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Effective Date	09/07/2020	Document Type	Laboratory Form
<b>Virology Request – Occupational Health Screening</b>			

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.
Patient Address			H&C Number
Occupational Unit Address			Consultant
<p><b>Occupational Health Screening:</b> - Use this form for occupational health virology tests. It is available on the RVL-Belfast.hscni.net website and should only be altered by discussion with virology. For needle stick etc. incidents do not use this form.</p> <p><b>Anti-HBsAg</b> ..... <input type="checkbox"/> {BHBA} (UK DH advice: do anti-HBsAg testing 1-4 months after complete vaccine course, NOT boosters.) (UK DH advice: known responders to vaccine never need retested) (UK DH Guidance on mIU interpretation: &lt;10 =revaccinate, 10-100=booster, &gt;100=consider immune) (UK DH advice: known NON-RESPONDER please request HBV markers of current or past infection in 'Other tests' below)</p> <p><b>VZV IgG</b> ..... <input type="checkbox"/> {BVZG} *History of Chickenpox Yes <input type="checkbox"/> No <input type="checkbox"/> (UK DH advice: only test HCW with <u>no</u> history of chickenpox; a <u>definite</u> history of chickenpox is more reliable than antibody testing and should be accepted as evidence of immunity. Testing after vaccination is specifically not recommended)</p> <p><b>HBsAg (without core IgG)</b>..... <input type="checkbox"/> {BHBN}</p> <p><b>Rubella IgG</b> ..... <input type="checkbox"/> {BRBI}</p> <p><b>Measles IgG</b>..... <input type="checkbox"/> {BMVG}</p> <p><b>HIV</b>..... <input type="checkbox"/> {BHIV}</p> <p><b>HCV</b>..... <input type="checkbox"/> {BHCR}</p> <p>If this is an identity validated sample (IVS) &amp; you want this recorded on the laboratory report <input type="checkbox"/> {BIVS}</p> <p><b>Other tests</b> - Please specify: ..... *Must be checked if Varicella immunity is requested – immunocompetent persons with a history of chickenpox will not t IgG.</p>			
Specimen type(s): <b>Clotted blood</b> <input type="checkbox"/>		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 [bl.dutyvirologist@belfasttrust.hscni.net](mailto:bl.dutyvirologist@belfasttrust.hscni.net) Mobile 07889086946