RENAL DIALYSIS SCREENING REQUEST FORM

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

Surname **Forename**	**DOB**
Address	**Male/Female**
	H&C
	Hospital / **HCP Code AND Consultant /GP**
Postcode	**Source Code/Ward / Clinic**

Routine Haemodialysis BBV Screens:

3-monthly check   **HBV & HCV**   ☐ {BBCN}

annual check   **HBV & HCV & HIV**   ☐ {BBCN HIV}

New Haemodialysis or Pre-dialysis Patient: ☐ {BBCN, HIV, HBST, HCVP}

(HBV surface antigen & HCV PCR, HIV & Anti-HBs)

Going On-call for transplant: ☐ {BDOS}

(Serology for HIV, HBsAg, HBcAg IgG, HCV Antibody, CMV IgG status, EBV IgG status, VZV IgG)

Dialysis away from base (DAFB)
HBsAg, HCV Antibody and PCR   ☐ {BBCN HCVP }
HIV (if requested by overseas unit)   ☐ {HIV}
HBV core antibody and anti-HBS (if required by overseas unit)   ☐ {BHBR HBST}

Following DAFB (low risk = UK, Europe US, Canada, Australia, New Zealand, Japan)
Return to routine haemodialysis BBV screens as above

Following DAFB – Low Risk countries with a positive Risk Assessment (RA), Intermediate risk or Rest of World
HBV, HCV, HIV (on return)   ☐ {BBCN, HCVP, HIV}
HBV, HCV, HIV (every 2 week for 12 weeks)   ☐ {BBCN, HCVP, HIV}

Other Requests, including "Catch-Up" Requests
HBV: ☐ {HBS}   **HCV Ab:** ☐ {HCA}   **Anti-HBs:** ☐ {HBST}   **HIV:** ☐ {HIV}   **CMV IgG:** ☐ {CMVG}
HCV PCR: (if requested by overseas) ☐ {HCVP} **Varicella immunity for new patients** ☐ {VZG}

Specimen type: 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 bll.dutyvirologist@belfasttrust.hscni.net Mobile 07889086946**