synnovis
A SYNLAB pathology partnership

SEL Pathology Offline Request Form
(VIROLOGY)

Use only if online request is not possible

LAB USE ONLY: LAB NO:

PRACTICE/ORGANISATION NAME:

SOURCE CODE /APEX Practice Code (Bromley GPs only)

PRACTICE/ORGANISATION ADDRESS/POST CODE:

TEL No

REQUESTING GP/CLINICIAN:

Requestor CODE /APEX Requestor Code (Bromley GPs only)

Specimen Date: Specimen Time:

Please attach patient label or provide the MANDATORY patient data below in order for the lab to process your request. Complete using BLOCK CAPITALS

SURNAME:

FIRST NAME:

DOB:

CONTACT TEL No:

NHS NO:

SEX: M F U

Pregnant: Yes No Fasting: Yes No

Tick relevant boxes on the right hand side of the tests required below

VIROLOGY BLOOD TESTS:	
(SST Tube Required-Gold top)	
	HIV 1&2 ANTIBODY & ANTIGEN
	HEPATITIS A IgM
	HEPATITIS B SURFACE ANTIGEN
	HEPATITIS B CORE ANTIBODY
	HEPATITIS B SURFACE ANTIBODY
	HEPATITIS C ANTIBODY
	HEPATITIS E IgM
	SYPHILIS SCREEN
	MEASLES IgG
	MUMPS IgG
	EBV IgM
	EBV IgG
	VZV IgG
(EDTA Tube Required-Purple top)	
VIRAL LOAD	
	HIV-1 RNA
	HCV RNA
	HBV DNA
	Other SPECIFY:

VIROLOGY NON-BLOOD TESTS

HERPES SIMPLEX TYPES 1 & 2 DNA & VZV DNA (PCR)

MOUTH SWAB SKIN SWAB OTHER (please specify)

HERPES SIMPLEX VIRUS TYPES 1 & 2 DNA & SYPHILIS (PCR)
or HERPES SIMPLEX VIRUS TYPES 1 & 2 DNA (PCR), VZV DNA (PCR)

PENILE SWAB VULVAL SWAB OTHER (please specify)

ADENOVIRUS DNA & HERPES SIMPLEX VIRUS TYPES 1 & 2 DNA (PCR)

R.EYE SWAB L.EYE SWAB

RESPIRATORY VIRUS PANEL INCLUDING SARS-CoV-2 (COVID)

COMBINED NOSE & THROAT SWAB

NOROVIRUS TYPE 1&2, ROTAVIRUS, ADENOVIRUS, SAPOVIRUS, ASTROVIRUS

FAECES

OTHER TESTS PLEASE SPECIFY:

Clinical Details/Drug Therapy/Antibiotic Therapy (*This section must be completed*)

Signed: **Date:**

Specimen collected by: **Collection time:**