



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:	<input type="checkbox"/>	Serum:	3.5 mL	<input type="checkbox"/>
	Genotype:	<input type="checkbox"/>	Serum:	3.5 mL	<input type="checkbox"/>
	Resistance profile (RAVS):	<input type="checkbox"/>	Plasma – whole blood (WB):	6.0 mL	<input type="checkbox"/>

Patient Details

Attach Addressograph Label In This Section [Only](#)

Hospital No: _____	DOB: _____
Surname: _____	Date of test request: _____
First name: _____	Initial of Authorising Physician (AP): _____
Address: _____	Form completed by (if different to AP): _____
	Initial: _____
	Initial: _____

Clinical Details

Serology: Positive Negative Anti-viral therapy: Yes No

Anti-viral therapy details: _____ Start date: _____

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): Genotype/subtype:

Sample viral load

Comments: _____ Request another sample:

Authorised by¹: _____ Date: _____

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

