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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**

<b>Male/Female</b>	<b>Surname (initial)</b>	<b>Forename (initial)</b>	<b>D.O.B.</b>
<b>Or affix sticky label here:</b>		<b>GUM Hospital No</b>	
		<b>Clinic</b> 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: _____)	
		<b>HCP Code <u>AND</u> Consultant:</b>	
<b>Clinical indication / information:</b>		<b>Source Code:</b>	
<p><b>Tick <input checked="" type="checkbox"/> appropriate box(es):</b></p> <input type="checkbox"/> HIV screening {HIV} <input type="checkbox"/> HIV confirmatory test (2nd sample, previous positive) {HIV} <input type="checkbox"/> HBV (HBsAg) and HCV (antibody) screening {BBCN} <input type="checkbox"/> Response to HBV vaccination (Anti-HBsAg) {HBST}  <input type="checkbox"/> Syphilis Screening {SYPT} <input type="checkbox"/> Store sample for 2 years {ST2}  <input type="checkbox"/> HIV viral load (send x2 EDTA purple top bloods) {HIVP} <input type="checkbox"/> Hepatitis C viral load (EDTA purple top) {HCVP} <input type="checkbox"/> Hepatitis B viral load (EDTA purple top) {HBVP}			
<p><b>Herpes simplex virus PCR:</b> <input type="checkbox"/> Lesion swab (LES) <u>specify anatomical site</u> _____ {AHV}</p> <p><b>Treponema pallidum PCR:</b> <input type="checkbox"/> Lesion swab (LES) <u>specify anatomical site</u> _____ {TTP}</p> <p><b>Monkeypox PCR:</b> <input type="checkbox"/> Lesion swab (LES) <u>specify anatomical site</u> _____ <input type="checkbox"/> Throat Swab (TS) {ORTHP}</p> <p><b>Chlamydia/Gonorrhoea PCR:</b> <input type="checkbox"/> Endocervical (ECS) <input type="checkbox"/> Vaginal swab (VAS) <input type="checkbox"/> Rectal (RES) <input type="checkbox"/> Throat (TS) {CTGC}</p> <p align="center"><input type="checkbox"/> Urine (U) {CTGCU}</p> <ul style="list-style-type: none"> <li>• Collect urine samples with a 'cobas PCR Urine Sample Kit'.</li> <li>• Collect endocervical, vaginal, rectal and throat swab samples with a 'cobas PCR Female Swab Sample Kit'.</li> <li>• Monkeypox should be requested only where patient meets case definition. Please ensure any high risk samples follow the HCID pathways;</li> <li>• 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).</li> </ul>			
<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"/> Other - Specify _____		<b>Spec Date &amp; Time</b>	<b>Lab Use</b>
<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: [bl.dutyvirologist@belfasttrust.hscni.net](mailto:bl.dutyvirologist@belfasttrust.hscni.net) Mobile: 07889086946