

WoSSVC	MD-F-233 v3
NHS Greater Glasgow and Clyde	Authoriser: R. Gunson
Form Issued: 01.06.17	Author: A.Bradley-Stewart

**Specialist Virology Centre, New Lister Building,
Glasgow Royal Infirmary, 10-16 Alexandra Parade, G31 2ER**

HCV Resistance Request Form

Patient details (use label if available) If sample already collected

Chi no: Laboratory number:

Name: Date of specimen:

DOB:

Current treatment status (include previous drug regimens):

HCV Genotype:

Date of genotype test:

Recent Viral load:

Date of last resistance test if any:

Clinical details (indicate if cirrhosis is present):

Requester

Name:

Hospital:

Contact telephone number:

Signature:

Date of request:

Please send 5ml EDTA plasma. Please submit all requests outside GGC through your local microbiology laboratory. Queries to: Dr Rory Gunson, Dr Amanda Bradley-Stewart and Dr Alasdair MacLean. Tel: 0141 201 8733/ Fax: 0141 201 8723.

HCV Resistance request form	Controlled document	Page 1 of 1
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