

**LAB USE ONLY: LAB NO:**

**SEL Pathology Offline Request Form**

**For use only if online request is not possible**

**Virology**

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| **Patient Details** |
| **Surname:**       | **First name:**       |
| **Date of Birth:**       | **NHS No:**       | **Sex:**       |
| **Landline:**       | **Mobile:**       |

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| **Requestor Details** |
| **Practice/Organisation name:**       |
| **Address:**       |
| **Telephone:**       | **Email:**       |
| **Form completed by:**      **on behalf of:**       |
| **MANDATORY ORGANISATION ODS CODE:**       |
| **Professional Registration Number e.g. GMC/NMC number** (Results will be returned unmatched if this is not provided)**:**       |

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| Blood Tests | Non-Blood Tests |
| **SST, Gold topped tube required** | **Herpes Simplex Types 1 & 2 DNA &VZV DNA PCR** |
| [ ]  | HIV 1 & 2 Antibodies and Antigen | [ ]  | Mouth swab |
| [ ]  | Hepatitis A Acute Serology (IgM) | [ ]  | Skin swab |
| [ ]  | Hepatitis B Surface Antigen | [ ]  | Penile swab |
| [ ]  | Hepatitis B Core Antibody | [ ]  | Vulval swab |
| [ ]  | Hepatitis B Surface Antibody | [ ]  | Other (please specify)       |
| [ ]  | Hepatitis C Antibody |  |
| [ ]  | Hepatitis E Acute Serology (IgM) | **Respiratory Virus Panel including SARS-CoV-2 (COVID)** |
| [ ]  | Syphilis Screen | [ ]  | Combined nose and throat swab |
| [ ]  | Measles Status (IgG) |  |  |
| [ ]  | Mumps Status (IgG) | **Norovirus Types 1 & 2, Rotavirus, Adenovirus, Sapovirus, Astrovirus** |
| [ ]  | EBV Serology | [ ]  | Faeces |
| [ ]  | EBV IgM |  |  |
| [ ]  | EBV IgG |  |  |
| [ ]  | VZV IgG |  |  |
| **EDTA, Purple topped tube required** |  |
| [ ]  | HIV-1 RNA (Viral load) |  |  |
| [ ]  | HCV RNA (Viral load) |  |  |
| [ ]  | HBV DNA (Viral load) |  |  |
| [ ]  | Other (please specify)       |  |  |
| **Other Tests** |
| Please specify:       |
| **Clinical Details / Drug Therapy / Antibiotic Therapy*- (This section must be completed)*** |
|       |
| **Signed:** | **Date:**       |
| **Sample Labelling Instructions** | Attach patient label or complete the specimen label in BLOCK CAPITALS. The following details are **mandatory**: **First name, surname, DOB, NHS number & Sex** |
| **Specimen collected by:** |  | **Collection Date: Time:** |