# VIROLOGY REQUEST FORM

AFFIX PRINTED LABEL

CHI Number *

DOB *

Surname *

Sex * M F

☐ PRIVATE
☐ NHS

Forename *

Postcode

* Denotes Mandatory Data Set

Please state postcode if CHI unavailable

SENDER / REPORTING DETAILS / GP PRACTICE LABEL

**Return report to:**

GP / Hospital .....

Dept / Ward .....

GP / Consultant ..... Name  Consultant Code

Requestor ..... Bleep/Tel .....

## SPECIMEN DETAILS

Date collected ..... / ..... / .....

☐ **Swab in VTM**
Nose / Throat / Eye / Genital

Other: .....

☐ **Blood** (Clotted)
☐ **Blood** (EDTA)
☐ **Faeces** (Virology only)
☐ **Other** (Please specify)

.....

☐ **Chlamydia / Gonorrhoea DNA**
- ○ 1st void urine
- ○ Endocervical swab
- ○ Self taken vaginal swab (SOLVS)
- ○ Other swab (Please specify)

.....

Previous sample Lab No.: .....

## INVESTIGATIONS REQUIRED

☐ Acute hepatitis
☐ Lymphadenopathy / **Glandular fever (EBV / CMV / Toxo)**
☐ VZV (past infection)
☐ Helicobacter pylori

☐ Other: .....

☐ Chronic Hepatitis (HBV & HCV)
☐ Blood Borne Viruses (BBV)
- ○ **HIV, HBV & HCV status**
- ○ **HBV status (HBsAg & HBcAb)**
- ○ **HCV status (HCV Ab)**
- ○ **HIV status (HIV Ag-Ab)**
- ○ **BBV Confirmation (please circle) HIV / HBV / HCV**

Immunisation check - HBV ☐ Pre vaccine - **HBcAb** ☐ Post vaccine - **Anti HBs** Date of last dose: ..... / ..... / .....

Additional Information ○ **Heterosexual** ○ **MSM** ○ **IVDU** ○ **Other:** (specify)

CLINICAL DETAILS / SYMPTOMS Date of Contact / Onset of Illness ..... / ..... / .....

☐ Fever ☐ URTI ☐ LRTI ☐ Diarrhoea ☐ Conjunctivitis Rash: ☐ Vesicular ☐ Non-vesicular
☐ Pregnant: gestation ..... / 40 ☐ Immunosuppressed ☐ Occupational risk
☐ Travel abroad: Return date ..... / ..... / ..... Destination(s) .....
☐ Vaccination: YF / Chickenpox / Other .....
☐ Other (Please specify)

## LAB USE ONLY


# VIROLOGY REQUEST FORM

AFFIX PRINTED LABEL

CHI Number *

DOB *

Surname *

Sex * M F

☐ PRIVATE
☐ NHS

Forename *

Postcode

* Denotes Mandatory Data Set

Please state postcode if CHI unavailable

SENDER / REPORTING DETAILS / GP PRACTICE LABEL

**Return report to:**

GP / Hospital .....

Dept / Ward .....

GP / Consultant ..... Name  Consultant Code

Requestor ..... Bleep/Tel .....

## SPECIMEN DETAILS

Date collected ..... / ..... / .....

☐ **Swab in VTM**
Nose / Throat / Eye / Genital

Other: .....

☐ **Blood** (Clotted)
☐ **Blood** (EDTA)
☐ **Faeces** (Virology only)
☐ **Other** (Please specify)

.....

☐ **Chlamydia / Gonorrhoea DNA**
- ○ 1st void urine
- ○ Endocervical swab
- ○ Self taken vaginal swab (SOLVS)
- ○ Other swab (Please specify)

.....

Previous sample Lab No.: .....

## INVESTIGATIONS REQUIRED

☐ Acute hepatitis
☐ Lymphadenopathy / **Glandular fever (EBV / CMV / Toxo)**
☐ VZV (past infection)
☐ Helicobacter pylori

☐ Other: .....

☐ Chronic Hepatitis (HBV & HCV)
☐ Blood Borne Viruses (BBV)
- ○ **HIV, HBV & HCV status**
- ○ **HBV status (HBsAg & HBcAb)**
- ○ **HCV status (HCV Ab)**
- ○ **HIV status (HIV Ag-Ab)**
- ○ **BBV Confirmation (please circle) HIV / HBV / HCV**

Immunisation check - HBV ☐ Pre vaccine - **HBcAb** ☐ Post vaccine - **Anti HBs** Date of last dose: ..... / ..... / .....

Additional Information ○ **Heterosexual** ○ **MSM** ○ **IVDU** ○ **Other:** (specify)

CLINICAL DETAILS / SYMPTOMS Date of Contact / Onset of Illness ..... / ..... / .....

☐ Fever ☐ URTI ☐ LRTI ☐ Diarrhoea ☐ Conjunctivitis Rash: ☐ Vesicular ☐ Non-vesicular
☐ Pregnant: gestation ..... / 40 ☐ Immunosuppressed ☐ Occupational risk
☐ Travel abroad: Return date ..... / ..... / ..... Destination(s) .....
☐ Vaccination: YF / Chickenpox / Other .....
☐ Other (Please specify)

## LAB USE ONLY