

--	--	--	--	--	--	--

Laboratory Number

laboratory use only

Date Collected (dd/mm/yy)

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Time Collected (hr/min)

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PATIENT INFORMATION:-

Clinic Number (if applicable)

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Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name(s)

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Date of Birth (dd/mm/yyyy)

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NHS Number

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Gender

 Female Male Non-Binary

Location

KEEP WRITING WITHIN THE BOX LINES

FILL BOXES LIKE THIS

KEEP WRITING WITHIN THE BOX LINES

Tests Required (FIVE FULL SPOTS of whole blood) FILL BOXES LIKE THIS

- 1) Hepatitis C - Screen (RNA will be performed if anti-HCV reactive)
- 2) Hepatitis C - GENOTYPE
- 3) HIV - Screen
- 4) Hepatitis B - Screen (surface antigen and anti-core)
- 5) Syphilis - Screen

Clinical Features*Specify any relevant clinical details here..***Reason for Testing**

- 1) Abnormal LFTs
- 2) Risk Group
- 3) Other

History of Exposure for Hepatitis Infection

- 1) Former IDU
- 2) Current IDU
- 3) Blood Transfusion
- 4) Blood Product or Transplant Recipient
- 5) Not Known
- 6) Other Known Risk (specify)

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