


<b>South Tees Hospitals</b>  NHS Foundation Trust	File name: S_DV_FORM0061 (Relates to S_DV_SOP0016)	Revision: 4
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South Tees Pathology Service	Approved by: Sandra Gittins & Elaine Watson	Page 1 of 1

**Sudden Unexpected Death in Infancy (SUDI) Protocol**  
**Microbiology/Virology**

*for completion in clinical area for transit to Laboratory*

Name (ICE label / addressograph may be used on this form)	DOB	Hospital / NHS number	Date & time of samples
Name of Doctor taking samples (please print)			

**Label all samples with surname, forename & DOB and complete shaded boxes**

Specimen type	Container / site of sample	Test <small>Actual tests performed will be dependent on the presentation and wishes of investigating Pathologist and / or Coroner. All samples will be stored appropriately pending their decisions</small>	Please tick and initial box to indicate sample obtained
Urine (SPA)	Paediatric boric - half full	Microscopy, C&S	
Swab	Nasopharyngeal swab	Culture (Blue-topped swab)	
Swab	Nasopharyngeal swab	Virology (Green-topped swab)	
CSF	Plain universal	Bacteriology and virology	
Blood	Paediatric blood culture bottle	Culture	
Any other samples/swabs taken		Detail below	

Tamper-proof bag sealed by			
Name (please print)	Designation	Date	Time
Pathology received by			

Once this form is completed, please place in the bag provided and fix to the tamper-proof bag, transport to Pathology and hand over to a member of staff (please do NOT leave in Pathology Reception).