



Oxford University Hospitals
NHS Foundation Trust

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04/04/2025

Dear Colleagues,

Oxford Immunology Service following transition to WinPATH Enterprise (WPE)

Following on from our earlier announcement regarding our increased operational pressure, I am sorry to have to make this additional notice.

Due to this transition, from 1st May 2025, we will no longer be able to accept manual request cards from external referral centres that are not in the attached format, or similar.

We will no longer be able to accept manually redacted requests cards, or request cards that contain multiple patients per sheet. Please see the enclosed request card we have created to be used which can also be accessed on our website at <https://www.ouh.nhs.uk/immunology/diagnostic-tests/neuroimmunology.aspx>
Link to request card - <https://www.ouh.nhs.uk/immunology/diagnostic-tests/documents/neuroimmunology-request-card.docx>

Each request card must contain the following information, clearly laid out:

- Surname
- Forename
- Date of Birth
- Sex
- NHS Number (preferably)
- MRN
- Date sample taken
- Sample type
- Clear identification of where referral has been sent from
- Clear identification of what tests are required to be performed by Oxford Immunology

To assist with invoicing it would be valuable to include your purchase order number for these tests following the 'No PO, No Pay' guidance being sent from NHS procurement departments.

Any samples received after this date not with a form in the correct format will no longer be processed in a timely manner, as we will prioritise our NPEX users and requests made in a clear format.

Yours faithfully





James Hoy
Laboratory Manager – Immunology



Dr Ross Sadler
Clinical Lead and Consultant Clinical Scientist – Immunology

Enclosed – Oxford Neuromimmunolgy request card (overleaf)



 Autoimmune Neurology Group – University of Oxford		 Oxford University Hospitals <small>NHS Foundation Trust</small>	
Immunology / Neuroimmunology Request Card			
Surname (Family Name):		Clinical Details	
Forename (First Names):			
Date of Birth (DD-MM-YYYY):			
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Patient ID/NHS Number:			
Date Sample Taken:			
Sample Type:	<input type="checkbox"/> Serum <input type="checkbox"/> Plasma <input type="checkbox"/> CSF		
Requesting Clinician			
Your Laboratory Reference			
Address for Report (inc. email and tel. number)	Address for Invoice (inc. email)	Investigation Required	
Immunology Laboratory, Churchill Hospital, Churchill Drive, Headington, Oxford, OX3 7LE. Tel +44 (0)1865 225995 General Enquiries: Immunologylab.enquiries@ouh.nhs.uk Immunology clinical enquiries: Laboratoryimmunology.advice@ouh.nhs.uk Neuroimmunology clinical enquiries: adam.handel@ouh.nhs.uk Please do not email completed forms, post to the address above with sample.			