S14

UKHSA Microbiology request form

UK Health Security Agency

Enhanced Surveillance of Acute Hepatitis B
(Genotyping and Avidity Analysis)

Virus Reference Department
61 Colindale Avenue
London NW9 5HT

Phone +44 (0)20 8327 6554
vrdqueries@ukhsa.gov.uk
www.gov.uk/ukhsa

UKHSA Colindale
(VRD)
DX 6530006
Colindale NW

Please write clearly in dark ink

SENDER'S INFORMATION

Postcode

Report to be sent FAO

Contact Phone Ext

Project code: SHBVACU

PATIENT/SOURCE INFORMATION

☐ Inpatient ☐ Outpatient ☐ GP Patient ☐ Other* *Please specify*

NHS number

Surname

Forename

Sex ☐ male ☐ female

Date of birth Age

Patient's postcode

Patient's HPZone number *(if known)*

Hospital number

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

Ward/ clinic name

Ward type

SAMPLE INFORMATION

Your reference

Sample type ☐ Serum ☐ Plasma ☐ EDTA whole blood

Date 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** sending

Please tick the box if your clinical sample is post mortem ☐

TESTS REQUESTED

Genotyping analysis and avidity testing of acute Hepatitis B virus infections

SENDER'S LABORATORY RESULTS

		POS	NEG	EQV	Quantity	Units or OD/CO ratio	Platform / Test Used
Hepatitis B	HBsAg	☐	☐	☐			
	HBeAg	☐	☐	☐			
	anti-HBe	☐	☐	☐			
	anti-HBc IgM	☐	☐	☐			
	anti-HBc	☐	☐	☐			
	anti-HBs	☐	☐	☐			

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Jaundice?: Yes ☐ No ☐

If yes, onset date: (dd/mm/yyyy):

☐ Other *(please specify)*

OTHER COMMENTS

Please send in an aliquot of the first sample which led to a report of Acute Hepatitis B
Please note that a minimum of 750ul is needed to complete the testing.
Please complete the laboratory result section with all available information to aid our testing

Note to CSR: please book in as a H number