

IDENTIFIED VALIDATED SAMPLE EPP BLOOD REQUEST FORM

CHI..... DoB...../...../.....
Surname..... Male / Female
Forename..... Date Collected...../...../.....
Designation..... New Employee

Hepatitis B Vaccine History

(Circle) No Vaccine / Incomplete Course / Full Course - year completed.....

Date of last booster

Blood Tests required	Anti HBs	(Post Vaccine)	<input type="checkbox"/>
	Hepatitis B	Surface Antigen	<input type="checkbox"/>
	Hepatitis B	Core Antibody	<input type="checkbox"/>
	Hepatitis C	Antibody	<input type="checkbox"/>
	HIV 1 / 2	Antibody	<input type="checkbox"/>
	Measles IGG	Antibody	<input type="checkbox"/>
	Rubella IGG	Antibody	<input type="checkbox"/>
	Varicella IGG	Antibody	<input type="checkbox"/>

Blood for HB DNA 1. 2.

Test for Hep C infection EDTA blood for Hep C RNA

OHN / OHP Name.....AAH / RIE / STJ / WGH

Laboratory use only

Lab Number:

Date Received:

FLAG EPP

ZHBDP