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<b>RENAL DIALYSIS SCREENING REQUEST FORM</b>			

Send to: REGIONAL VIRUS LABORATORY, Kelvin Building, Royal Group of Hospitals Trust, Grosvenor Road, Belfast BT12 6BA. Direct Tel 028 96 151777 (9am-5pm Mon-Fri)

**AFFIX LABEL OR ENTER DETAILS LEGIBLY**

<b>Surname</b>		<b>Forename</b>		<b>DOB</b>	
<b>Address</b>				<b>Male/Female</b>	
				<b>H&amp;C</b>	
		<b>Hospital</b>		<b>Consultant /GP</b>	
<b>Postcode</b>		<b>Ward / Clinic</b>			
<b><u>Routine Haemodialysis BBV Screens:</u></b>					
<b><u>3-monthly check</u></b>		<b>HBV &amp; HCV</b>		<input type="checkbox"/> {BBCN}	
<b><u>annual check</u></b>		<b>HBV &amp; HCV &amp; HIV</b>		<input type="checkbox"/> {BBCN HIV}	
<b><u>New Haemodialysis or Pre-dialysis Patient:</u></b>		<input type="checkbox"/> {BBCN, HIV, HBST, HCVP}			
(HBV surface antigen & HCV PCR, HIV & Anti-HBs)					
<b><u>Going On-call for transplant:</u></b>		<input type="checkbox"/> {BDOS}			
(Serology for HIV, HBsAg, HBcAg IgG, HCV Antibody, CMV IgG status, EBV IgG status, VZV IgG)					
<b><u>Dialysis away from base (DAFB)</u></b>					
HBsAg, HCV Antibody and PCR		<input type="checkbox"/> {BBCN HCVP }			
HIV (if requested by overseas unit)		<input type="checkbox"/> {HIV}			
HBV core antibody and anti-HBS (if required by overseas unit)		<input type="checkbox"/> {BHBR HBST}			
<b><u>Following DAFB (low risk = UK, Europe US, Canada, Australia, New Zealand, Japan)</u></b>					
Return to routine haemodialysis BBV screens as above					
<b><u>Following DAFB – Low Risk countries with a positive Risk Assessment (RA), Intermediate risk or Rest of World</u></b>					
HBV, HCV, HIV (on return)		<input type="checkbox"/> {BBCN, HCVP, HIV}			
HBV, HCV, HIV (every 2 week for 12 weeks)		<input type="checkbox"/> {BBCN, HCVP, HIV}			
<b><u>Other Requests, including “Catch-Up” Requests</u></b>					
HBV: <input type="checkbox"/> {HBS}		HCV Ab: <input type="checkbox"/> {HCA}		Anti-HBs: <input type="checkbox"/> {HBST}	
HIV: <input type="checkbox"/> {HIV}		CMV IgG: <input type="checkbox"/> {CMVG}		HCV PCR: (if requested by overseas) <input type="checkbox"/> {HCVP}	
Varicella immunity for new patients <input type="checkbox"/> {VZG}					
<b>Specimen type:</b>		<b>Specimen date &amp; time</b>		<b>Lab use</b>	
Clotted blood					
<b>Signature</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 [blj.dutyvirologist@belfasttrust.hscni.net](mailto:blj.dutyvirologist@belfasttrust.hscni.net) Mobile 07889086946