# VIROLOGY / MICROBIAL SEROLOGY

**AFFIX PRINTED LABEL**

**NASH Number**

**DOB**

**Sex** M F

**Postcode**

**SENDER / REPORTING DETAILS**

**Return Report To:-**

Chalmers Sexual Health Centre

**Consultant** .....

**Code**

**Requestor** .....

**Bleep / Tel** .....

## SPECIMEN DETAILS

**Date Collected** ...../...../.....

**Time Collected** ...../.....

**Blood**

- ☐ Clotted
- ☐ EDTA Plasma

Previous Sample Lab No.:

.....

## INVESTIGATIONS REQUIRED

**Hepatitis B**

- ☐ Pre Vaccine / Current Infection (Core Antibody)
- ☐ HBV Vaccination course completed (Surface Antibody)

Date of Last Dose: ...../...../.....

**HIV Screening Test** ☐ (please fill in additional information on reverse)

**Syphilis Serology**

Baseline Screening ☐

Additional Investigations: ☐ Follow Up / Suspect Early Syphilis / Known Contact

**Hepatitis C**

- ☐ Antibody
- ☐ Antigen

**New Diagnosis HIV Patient** Immunity Screen - Past Infection

- ☐ VZV
- ☐ Measles
- ☐ HAV IgG
- ☐ Toxoplasma
- ☐ Rubella (women only)
- ☐ HBsAG

**Other** (Please specify)

## LAB USE ONLY

## Additional Details (Only Required for HIV testing)

### Reason for Testing

- ☐ Doctor / Patient concerned
- ☐ Confirmation (repeat blood)
- ☐ Confirmation (self reported HIV)
- ☐ Screen (insurance, travel etc.)
- ☐ Other:

### Location of Risk / Exposure / Contact

- ☐ Scotland
- ☐ England / Wales / N Ireland
- ☐ Outside UK. Where?
- ☐ Not Known

### Previous HIV Test

Has patient previousty been diagnosed HIV + ve in Scotland ?

Yes ☐ No ☐ Don't Know ☐

If yes, approx. date of diagnosis:

### Epidemiologlcal Information. Patient's Exposure Category (tick one only)

- ☐ Heterosexual contact. Was contact?
  - ☐ Homosexual contact
  - ☐ Injecting drug user
  - ☐ IDU & homosexual contact
  - ☐ Transfusion / Transplant recipient
  - ☐ Blood factor recipient (eg. haemophiliac)
- ☐ Bisexual male
- ☐ IDU
- ☐ Blood factor recipient (haemophiliac)
- ☐ Transfusion / Transplant recipient
- ☐ None of the above / not known

- ☐ Accidental / Occupational exposure
  - ☐ Other
  - ☐ Not Known
  - ☐ Not Applicable (Screen etc.)
- ☐ Accidental needlestick
- ☐ Blood / Body fluid spillage
- ☐ Bite
- ☐ Other

Was exposure in healthcare setting? Yes ☐ No ☐

### Ethnicity (tick one only)

**White**

- ☐ Scottish
- ☐ Other British
- ☐ Irish
- ☐ Other White [1]
- ☐ Mixed Any [2]

**Asian, Asian Scottish / British**

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Other Asian
- ☐ Other ethnic group background (specify) [2]

**Black, Black Scottish / British**

- ☐ Caribbean
- ☐ African
- ☐ Other Black

☐ Information not provided

Specify [1, 2]

1. Gypsy / Roma / Travellers should indicate their ethnic group as Other White - Specify
2. Tick box and indicate in space provided