnis

Clinical Information Form for Serological Expertise (CMV, rubella)

INTERNATIONAL DIVISION

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REFERRING LABORATORY

Name: .....
Address: .....
Country: .....
Telephone: |__|__|__|__|__|__|__|__|__|__|
Fax: |__|__|__|__|__|__|__|__|__|__|

PATIENT DETAILS

First name(s): .....
Surname: .....
Date of birth: |__|__| |__|__| |__|__|__|__|

BIOLOGICAL INFORMATION AVAILABLE

Sample date(s): |__|__| |__|__| |__|__|__|__|
Sample type(s): ☐ serum ☐ plasma ☐ other: .....
Number of samples referred: .....

CLINICAL INFORMATION

Last menstrual period: |__|__| |__|__| |__|__|__|__|
Conception date: |__|__| |__|__| |__|__|__|__|

Rubella vaccination: ☐ NO ☐ YES (date : |__|__| |__|__| |__|__|__|__|) ☐ Unknown

Clinical symptoms

☐ Adenopathies ☐ Fever ☐ Asthenia ☐ Cutaneous eruption
Others: .....
Previous patient history: ☐ YES ☐ NO
If yes, please attach a copy of the medical report.

SAMPLE RECEPTION

Transport temperature: ☐ Frozen ☐ +4 °C ☐ Ambient temperature
Conform sample: ☐ YES ☐ NO