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Effective Date	26/10/2023	Document Type	<b>Laboratory Form</b>
<b>Virology Request Form – Reproductive Health</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)

Female	Surname (initial)	Forename (initial)	D.O.B.
Or affix sticky label here:		Clinic Hospital no	
		<i>Clinic</i> BHSCT <input type="checkbox"/> SHSCT <input type="checkbox"/> SEHSCT <input type="checkbox"/> WHSCT <input type="checkbox"/>	
		Consultant	
<p>Tick <input checked="" type="checkbox"/> appropriate box(es):</p> <p>{BHIV} <input type="checkbox"/> HIV screening</p> <p>{BHIP} <input type="checkbox"/> HIV confirmatory test (2nd sample, prev positive)</p> <p>{BBCN} <input type="checkbox"/> HBV (HBsAg) and HCV (antibody) screening</p> <p>{BTPT} <input type="checkbox"/> Syphilis Screening</p> <p><b>NO ADDITIONAL REQUESTS SHOULD BE ADDED TO THIS FORM.</b> If additional requests are required please send a separate blood sample with accompanying Virology general request form.</p>			
<b>Specimen Type(s)</b> Clotted Blood <input type="checkbox"/>		<b>Spec Date &amp; Time</b>	<b>Lab Use</b>
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