



# HAV oral fluid request form

**HPT to complete part 1**

**Person taking swab to complete part 2**

## Part 1 (HPT to complete)

### Details

Name of Health Protection Team:

Phone number of HPT:

**NB Requirements for use of oral fluid testing by HPT:** 1: Index case is a child under 16 years of age with no known source or risk factors. 2: Index case has been discussed with the Virus Reference Department. 3: Swab sent to index case

### Details of patient diagnosed with hepatitis A

Name:

Sex:

Date of birth:

NHS number

Date of onset of jaundice (or symptoms if no jaundice):

### Details of person taking the swab test (the person who has been in contact with the case). Do not fill if this test is on index case

Name:

Sex:

Date of birth:

## Part 2 (Person taking swab to complete)

### When you do the swab, please answer these questions:

Date you took the swab:  
(please write in the date)

Day:

Month:

Year:

Has the person taking the test had a hepatitis A vaccine?

Yes  No  Not sure

If yes, what date did you have it?  
(please write in the date)

Day:

Month:

Year:

### Put the date of the most recent one, if you had more than one hepatitis A vaccine

Have you stuck the label with your name, date of birth and today's date on the tube the blue swab is in? We cannot test the swab without this information.

Yes