



West of Scotland Specialist Virology Centre
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West of Scotland Specialist Virology Centre Dried Blood Spot Request Form

Patient Surname (or anonymous number)	
Patient Forename	
Patient CHI (or DoB)	___ / ___ / _____
Patient Gender	Male / Female

Referral Source	
Address of Referral Source (GP/Drug Treatment Service)	
Consultant/GP/Nurse Contact Tel for results	

Laboratory reference number and address (if laboratory referral)	
Requestors signature	
Date sample taken	___ / ___ / ___
Time sample taken	___ : ___

Test required (please tick appropriate)	HIV screen <input type="checkbox"/> Hepatitis B core antibody <input type="checkbox"/> HBsAg <input type="checkbox"/> HCV antibody <input type="checkbox"/> HCV PCR ONLY <input type="checkbox"/>
If there was insufficient sample previously for PCR please tick HCV PCR ONLY box	

Additional information (current PWID, ex-PWID, known HCV or HBV positive, HIV positive)	
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FOR LABORATORY USE ONLY			
Clinical Code		Clinical Code	
DBSss		HBCG	
HIVG		HBsAg	
HCVG		STORE 6m	
DBSPCR			
CODED BY (Laboratory staff number)			



Clinical Lead for Virology: Dr Rory Gunson
 Consultant Medical Virologist: Dr Eleri Wilson-Davies
 Technical Services Manager: Mr Stephen Hughes