



## Hepatitis B Virus (HBV) PCR Test Request and Report Form

Please refer to the MVDRL Service Users Manual for test information which is available on-line\*.

**SPECIMEN:** Minimum volume 6.0 mL Plasma or 9.0 mL Serum

### Patient Details

Attach Addressograph Label In This Section Only

Hospital No: \_\_\_\_\_

DOB: \_\_\_\_\_

Surname: \_\_\_\_\_

Gender: Female  Male

First name: \_\_\_\_\_

Genotype request? Yes  No

Address: \_\_\_\_\_

Date of test request: \_\_\_\_\_

Initial of Authorising Physician (AP): \_\_\_\_\_

Form completed by (if different to AP): Initial: \_\_\_\_\_

### Clinical Details

HBsAg: Positive  Negative

Anti-viral therapy: Yes  No

HBeAg: Positive  Negative

Start date: \_\_\_\_\_

Anti-viral therapy details: \_\_\_\_\_

Other details: \_\_\_\_\_

### FOR LABORATORY USE ONLY

HB test number:

HB

*HBV HBV*

Receipt: Initial

Type: Plasma  Serum  Frozen

### Laboratory Investigation Results

HBV status: Positive

DNA detected but less than **1.30** Log<sub>10</sub> IU/mL

DNA not detected

Quantitative value (Log<sub>10</sub> IU/mL):  
Sample viral load

Genotype:

Comments: \_\_\_\_\_ Request another sample:

Sample dilution details: \_\_\_\_\_  
Affix CTM Sticker Here

Authorised by<sup>1</sup>: \_\_\_\_\_

Date: \_\_\_\_\_

<sup>1</sup>Liam Fanning, PhD, DSc. Director, MVDRL.

