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Author/Reviewer	C McCaughey	Authoriser	SA Feeney
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IBD Patient Pre-Biologic Screen			

Send to: REGIONAL VIRUS LABORATORY, Kelvin Building, Royal Group of Hospitals Trust, Grosvenor Road, Belfast BT12 6BA. Direct Tel 028 96 155645 (9am-5pm Mon-Fri)

AFFIX LABEL OR ENTER DETAILS LEGIBLY

Male/Female	Surname	Forename	D.O.B.
Patients Address		H&C Number	NHS <input type="checkbox"/> Private <input type="checkbox"/>
		Hospital	Consultant /GP
Postcode		Ward / Clinic	
<p>HCV and Hepatitis B serology (HBsAg and Anti-HBc)..... <input type="checkbox"/> {BBCR}</p> <p><i>Patients screening positive for HBcAg may require HBV DNA monitoring while on treatment</i></p> <p>HIV screen..... <input type="checkbox"/> {BHIV}</p> <p>VZV IgG <input type="checkbox"/> {BVZG}</p> <p><i>If VZV IgG negative - consider VZV vaccination if not on immunosuppressive treatment (Ch 6 Green Book)</i></p> <p>CMV IgG <input type="checkbox"/> {BCMS}</p> <p>EBV IgG <input type="checkbox"/> {BEBI}</p> <p>Other tests (please specify).....</p>			
Specimen type(s) Clotted blood		Specimen Date & Time	Lab use
Signature			

- Transport specimens to laboratory in sealed specimen bags. Ensure specimen container lids are well secured to prevent leakage in transit.
- For clinical virology advice contact Duty Virologist E-mail blt.dutyvirologist@belfasttrust.hscni.net Mobile 07889086946