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Virology Request Form – GUM Clinic			

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 (initial)	Forename (initial)	D.O.B.
Or affix sticky label here:		GUM Hospital No	
		Clinic RVH <input type="checkbox"/> Downe <input type="checkbox"/> Causeway <input type="checkbox"/> Altnagelvin <input type="checkbox"/> Newry <input type="checkbox"/> Lisburn <input type="checkbox"/> Other (Specify: _____)	
		Consultant	
Clinical indication / information:			
Tick <input checked="" type="checkbox"/> appropriate box(es): {HIV} <input type="checkbox"/> HIV screening {HIV} <input type="checkbox"/> HIV confirmatory test (2nd sample, previous positive) {BBCN} <input type="checkbox"/> HBV (HBsAg) and HCV (antibody) screening {HBST} <input type="checkbox"/> Response to HBV vaccination (Anti-HBsAg) {SYPT} <input type="checkbox"/> Syphilis Screening {ST2} <input type="checkbox"/> Store sample for 2 years {HIVP} <input type="checkbox"/> HIV viral load (2 EDTA specimens) {AHV} <input type="checkbox"/> Herpes (swab) {TTP} <input type="checkbox"/> T. pallidum (swab) {ORTHP} <input type="checkbox"/> Monkeypox (swab) {CTGC} <input type="checkbox"/> C. trachomatis & N. gonorrhoeae (Endocervical/Vaginal/Rectal/Throat) {CTGC} <input type="checkbox"/> C. trachomatis & N. gonorrhoeae (Urine)			
Notes			
<ul style="list-style-type: none"> • Collect urine samples with a 'cobas PCR Urine Sample Kit'. • Collect endocervical, vaginal, rectal and throat swab samples with a 'cobas PCR Female Swab Sample Kit'. • Monkeypox should be requested only where patient meets case definition. Please ensure any high risk samples follow the HCID pathways; • For Monkeypox, collect 1 x Lesion/vesicle/ulcer swab in Cobas PCR media; Only 1 swab required for Monkeypox, HSV and syphilis (if all tests necessary). 			
NO ADDITIONAL REQUESTS SHOULD BE ADDED TO THIS FORM. If additional requests are required please send a separate blood sample with accompanying Virology general request form.			
Specimen Type(s)		Spec Date & Time	Lab Use
Clotted Blood <input type="checkbox"/>			
Other - Specify _____			
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