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Virology Request – Occupational Health NSI			

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	Forename	D.O.B.
Address		Hospital No.	NHS <input type="checkbox"/>
			Cat 2 <input type="checkbox"/>
Telephone Number:		Hospital _____	Private <input type="checkbox"/>
		Ward/Clinic/Source Code _____	
		Consultant AND HCP Code _____	
		Or GP cypher / practice / GP name _____	
		Or other source _____	
Ward / Clinic / GP Cypher			
Occupational Health Department			
Occupational Health – exposure incident :			
Recipient <input type="checkbox"/>			
Anti-HbsAg <input type="checkbox"/> {HBST} Store <input type="checkbox"/> {ST2}			
Recipient follow-up: 6 weeks <input type="checkbox"/> 3 month <input type="checkbox"/> other <input type="checkbox"/>			
Anti-HbsAg <input type="checkbox"/> {HBST} HbsAg <input type="checkbox"/> {HBS} HCV serology <input type="checkbox"/> {HCA}			
HCV PCR (if HCV positive source) <input type="checkbox"/> {HCVP}			
HIV serology <input type="checkbox"/> {HIV}			
Source patient <input type="checkbox"/>			
HbsAg, HCV serology, HIV serology <input type="checkbox"/> {NSID}			
Other tests, please specify:			
.....			
Please record in your own system if this is an identity validated sample.			
<i>Specimen type(s)</i>	Specimen Date & time	Lab use	
Signature	Date		

- 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