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<b>Pre-Biologic Screen</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**

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