



Hepatitis E Virus Serology & RNA

Virus Reference Department
61 Colindale Avenue
London NW9 5HT

Phone +44 (0)20 8327 6017/6266
VRDqueries@hpa.org.uk
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 **SHEV**

Postcode

PATIENT/SOURCE INFORMATION

Human Animal*
 Food* Water* Environment* Other*

*please specify

NHS number

Surname

Forename

Sex male female

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

Patient's postcode

Inpatient Outpatient GP patient

Other (please specify)

Hospital name (if different from sender's name)

Ward/clinic name

Hospital number

Patient's CCDC

Medico-legal case

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

Yes No

HPA reference number

SAMPLE INFORMATION

Your reference

Sample type Serum Plasma

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

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

Priority status

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)?

If yes, give all relevant details

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

SENDER'S LABORATORY RESULTS

Hepatitis Serology		POS	NEG	EQV	Not tested
Hepatitis A	anti-HAV IgM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	anti-HAV IgG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	HBsAg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	HBeAg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	anti-HBe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	anti-HBc IgM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	anti-HBc total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	anti-HBs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	HBV DNA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Biochemistry

		POS	NEG	EQV	Not tested
Hepatitis C	anti-HCV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	HCV RNA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis delta	anti-HDV IgM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	anti-HDV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis E	anti-HEV IgM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	anti-HEV IgG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify kit used

Other viruses tested for

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Diagnosis/ History/ Risk Factor

Date of onset | D | D | M | M | Y | Y |

OTHER COMMENTS