



# Hepatitis Viruses Investigation

**Virus Reference Department**  
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www.hpa.org.uk/SRMTests

HPA Colindale  
Cfl (VRD)  
DX 6530006  
Colindale NW

Please write clearly in dark ink

## SENDER'S INFORMATION

Sender's name and address

### Report to be sent FAO

Contact Phone Ext

### Purchase order number

Project code

Postcode

## PATIENT/SOURCE INFORMATION

Human  Animal\*  
 Food\*  Water\*  Environment\*  Other\*

Inpatient  Outpatient  GP patient

\*Please specify

Other (please specify)

NHS number

Hospital name (if different from sender's name)

Surname

Ward/clinic name

Forename

Hospital number

Patient's CCDC

Sex  male  female

Medico-legal case

Have previous samples from this patient been sent for reference tests?

Date of birth | D | D | M | M | Y | Y | Y | Y | Age

Yes  No

Patient's postcode

HPA reference number

## SAMPLE INFORMATION

### Your reference

Sample type  Serum/plasma  EDTA whole blood

### Do you suspect from clinical or lab information that patient is infected with Hazard Group 3 or 4 pathogen (in addition to the requested investigation)?

Other (please specify)

If yes, give all relevant details

Date of collection | D | D | M | M | Y | Y | Time

**Note:** If infection with a Hazard Group 4 pathogen is suspected, from clinical information or travel history, **you must** contact Reference Lab **before** sending

Date sent to HPA | D | D | M | M | Y | Y |

Priority status

## TESTS REQUESTED

HAV confirmation  HDV serology  HBV viral load  HCV viral load  HAV PCR  Other tests  
 HBV serology  HEV serology  HBV genotyping  HCV genotyping  HDV PCR  
 HCV confirmation  HBV mutants  HEV PCR

## SENDER'S LABORATORY RESULTS

		POS	NEG	EQV		POS	NEG	EQV		POS	NEG	EQV
<b>Hepatitis A</b>	anti-HAV IgM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	anti-HAV IgG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Hepatitis B</b>	HBsAg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HBeAg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	anti-HBe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	anti-HBc total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	anti-HBc IgM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	anti-HBs	IU/L		
<b>Hepatitis C</b>	anti-HCV EIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other tests							

## CLINICAL/EPIDEMIOLOGICAL INFORMATION

- 0  No symptoms  
1  Clinical acute hepatitis  
2  Fulminant hepatitis  
3  Abnormal LFTs <6 months/duration unknown  
4  Abnormal LFTs >6 months  
5  Stigmata/complications of liver disease  
10  No information

### Indicate if this individual is a

- Antenatal client  Vaccinee  Blood donor  
 Organ/Tissue Donor  Traveller  Participant in an outbreak investigation  
 Healthcare worker  HIV coinfecting

### Risk group (tick one or more)

- 0  No known risk  
1  Known hepatitis  
2  Previous hepatitis  
3  Known carrier  
4  Homo/bisexual  
5  IV drug abuser  
6  Bleeding disorder <sup>1</sup>  
7  Transfusion recipient <sup>1</sup>  
8  Transplant recipient <sup>1</sup>  
9  Travelled to/lived in endemic area <sup>1</sup>  
10  No information

### Contact of

- 1c   
2c   
3c   
4c   
5c   
6c   
7c   
8c   
9c

### Nature of contact

- 1n  Heterosexual  
2n  Homosexual  
3n  Perinatal  
4n  Household  
5n  Food/drink <sup>2</sup>  
6nr  Needlestick injury recipient  
6nd  Needlestick injury donor  
7n  Blood spillage  
8n  Bite

Other (please specify)

Date of onset (if acute disease)

### Antiviral therapy

- 6  Interferon  
7  Ribavirin  
8  Lamivudine  
9  Tenofovir  
11  Adefovir  
12  HAART (if HIV-infected)  
 Other (please specify)

<sup>1</sup> Further information

<sup>2</sup> Other (please specify)

Date of last contact