**REQUEST FORM** F PR OP1 01 07 **V7**

NIGERIAN INSTITUTE OF MEDICAL RESEARCH

HUMAN VIROLOGY LABORATORY

6, EDMOND CRESCENT, OFF MURITALA MOHAMMED WAY,

PMB 2013, YABA, LAGOS

**CUSTOMER CARE LINE: 08033007252**

E-mail: infohvl2001@gmail.co./askhvl@nimr.gov.ngWEB SITE**:** [**www.nimr.ng.org**](http://www.nimr.ng.org)

Receipt number …………………… Date …………………… HVL Code:…………………………….

Surname ………………………………… First name ……………………………

Address ……………………………………………………………………………….

Email Address………………………………… Phone number ……………………

DOB: DD MM YYYY Sex M/F

Marital status: (a) Single (b) Married (c) Divorced (d) Separated (e) Widowed

Name of Healthcare Provider/clinician ……………………………………………….

Address…………………………………………………………………………………

Phone number……………………………Time of primary sample collection-------------------------------------

Type of Primary Sample…………………… Date of primary sample collection-----------------------------

Diagnosis/clinical details……………………………………………………………..

Tests Requested (Tick as apply)

Hepatitis BsAg Hepatitis B Viral Load

Hepatitis BcIgM Hepatitis C Viral Load

Hepatitis BeAg Hepatitis C Genotype

Hepatitis BeAb HIV-1 Viral Load

Hepatitis C Ab HIV-1DNA PCR

HIV ConfirmationHIV -1 Resistance Testing

CD4 Count HPV Genotyping

**FBC LFT**

Indicate how result will be sent (Tick as apply): E Email,

 Pick-up.

Would you like to be contacted by sms? Yes No

**For HVL Use only**

Received/Bleed by…….............. Date……………………. Time………….. ………..

Effective date: January 2017