



# د خولې سواب خنګه را واخلو

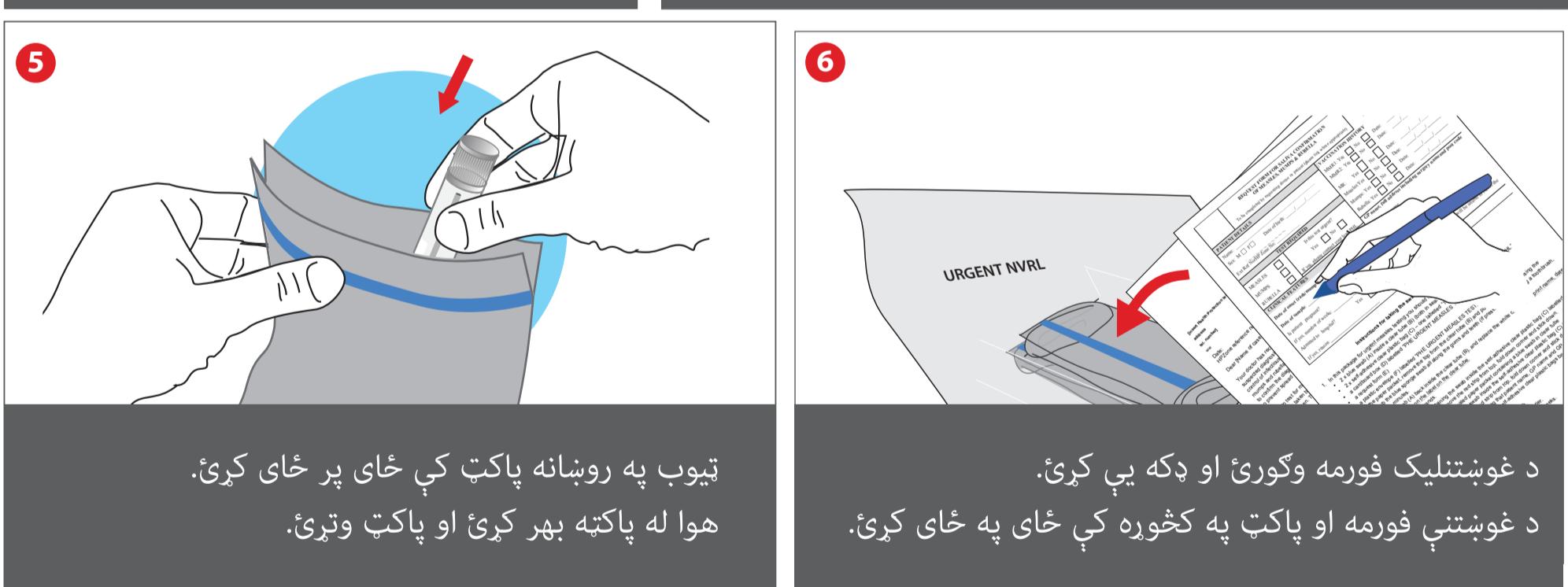
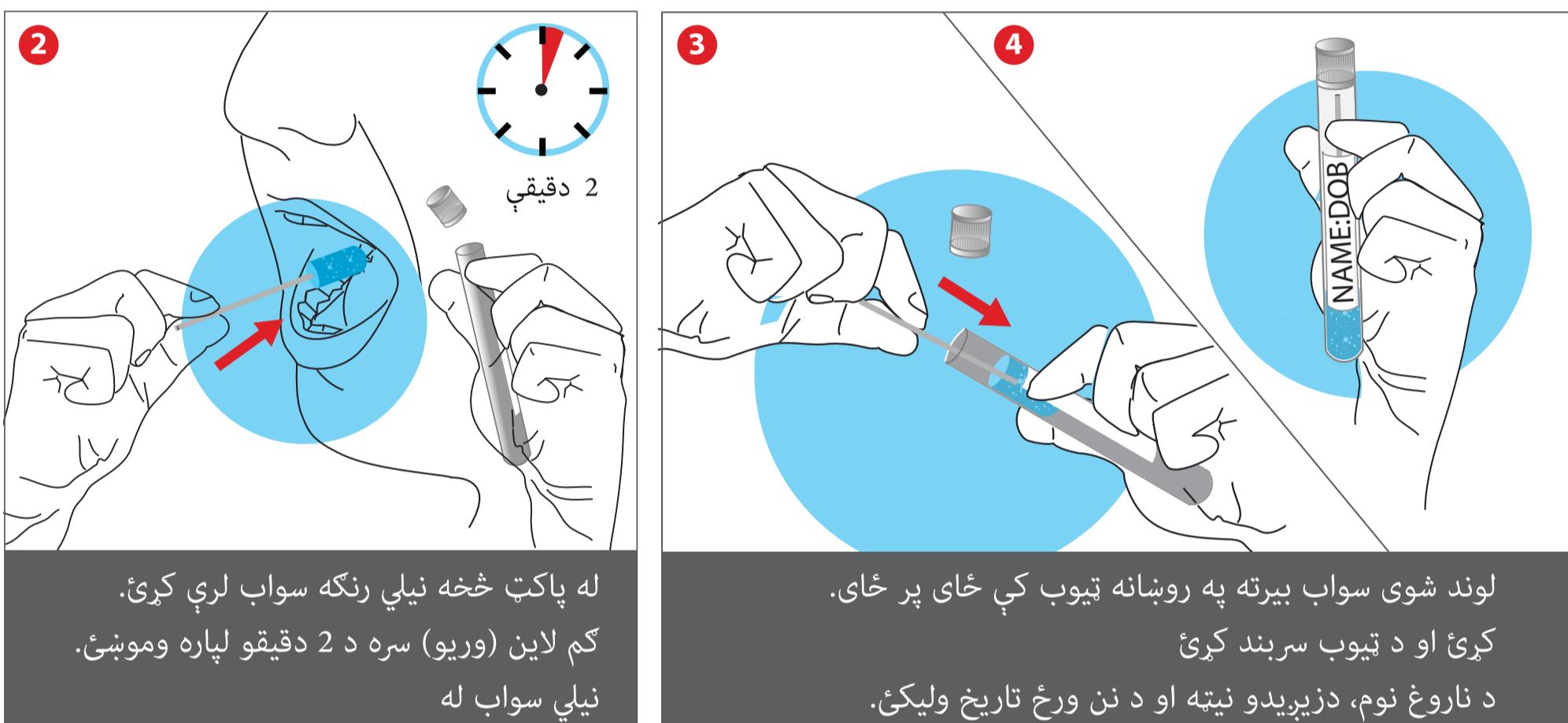
**1**

