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<b>Virology Request – Occupational Health NSI</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**

<b>Male/Female</b>	<b>Surname</b>	<b>Forename</b>	<b>D.O.B.</b>
<b>Address</b>		<b>Hospital No.</b>	<b>NHS</b> <input type="checkbox"/> <b>Cat 2</b> <input type="checkbox"/> <b>Private</b> <input type="checkbox"/>
		<b>Hospital</b>	<b>Consultant /GP</b>
<b>Telephone Number:</b>		<b>Ward / Clinic / GP Cypher</b> <b>Occupational Health Department</b>	
<b>Occupational Health – exposure incident :</b> <b>Recipient</b> <input type="checkbox"/> <b>Anti-HbsAg</b> <input type="checkbox"/> {BHBA} <b>Store</b> <input type="checkbox"/> {B2Y}  <b>Recipient follow-up: 6 weeks</b> <input type="checkbox"/> <b>3 month</b> <input type="checkbox"/> <b>other</b> <input type="checkbox"/> <b>Anti-HbsAg</b> <input type="checkbox"/> {BHBA} <b>HbsAg</b> <input type="checkbox"/> {BHBN} <b>HCV serology</b> <input type="checkbox"/> {BHCR} <b>HCV PCR (if HCV positive source)</b> <input type="checkbox"/> {BTHC} <b>HIV serology</b> <input type="checkbox"/> {BHIV} <b>Source patient</b> <input type="checkbox">  <b>HbsAg</b> <input type="checkbox">{BHBN} <b>HCV serology</b> <input type="checkbox"/>{BHCR} <b>HIV serology</b> <input type="checkbox"/>{BHIV} </input></input>			
<b>Other tests, please specify :</b> .....			
<i>Specimen type(s)</i>	<b>Specimen Date</b>	<b>Lab use</b>	
<b>Signature</b>		<b>Date</b>	

- 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