West of Scotland Specialist Virology Centre
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Website: www.nhsggc.org.uk/virology
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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	

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Consultant Clinical Scientist: Dr Samantha Shepherd
Technical Services Manager: Stephen Hughes