



UK Health  
Security  
Agency

## Virus Serology Referral

Infections Sciences Pathology Sciences building  
Southmead Hospital Bristol BS10 5NB  
Tel +44 (0)117 414 6222  
DX 6120200 Bristol 90 BS

### SENDER'S INFORMATION

Sender's name and address

Referred by

Name:

Postcode

Signature:

Contact phone number

Ext

Date:

### PATIENT / SOURCE INFORMATION

NHS number:

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Surname or Clinic Number: \_\_\_\_\_

Forename: \_\_\_\_\_

Date of birth:

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### SAMPLE INFORMATION

Your reference: \_\_\_\_\_ Date of collection: \_\_\_\_\_

Sample type: \_\_\_\_\_ Date sent to UKHSA: \_\_\_\_\_

### CLINICAL DETAILS AND RELEVANT RESULTS FROM REFERRING LABORATORY

Do you suspect that the sample you are referring could be a Hazard Group 3 Risk Yes ☐ No ☐

If so please contact the Laboratory prior to sending the specimen

#### Immunity screen (IgG only):

- ☐ Varicella
- ☐ Measles
- ☐ Mumps
- ☐ Rubella

#### HIV Tests

- ☐ HIV confirmation\*

- ☐ HEV IgM (IgG available for Immunocompromised and pregnant patients)

#### Hepatitis Tests

- ☐ HBsAg Liaison\*
- ☐ HBsAg Architect\*
- ☐ HBV Markers (all)
  - ☐ Anti-HBcIgM
  - ☐ HBeAg / anti-HBe
  - ☐ Anti-HBc

- ☐ HCV PCR (qualitative/conf)
- ☐ HCV genotype (Please provide most recent Viral load result and date of result)

- ☐ HAV IgM
- ☐ HAV total antibody

#### Other serology

- ☐ EBV (full screen)
- ☐ HTLV I/II antibody
- ☐ Parvovirus IgG & IgM
- ☐ Toxoplasma IgG
- ☐ Rubella IgG & IgM
- ☐ Measles IgG & IgM
- ☐ CMV IgM
- ☐ CMV IgG
- ☐ B. pertussis toxin IgG
- ☐ ASO serology
- ☐ C.trachomatis Serology

Other tests (please state):

Please use syphilis form for syphilis referrals

Please use Molecular Form for requesting molecular and viral load tests

\*Please record in clinical details local result and assay/platform.