

HEPATITIS TESTING SERVICE (HTS)

Liver Labs, Institute of Liver Studies

3rd Floor Cheyne Wing, King's College Hospital

Denmark Hill, London SE5 9RS

Tel. +44(0)20 3299 2239 / 3732



PATIENT INFORMATION *		SPECIMEN INFORMATION *		REFERRER INFORMATION *		
SURNAME		Referrer Lab no.		Name		
FORENAME		Specimen Taken	Date (dd/mm/yyyy)	Hospital / Location		
DOB / AGE			Time (24hr format)			
SEX		ADDITIONAL SPECIMEN INFORMATION		Tel. / FAX		
<input type="radio"/> KING'S	HOSPITAL NO.	Specimen Volume	<input type="radio"/> Serum <input type="radio"/> EDTA Plasma <input type="radio"/> Whole Blood (EDTA) <input type="radio"/> Whole Blood (Serum)	Email		
<input type="radio"/> EXTERNAL		Specimen Type		Address (please include Postcode)	Billing Address & Email (if not same as above)	
<input type="radio"/> NHS	NHS No.					
<input type="radio"/> Private						
<input type="radio"/> Others						
Please Specify:						
Ward / Clinic						
REASON FOR REQUEST		TEST(S) REQUIRED *				
<input type="checkbox"/> ? Acute Viral Hepatitis		<input type="checkbox"/> HAVAb (IgG)	<input type="checkbox"/> HBV genotype	<input type="checkbox"/> Delta Ab (Total)		
<input type="checkbox"/> ? Chronic Hepatitis / Carrier		<input type="checkbox"/> HAVAb (IgM)	<input type="checkbox"/> HBV drug resistance mutation	<input type="checkbox"/> Delta Ab (IgM)		
<input type="checkbox"/> Chronic Hep B		<input type="checkbox"/> HBsAg	<input type="checkbox"/> HBcAb	<input type="checkbox"/> Delta RNA Quantitative		
<input type="checkbox"/> Chronic Hep C		<input type="checkbox"/> HBsAg Quantitative	<input type="checkbox"/> HBcAb (IgM)	<input type="checkbox"/> HEV Ab (IgG)		
<input type="checkbox"/> Parenteral drug user		<input type="checkbox"/> HBsAg Confirmatory	<input type="checkbox"/> HBsAb	<input type="checkbox"/> HEV Ab (IgM)		
<input type="checkbox"/> Pre-antiviral treatment		<input type="checkbox"/> HBeAg	<input type="checkbox"/> HCV Ab	<input type="checkbox"/> HEV RNA (Qualitative)		
<input type="checkbox"/> On antiviral treatment		<input type="checkbox"/> HBeAb	<input type="checkbox"/> HCV RNA Quantitative	<input type="checkbox"/> HEV RNA (Quantitative)		
<input type="checkbox"/> End of antiviral treatment		<input type="checkbox"/> HBV DNA Quantitative	<input type="checkbox"/> HCV Genotype			
<input type="checkbox"/> Post-antiviral treatment		Clinical Information / Previous results (e.g. treatment details, vaccination date etc.)				
<input type="checkbox"/> Low CD4						
<input type="checkbox"/> Cirrhosis						
<input type="checkbox"/> HCC						
<input type="checkbox"/> Other (please specify →)						
For HTS laboratory use:		Received by:				
Lab #		Date & Time:				
* SPECIMEN WILL NOT BE ACCEPTED UNLESS CORRECTLY LABELLED, PACKED (PI 650 STANDARDS) & ACCOMPANIED BY A FULLY COMPLETED REQUEST FORM SENT TO OUR ADDRESS ABOVE						
For further information: Tel. +44 (0)20 3299 2239 / 3732 email: kch-tr.LiverHTS@nhs.net						