**West of Scotland Specialist Virology Centre**



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**West of Scotland Specialist Virology Centre Request Form**

|  |  |
| --- | --- |
| **Patient Surname** |  |
| **Patient Forename** |  |
| **Patient CHI (or DoB)** | **\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ \_\_ \_\_** |
| **Patient Gender** | **Male / Female** |

|  |  |
| --- | --- |
| **Ward/Clinic/Laboratory** |  |
| **Hospital/GP practice/ Laboratory** |  |
| **Laboratory reference number and address**  **(if laboratory referral)** |  |
| **Consultant/GP** |  |
| **Contact Tel for results** |  |
| **Contact Email** |  |
| **Requestors signature** |  |
| **Date sample taken** | **\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_** |
| **Time sample taken** | **\_\_ \_\_ : \_\_ \_\_** |
| **Sample type** |  |
| **Test required (if known)** |  |
| **Suspected diagnosis** |  |
| **Clinical details**  Please include:  \*Presenting symptoms/signs  \*Travel history inc. dates  \*Known exposures *e.g*. rash, food, water inc. dates  \*If pregnant inc. gestation  \*Bites inc. insect, dates  \*Known risk factors inc. injecting drugs, sexual, maternal infection |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FOR LABORATORY USE ONLY | | | | | | | | | |
| Spec type |  | Coded by |  | Clinical code | | COE, B2015,MAD,GJOH,CATCH | | | |
| ANTss |  | HCVAG |  | ASO |  | HIVBSE |  | RS1 |  |
| HIVHEPss |  | HCVG |  | B19G |  | RESHIV |  | RS2 |  |
|  |  |  |  | B19M |  | HIVINT |  | PCREV |  |
| TXOCss |  | DBSss |  | CMVG |  | HIVR5 |  | PCRBAL |  |
| HIVG |  | PCRDBS |  | CMVA |  | RESHBV |  | PCREYE |  |
| HIVNDss |  | HEVG |  | CMVM |  | HCVGEN |  | PCRACE |  |
| HIVGV |  | HEVM |  | EBNA |  | HCVGS |  | PJIF |  |
| HIVCON |  | RUBG |  | EBVGA |  | HCVRES |  | MRASHss |  |
| HIVA |  | SYPH |  | EBVM |  | HCVPI |  | YMRASHss |  |
| HTLVA |  | ESSss |  | HSVG |  | H1H3 |  | PCRTX |  |
| HAVG |  | SYPHB |  | MEAG |  | SEQFLA |  | PCRACE |  |
| HAVM |  | SYPHM |  | MUG |  | SEQFLB |  | PCRB19 |  |
| HAVMV |  | TPPA |  | TOXOGA |  |  |  | PCRHV6 |  |
| HBSAG |  | RPR |  | VZVG |  | PCRSTD |  | PCRRUM |  |
| HBVCONss |  |  |  | HIVSss |  | PCRNOR |  | PCRMUM |  |
| HBSAGN |  | HELSER |  | BMTss |  | PCRGAS |  | PCRCSF |  |
| HBSAGQ |  | TBQFG |  |  |  | PCREYE |  | PCRJC |  |
| HBSAGV |  |  |  |  |  | PCRGCC |  | VRASHss |  |
| HBCG |  | PCRHIV |  | PCRMYC |  | PCRUPE |  | PCRHSV |  |
| HBCGV |  | PCRHAV |  | PCRASP |  |  |  | PCRGUM |  |
| HBCM |  | PCRHBV |  | PCRCF |  |  |  | PCRCT |  |
| HBVEAB |  | PCRHCW |  | PCRBKV |  | DISC |  |  |  |
| HBVEAG |  | PCRHCV |  |  |  | KEEP 2yr |  | STORE 6m |  |
| HBSAB |  | PCRHDV |  |  |  |  |  |  |  |
|  |  | PCRHEV |  | PCRRUB |  | PERPCR |  | **LS-F-047 v5** |  |



Clinical Lead for Virology: Dr Rory Gunson

Consultant Medical Virologist: Dr Eleri Wilson-Davies

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