


## 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


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**BLOOD BORNE VIRUS INVESTIGATION REQUEST FORM**



**PATIENT DETAILS**

Forename:   DOB:

Surname:  Sex:   Hospital Number:

Address:  Hospital Lab Number:

**SPECIMEN DETAILS**

Specimen Type(s):     Specimen Date & Time of collection:              

**Collection Details**

Sample collected by:  Signature:

**CLINICAL DETAILS**

Clinical details aid the selection of an optimal testing strategy.

Date of onset of symptoms:

Most likely route of infection:

Men who have sex with men

Injecting drug use

heterosexual

Mother - to - child

Occupational exposure  Type

When did exposure occur Date

Other

Clinical Details

Asymptomatic  Symptomatic

Details

HBV vaccination details

Full course  Booster

Number of months after final dose (please specify):

Other relevant information including details of treatment where appropriate:

**INVESTIGATION REQUIRED (For sample collection requirements please refer to the NVRL User Manual ([nvrl.ucd.ie](http://nvrl.ucd.ie)))**

**Blood Borne Virus Serology**

HIV

HBsAg

anti-HBcore


anti-HBc

Hepatitis C

Other (please specify)

**Investigations required Blood Borne Virus Molecular: PLASMA required**

HIV 1 RNA

Hepatitis C RNA  

Hepatitis C Genotype


Hepatitis B DNA

Other (please specify)

**DOCTOR / SURGERY DETAILS/REQUESTING HOSPITAL DETAILS**

Name:  Surgery Address / Hospital Address/Stamp:

Signature:

IMC No:  


Date:


Tel:


N.B. Please note that the sample will not be processed without address of surgery or hospital

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.


 **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