



HBV Sequencing Request

Virus Reference Department
61 Colindale Avenue
London NW9 5HTPhone +44 (0)20 8327 6017/7887
vrdqueries@ukhsa.gov.uk
www.gov.uk/ukhsaUKHSA Colindale
(VRD)
DX 6530006
Colindale NW

Please write clearly in dark ink

SENDER'S INFORMATION

Postcode

Report to be sent FAO

Contact Phone Ext

Purchase order number

Project code

PATIENT/SOURCE INFORMATION

NHS number Surname Forename Hospital number Hospital name (if different from sender's name)

Ethnic information

w White m Black Caribbean n Black African p Black other
y Indian/Pakistani/Bangladeshi x Other/MixedSex male femaleDate of birth Age Patient's postcode Ward/ clinic name Ward type UKHSA reference number Country of birth Country of origin

SAMPLE INFORMATION

Your reference

Have previous samples been sent to UKHSA Yes NoSample type Plasma SerumDate of collection Time **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** sendingPlease tick the box if your clinical sample is post mortem

TESTS REQUESTED

 Genotype Precore/BCP Mutation Surface Mutation Antiviral Resistance Transmission Event / Outbreak Investigation *
 HBV serology HBV viral load HDV serology

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

Viral Markers

Acute infection Chronic carrier HBsAg Positive NegativeHBeAg Positive NegativeAnti-HBe Positive NegativeAnti-HBc IgM Positive NegativeAnti-HBc Positive NegativeHDV Positive NegativeHCV Positive NegativeHIV Positive Negative

Details of Therapies

Not applicable current/
most recent previousLamivudine 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 risk4 Homo/bisexual5 IV drug abuser6 Bleeding disorder7 Transfusion recipient8 Transplant recipient9 Travelled to/lived in endemic area3n Perinatal contact4n Household contactOn HBV treatment? Yes NoMost recent viral load iu/mlDate of most recent viral load

Biochemistry

ALT/AST Bilirubin Platelets Date of Biochemistry

OTHER COMMENTS

REFERRED BY

Doctor's name Signature Date