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Author/Reviewer	S Feeney	Authoriser	K Li
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Pre-Biologic Screen			

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

Male/Female	Surname	Forename	D.O.B.
Patients Address		H&C Number	NHS <input type="checkbox"/> Private <input type="checkbox"/>
Postcode		Hospital	Consultant /GP
		Ward / Clinic	
<p>HCV and Hepatitis B serology (HBsAg and Anti-HBc <input type="checkbox"/> {BBCR}</p> <p>Patients screening positive for HBcAg may require HBV DNA monitoring while on treatment</p> <p>HIV screen..... <input type="checkbox"/> {HIV}</p> <p>VZV IgG <input type="checkbox"/> {VZG}</p> <p>If VZV IgG negative - consider VZV vaccination if not on immunosuppressive treatment</p> <p>(Green Book, JCVI)</p> <p>CMV IgG <input type="checkbox"/> {CMVG}</p> <p>EBV IgG <input type="checkbox"/> {EBVG}</p> <p>Other tests (please specify).....</p>			
Specimen type(s) Clotted blood		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 Mobile 07889086946