

HEPATITIS TESTING SERVICE (HTS)

Liver Labs, Institute of Liver Studies

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Accredited Medical Laboratory
Reference No: 2321

King's College Hospital 
NHS Foundation Trust

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)	REPORT / RESULTS DESTINATION / COMMUNICATION *		
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)		
<input type="radio"/> NHS	NHS No.					
<input type="radio"/> Private						
<input type="radio"/> Others				Billing Address & Email (if not same as above)		
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) [Serum Only]			
<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"/> 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 Website: https://liverlabs.kch.nhs.uk/hepatitis-testing						