## Guidance for the Manual Completion of NVRL Request forms.

Sample form used is the Blood Borne Virus Request Form LF-UM-001m, however the guidelines are relevant to all NVRL request forms

BLOOD BORNE VIRUS INVESTIGATION REQUEST FORM  PATIENT DETAILS  Forename: DOB: William	B B B B B B B B B B B B B B B B B B B	National Virus Reference L University College Dublin Belfield, Dublin 4	aboratory	Tel General Web: nvrl. Email: nvrl(		
Forename:  Surname:  Sex:  PM	BLO	OD BORNE VIRU	S INVESTIC	SATION RE	QUEST FORM	
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Sex : F M  Address:  SPECIMEN DETAILS  Specimen Sex um Plasma Type(s): Other:  Collection Details  Sample collected by  Signature  Signature  Signature  INVESTIGATION REQUIRED (For sample collection requirements places refer to the "14 User Manual (ror/Lucdie))  Boother of oneste	Forename:			OB: D D	M M Y Y Y	
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Collection requirements please refer to the QL User Manual (nvrl.vcd.ie)  Dete of crosset of symptoms:  Most likely revise of infection:  Most with bore sex with men			!	Signature		
Men who have sex wifn men	Clinical details aid t	the selection of an optimal testing strategy.	у у	RL User Manua	nents please refer to the	
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Mother - 10 - child		_			_	
When did exposure occur    Date		_	- 1		_	
Other  Clinical Details  Asymptomatic   Symptomatic   Hepatitis C RNA   Hepatitis C Genotype   Hepatitis B DNA   Other (please specify)    Details  HBV vaccination details  Full course   Booster   Other relevant information including details of treatment where appropriate:  DOCTOR / SURGERY DETAILS/REQUESTING HOSPITAL DETAILS  Name:   Surgery Address / Hospital Address/Stamp  Signature:   IMC No:   Date:   D. M. M. Y.	Occupational expos	ure	Oth	er (please specify)		
Clinical Details  Asymptomatic   Symptomatic   Hepatitis C Genotype    Hepatitis B DNA	When did exposure	occur Date			<b>^</b>	
Asymptomatic   Symptomatic   Hepatitis B DNA	Other		Нер	atitis C RNA	1	
Details  HBV voccination details  Full course Booster  Other relevant information including details of treatment where appropriate:  DOCTOR / SURGERY DETAILS/REQUESTING HOSPITAL DETAILS  Name:  Signature:  IMC No:  Date:  Date:  Date:  Souther (please specify)  Chher (please specify)  Souther (please specify)  Souther (please specify)  Surgery Address / Hospital Address/Stamp	Clinical Details		Нер	atitis C Genotype		
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HBV vaccination details  Full course			Oth	er (please specify)		
Number of months after final dose (please specify): Other relevant information including details of treatment where appropriate:  DOCTOR / SURGERY DETAILS/REQUESTING HOSPITAL DETAILS  Name: Signature: IMC No: Date: D	Details					
Other relevant information including details of treatment where appropriate:  DOCTOR / SURGERY DETAILS/REQUESTING HOSPITAL DETAILS  Name:  Surgery Address / Hospital Address/Stamp  Signature:  IMC No:  Date:  Date:			1			
Name:  Surgery Address / Hospital Address/Stamp  Signature:  IMC No:  Date:  Date:	Other relevant information including details of treatment where appropriate:					
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Date: D D M M Y Y Y Y				,		
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N.B. Please note that the sample will not be processed without address	Date:	D D M M Y Y	Y Y			
Tel: of surgery or hospital	Tel:		N.			

Please see below the **essential guide** to completion of NVRL
request forms

When there is no label available to affix to the request form it is essential that each section is completed in full, in clear BLOCK CAPITAL LETTERS.

Patient Address is CRITICAL – please include it!

Patient Details: Please complete all fields in this section in Block Capitals: the patient's FIRST name, SURNAME and DATE of BIRTH and Hospital Lab number (if available) must be included on this form and the accompanying samples. Hospital Number/MRN is CRITICAL

Specimen Details: Indicate the sample type by circling as appropriate. Clearly record date and time of sampling. If different sample types are being sent, it is requested that separate forms are completed.

Collection details: Please record the collector's name, and signature

Clinical details: Please complete this section as fully as possible.

Investigation required: Please tick all relevant tests.

- Note the importance of including a plasma sample for Molecular testing.
- Including the IMC number of the DR requesting the test is mandatory; Doctor/Surgery/Requesting Hospital details: Include the name and signature of the requesting doctor.

  Also, the address of the requesting surgery/hospital address is vital to ensure that the patient is properly recorded in the Lab Information System and the report reaches the correct GP/Hospital.