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Virology Request – Occupational Health NSI			

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.
Address		Hospital No.	NHS <input type="checkbox"/> Cat 2 <input type="checkbox"/> Private <input type="checkbox"/>
Telephone Number:		Hospital	Consultant /GP
		Ward / Clinic / GP Cypher Occupational Health Department	
Occupational Health – exposure incident : Recipient <input type="checkbox"/> Anti-HbsAg <input type="checkbox"/> {BHBA} Store <input type="checkbox"/> {B2Y} Recipient follow-up: 6 weeks <input type="checkbox"/> 3 month <input type="checkbox"/> other <input type="checkbox"/> Anti-HbsAg <input type="checkbox"/> {BHBA} HbsAg <input type="checkbox"/> {BHBN} HCV serology <input type="checkbox"/> {BHCR} HCV PCR (if HCV positive source) <input type="checkbox"/> {BTHC} HIV serology <input type="checkbox"/> {BHIV} Source patient <input type="checkbox"> HbsAg <input type="checkbox">{BHBN} HCV serology <input type="checkbox"/>{BHCR} HIV serology <input type="checkbox"/>{BHIV} If this is an identity validated sample (IVS) <input type="checkbox">{BIVS} Other tests, please specify : </input></input></input>			
Specimen type(s)	Specimen Date & time	Lab use	
Signature		Date	

- 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 Mobile 07889086946