

West of Scotland Specialist Virology Centre DBS Request Form

CHI	
Surname (or anonymous number)	
Forename	
D.O.B	
Gender	Female/male/prefer not to say
Requestor	
Requestors signature	
Referral Source	
Date sample taken	
Time sample taken	
Sample type	Dried blood spot - DBS
Test required (please tick appropriate)	HIV screen <input type="checkbox"/> Hepatitis B core antibody <input type="checkbox"/> HBsAg <input type="checkbox"/> If there was insufficient sample previously for PCR please tick HCV PCR ONLY
	HCV antibody <input type="checkbox"/> HCV PCR ONLY <input type="checkbox"/>
Additional information e.g. Current PWID, ex-PWID, known previous/current blood borne virus infections	

FOR LABORATORY USE ONLY			
Clinical Code		Clinical Code	
DBS ss		HBCG	
HIVG		HBSAG	
HCVG		STORE	
PCRDBS		DBS2	
CODED BY (Laboratory staff number)			