Revision Number	10.0	Document Number	M-1315
Author/Reviewer	C. Cox	Authoriser	A. Watt
Active Date	03/12/2024	Page Number	Page 1 of 1
Effective Date	03/12/2024	Document Type	**Laboratory Form**
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☐ Downe☐ Causeway☐ Altnagelvin☐ Newry☐ Lisburn ☐ Other (Specify:_____)
	HCP Code AND Consultant:

Clinical indication / information:	**Source Code:**

Tick √ appropriate box(es):

☐ HIV screening **{HIV}**
☐ HIV confirmatory test (2nd sample, previous positive**)** **{HIV}**
☐ HBV (HBsAg) and HCV (antibody) screening **{BBCN}**
☐ Response to HBV vaccination (Anti-HBsAg) **{HBST}**

☐ Syphilis Screening **{SYPT}**
☐ Store sample for 2 years **{ST2}**

☐ HIV viral load (send x2 EDTA purple top bloods) **{HIVP}**
☐ Hepatitis C viral load (EDTA purple top) **{HCVP}**
☐ Hepatitis B viral load (EDTA purple top) **{HBVP}**

Herpes simplex virus PCR: ☐ Lesion swab (LES) ***specify anatomical site*** _____ **{AHV}**

Treponema pallidum* PCR**: ☐ Lesion swab (LES) ***specify anatomical site _____ **{TTP}**

MPox PCR: ☐ Lesion swab (LES) ***specify anatomical site*** _____ ☐ Throat Swab (TS) **{ORTHP MONKP}**

Chlamydia/Gonorrhoea PCR: ☐ **Endocervical** (ECS) ☐ **Vaginal swab** (VAS) ☐ **Rectal** (RES) ☐ **Throat** (TS) **{CTGC}**

Is this a self-taken swab? ☐ Yes ☐ No

☐ **Urine** (U) **{CTGCU}**

- Collect urine samples with a 'Cobas PCR Urine Sample Kit'.
- Collect endocervical, vaginal, rectal and throat swab samples with a 'Cobas PCR Media Dual Swab Sample Kit'.
- **Mpox should be requested only where patient meets case definition. Please ensure any high risk samples (and clade I queries) follow the HCID pathways;**
- For Mpox, collect 1 x lesion/vesicle/ulcer swab in Cobas PCR media; Only 1 swab required for Mpox, HSV and syphilis (if all tests are required).

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 ☐ 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: bll.dutyvirologist@belfasttrust.hscni.net Mobile: 07889086946**