



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:

Surname or Clinic Number: _____

Forename:

Date of birth:

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 Vidas 3*
- 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.

