



West of Scotland Specialist Virology Centre
 Level 5, New Lister Building
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 Website: www.nhsggc.org.uk/virology
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West of Scotland Specialist Virology Centre 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) If there was insufficient sample previously for PCR please tick HCV PCR ONLY box	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"/>
Additional information (current PWID, ex-PWID, known HCV, HBV positive or HIV positive)	

FOR LABORATORY USE ONLY			
Clinical Code		Clinical Code	
DBSs		HBCG	
HIVG		HBsAg	
HCVG		STORE	
PCRDBS			
CODED BY (Laboratory staff number)			

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