



## BLOOD BORNE VIRUS INVESTIGATION REQUEST FORM

### PATIENT DETAILS

Forename:  DOB: 

D	D	M	M	Y	Y	Y	Y
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Surname:  Sex: 

F	M
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 Hospital Number (Mandatory if available)

Address:  Hospital Lab Number (Mandatory if available)

### SPECIMEN DETAILS

Specimen Type(s): 

Serum	Plasma
Other: <input style="width: 100%;" type="text"/>	

 Specimen Date & Time of collection: 

D	D	M	M	Y	Y	Y	Y
H	H	M	M				

### Collection Details

Sample collected by:  Signature:

### CLINICAL DETAILS

Clinical details aid the selection of an optimal testing strategy.

Date of onset of symptoms: 

D	D	M	M	Y	Y	Y	Y
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**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-HBs .....

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)

**Other Investigations**

HIV Tropism .....

HIV Resistance .....

### DOCTOR / SURGERY DETAILS/REQUESTING HOSPITAL DETAILS

Name:

Signature:

IMC No: 

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Date: 

D	D	M	M	Y	Y	Y	Y
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Tel:

#### Surgery Address / Hospital Address/Stamp

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