



HBV Sequencing Request

Virus Reference Department
61 Colindale Avenue
London NW9 5HT

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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

Postcode

PATIENT/SOURCE INFORMATION

NHS number

Hospital name *(if different from sender's name)*

Surname

Ward/clinic name

Forename

Hospital number

Sex male female

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

Yes No

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

HPA reference number

Patient's postcode

Ethnic information

w White m Black Caribbean n Black African
p Black other y Indian/Pakistani/Bangladeshi x Other/Mixed

Country of birth

Country of origin

SAMPLE INFORMATION

Your reference

Sample type Plasma Serum

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

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

Genotype Precore/BCP Mutation Surface Mutation Antiviral Resistance Transmission Event / Outbreak Investigation

CLINICAL/EPIDEMIOLOGICAL INFORMATION (without which a charge will be imposed)

Viral Markers

Acute infection
Chronic carrier
Positive Negative
HBsAg
HBeAg
Anti-HBe
Anti-HBc IgM
Anti-HBc
HDV
HCV
HIV

Details of Therapies

Not applicable
current/
most recent previous
Lamivudine 8
Tenofovir 9
Telbivudine 13
Entecavir 14
Emtricitabine 15
Truvada 16
Clevudine 17
Interferon 6
HAART 12
Adefovir 11

Type of chronic liver disease

Not known
 Cirrhosis
 Primary liver cancer
 No cirrhosis
 Not applicable

Risk group *(tick one or more)*

0 No known risk
4 Homo/bisexual
5 IV drug abuser
6 Bleeding disorder
7 Transfusion recipient
8 Transplant recipient
9 Travelled to/lived in endemic area
3n Perinatal contact
4n Household contact

On HBV treatment? Yes No

Biochemistry

ALT/AST

Bilirubin

Platelets

Most recent viral load iu/ml

Date of Biochemistry | D | D | M | M | Y | Y |

Date of most recent viral load | D | D | M | M | Y | Y |

OTHER COMMENTS

REFERRED BY

Doctor's name

Signature

Date

| D | D | M | M | Y | Y |