



DIALYSIS Hepatitis C Virus (HCV) PCR Test Request and Report Form

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

Test order and specimen type/volume required:

Standard PCR:

Serum: 3.5 mL

Patient Details

Attach Addressograph Label In This Section Only

Hospital No: _____

DOB: _____

Surname: _____

Date of test request: _____

First name: _____

Initial of Authorising Physician (AP): Initial: _____

Address: _____

Form completed by (if different to AP): Initial: _____

Clinical Details

Serology/enzyme immunoassay (EIA): Positive Negative

Reason for test: Pre-holiday Designated machine Yearly routine Other

Other details: _____

FOR LABORATORY USE ONLY

HCVLO Test number:

VL

HCV HCV

Receipt: Initial

Type: Serum Frozen

Laboratory investigation results: test results will be reported digitally unless hard-copy requested.

HCV status: RNA not detected RNA detected RNA detected but less than 1.18 Log₁₀ IU/mL

Quantitative value (Log₁₀ IU/mL):

Sample viral load

Comments: _____

Request another sample:

Authorised by¹: _____

Date: _____

¹Prof. Liam Fanning, PhD, DSc. Director, MVDRL.

