

VIROLOGY & SEROLOGY REQUEST DRIED BLOOD SPOTTING

KEEP WRITING WITHIN THE BOX LINES

FILL BOXES LIKE THIS

FILL BOXES LIKE THIS

Clinical Features

- Asymptomatic
- Symptomatic

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

- Hepatitis B - surface Antigen
- Hepatitis B - core antibody
- Hepatitis C - Screen
- Hepatitis C - RNA/Genotyping
- HIV - Screen
- Syphilis - Screen

THESE ARE THE TESTS REQUIRED

Date Collected (dd/mm/yyyy)

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- Routine
- Urgent

Time Collected (hh:mm)

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- Routine
- Urgent

Sender's Referral Number

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ATTACH HEP C TRUST REFERENCE STICKER HERE
(THIS MUST BE THE SAME STICKER AS IN ON THE SCREENING QUESTIONNAIRE)

Surname

C	L	I	E	N	T	J	U	R	N	A	M	E
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Forename(s)

C	L	I	E	N	T	F	O	R	K	E	N	A	M	E
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Date of Birth (dd/mm/yyyy)

D	O	B
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NHS Number

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Gender

- Female
- Male

District Number

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Hospital / Reference Number

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- Private

Address

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Town

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Post Code

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Consultant / GP

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Ward / Department

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Location / Hospital

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Address

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APPLY ANTENNY STICKER HERE

PHARMACY ADDRESS



