**WoSSVC Lab No:**

(For internal laboratory use)

**REQUEST FORM: Hepatitis B DNA testing for HEALTHCARE WORKERS (HCW) involved in EXPOSURE PRONE PROCEDURES (EPP)**

**OH Contact EMAIL ADDRESS FOR RESULTS:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@nhs.net**

 **(only @nhs.net addresses accepted to email results)**

**OH Contact Name:**

**OH Contact Tel:**

**Patient Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient Forename \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Requesting physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**D.O.B. \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ Gender** Male/Female **ID / NHS / CHI No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please send a 9ml EDTA blood tube or at least a 1ml aliquot of plasma**

**Requesting Laboratory:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date sample collected \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Time sample collected \_\_\_\_\_\_\_\_\_\_ am/pm**

Name & address for Result and Invoice

All HCW HBV DNA testing can now be performed in a local UKAS or CPA accredited laboratory using a CE marked assay standardised to WHO international standard for HBV nucleic acid techniques and reported in IU/ml (See Integrated guidance on health clearance of HCWs and the management of HCWs infected with blood borne viruses HBV, HCV and HIV, October 2017)

**Please tick the appropriate box**

 **Laboratory does not have a CE marked HBV DNA assay (please fill out the treatment section)**

 **Laboratory does have a CE marked assay and the viral load of the initial sample fell between 200 IU/ml & 400 IU/ml. Please send the initial sample and a second sample (taken between ≥7 days to <28 days of the first sample)**

**Viral load of initial sample\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_IU/ml**

**HBV Treatment information (Please tick appropriate box)**

 **HCW is NOT on HBV treatment (NEW HCW). Two samples taken no less than 4 weeks apart (>28 days)**

 **HCW is NOT on treatment** **(with naturally suppressed viral load OR 12 months after stopping a course of antivirals therapy). One sample to be taken annually (no earlier than 50 and no later than 54 complete calendar weeks after date of preceding sample)**

**HCW is on treatment, initial clearance for EPP** **(Where the pretreatment HBV DNA level was between 200 and 20,000IU/ml and the HCW is now on continuous therapy). Two samples taken no less than 4 weeks apart (>28 days)**

**HCW on treatment, continuous antiviral therapy, monitor every 12 weeks. One sample taken no earlier than 10 and no later than 14 calendar weeks after date of preceding sample**

**HCW is resuming EPP procedures after a break, regardless of treatment status**. **Two samples taken no less than 4 weeks apart (>28 days)**

**SECTION 2: If this patient is on treatment please give details inc antiviral drug, duration, when the treatment was completed, as appropriate to your patient.**