Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

UCC
Coláiste na hOllscoile Corcaigh, Éire
University College Cork, Ireland

CUH
Ospidéal Ollscoile Chorcaí
Cork University Hospital

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*.

SPECIMEN: Minimum volume 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

Serology: Positive ☐ Negative ☐ **Anti-viral therapy:** Yes ☐ No ☐

Anti-viral therapy details: _____ **Start date:** _____

Other details: _____

_____

FOR LABORATORY USE ONLY

HC Test number: **HC** *HCV HCV*

Receipt: Initial

Type: Serum ☐ Frozen ☐

Laboratory Investigation Results

HCV status: Positive ☐ RNA detected but less than **1.18** Log_{10} IU/mL ☐ RNA **not** detected ☐

Quantitative value (Log_{10} IU/mL): *Sample viral load*

Genotype/subtype:

Comments: **Request another sample:** ☐

Affix CTM Sticker Here

Sample dilution details: _____

Authorised by[1]: _____ **Date:** _____

[1]Liam Fanning, PhD, DSc. Director, MVDRL.

MVDRL