



Please write clearly in dark ink

SENDER'S INFORMATION

	Report to be sent FAO	
	Contact Phone	Ext
	Purchase order number	
	Project code	
Postcode		

PATIENT/SOURCE INFORMATION

NHS number	Sex <input type="checkbox"/> male <input type="checkbox"/> female
Surname	Date of birth Age
Forename	Patient's postcode
Hospital number	Patient's HPT
Hospital name (if different from sender's name)	Ward/ clinic name
	Ward type

SAMPLE INFORMATION

Your reference	<p>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)?</p> <p>If yes, give all relevant details</p> <p>Note: If infection with a Hazard Group 4 pathogen is suspected, from clinical information or travel history, you must contact Reference Lab before sending</p> <p>Please tick the box if your clinical sample is post mortem <input type="checkbox"/></p> <p>Consent for leftover sample to be used in other assays? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Sample type <input type="checkbox"/> EDTA whole blood <input type="checkbox"/> Plasma	
Date of collection Time	
Date sent to PHE	
Priority status	
Please send at least 5ml EDTA blood or 2ml plasma <input type="checkbox"/> Is this a stored pre-treatment sample?	

TESTS REQUESTED

HCV Genotypic Resistance Testing

NS3 Protease NS5A NS5B Whole Genome Sequencing (WGS)

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Reason for Test	Clinical Information	Has patient ever been on therapy? <input type="checkbox"/> Yes* <input type="checkbox"/> No																																																																																
<input type="checkbox"/> Baseline	<input type="checkbox"/> HIV co-infection	*Details of Current/Previous Therapies																																																																																
<input type="checkbox"/> Non-responder	<input type="checkbox"/> HBV co-infection																																																																																	
<input type="checkbox"/> Virologic breakthrough on DAA therapy	<input type="checkbox"/> Cirrhotic	<table border="0"> <tr> <td></td> <td>current/ most recent</td> <td>previous</td> <td>current/ most recent</td> <td>previous</td> </tr> <tr> <td colspan="5">Non-DAA therapy</td> </tr> <tr> <td><input type="checkbox"/> Relapse</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="2">NS5A inhibitors</td> </tr> <tr> <td><input type="checkbox"/> Reinfection</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Daclatasvir</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Other (Please specify)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Elbasvir</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Ledipasvir</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Ombitasvir</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Velpatasvir</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Pibrentasvir</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="2">Other (please specify)</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="2"></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="2">NS5B inhibitors</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Dasabuvir</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Sofosbuvir</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="2">Other (please specify)</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="2"></td> </tr> </table>		current/ most recent	previous	current/ most recent	previous	Non-DAA therapy					<input type="checkbox"/> Relapse	<input type="checkbox"/>	<input type="checkbox"/>	NS5A inhibitors		<input type="checkbox"/> Reinfection	<input type="checkbox"/>	<input type="checkbox"/>	Daclatasvir	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Other (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>	Elbasvir	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Ledipasvir	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Ombitasvir	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Velpatasvir	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Pibrentasvir	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify)			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	NS5B inhibitors			<input type="checkbox"/>	<input type="checkbox"/>	Dasabuvir	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Sofosbuvir	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify)			<input type="checkbox"/>	<input type="checkbox"/>		
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Date of most recent viral load																																																																																		
HCV Genotype (subtype)																																																																																		

OTHER COMMENTS

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REFERRED BY

Doctor's name	Signature	Date
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