Manchester Medical Microk Central Manchester University NHS Foundation To and UK Health Security Agency		ILOG Number		VIROLOGY & SEROLOGY REQUEST DRIED BLOOD SPOT TESTING
Laboratory Number	Date Collected (dd/mm/yy)	Time Collected (hr/min)	KEEP WRITING WITHIN THE BOX LINES	
laboratory use only		Tests Required (FIVE FULL SPOTS of whole blood) FILL BOXES LIKE THIS X  1) Hepatitis C - Screen (RNA will be performed if anti-HCV reactive)		
			2) Hepatitis C - GENOTYPE	
			3) HIV - Screen	
			4) Hepatitis B - Screen (surface antiger	n and anti-core)
PATIENT INFORMATION:- Clinic Number (if applicable)			5) Syphilis - Screen	
			Clinical Features	
Last Name		Specify any relevant clinical details here		
First Name(s)				
Date of Birth (dd/mm/yyyy)	NHS Number			
			Reason for Testing  1) Abnormal LFTs	History of Exposure for Hepatitis Infection  1) Former IDU
Gender  Female Male Non-Binary			2) Risk Group	2) Current IDU
		3) Other	3) Blood Transfusion	
				4) Blood Product or Transplant Recipient
				5) Not Known
				6) Other Known Risk (specifiy)
Location			The State of	- was North and the state of th
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