1 شين سواب په روپانه نیوب کې  
1 روپانه پلاستنيکي کخوره

د غوبنتليک فورمه  
پوليتنين پاکت د  
URGENT NVRL  
لبل سره

REQUEST FORM FOR SALIVA CONFIRMATION OF MEASLES, MUMPS & RUBELLA  
To be completed by requesting doctor or patient (please tick where appropriate)  
PATIENT DETAILS  
Name: Surname: M. F. Date of birth: \_\_\_\_\_  
NHS No.: \_\_\_\_\_  
Fax No.: \_\_\_\_\_  
Date: \_\_\_\_\_  
HPZone reference no.: \_\_\_\_\_  
Dear [Name of case]  
Your doctor has requested diagnosis control of infectious mumps and rubella to the public health team to prevent spread.  
Dear [Name of case]  
As your doctor has requested diagnosis control of infectious mumps and rubella to the public health team to prevent spread.  
We can test for mumps infection in saliva samples taken from one to two young children. The sample is taken by a healthcare professional using a special brush. The sample will be sent to the laboratory for testing.  
The kit you have been given contains a clear tube (A) and a white cap (B). Please follow the instructions below:  
1. Instruct the child to open their mouth wide and say 'ah'.  
2. Place the wet swab (A) back inside the clear tube (B), and replace the white cap. Please print name, date of birth, today's date on the label on the clear tube, and replace the white cap. Please print name, date of birth, today's date on the label on the clear tube, and replace the white cap.  
3. Place the wet swab (A) back inside the clear tube (B), and replace the white cap. Please print name, date of birth, today's date on the label on the clear tube, and replace the white cap.  
4. Replace the white cap.  
5. Place the labelled tube containing the sample in the envelope provided.

فهرست



Measles Swab Infogram – PASHTO

HSE Public Health, Area C: January 2023

With permission of UKHSA (MW199 – Instructions for taking Oral Fluid – MMR flatbox)

PHResourceREF027\_MeaslesSwabInfogram

EN\_PASHTO