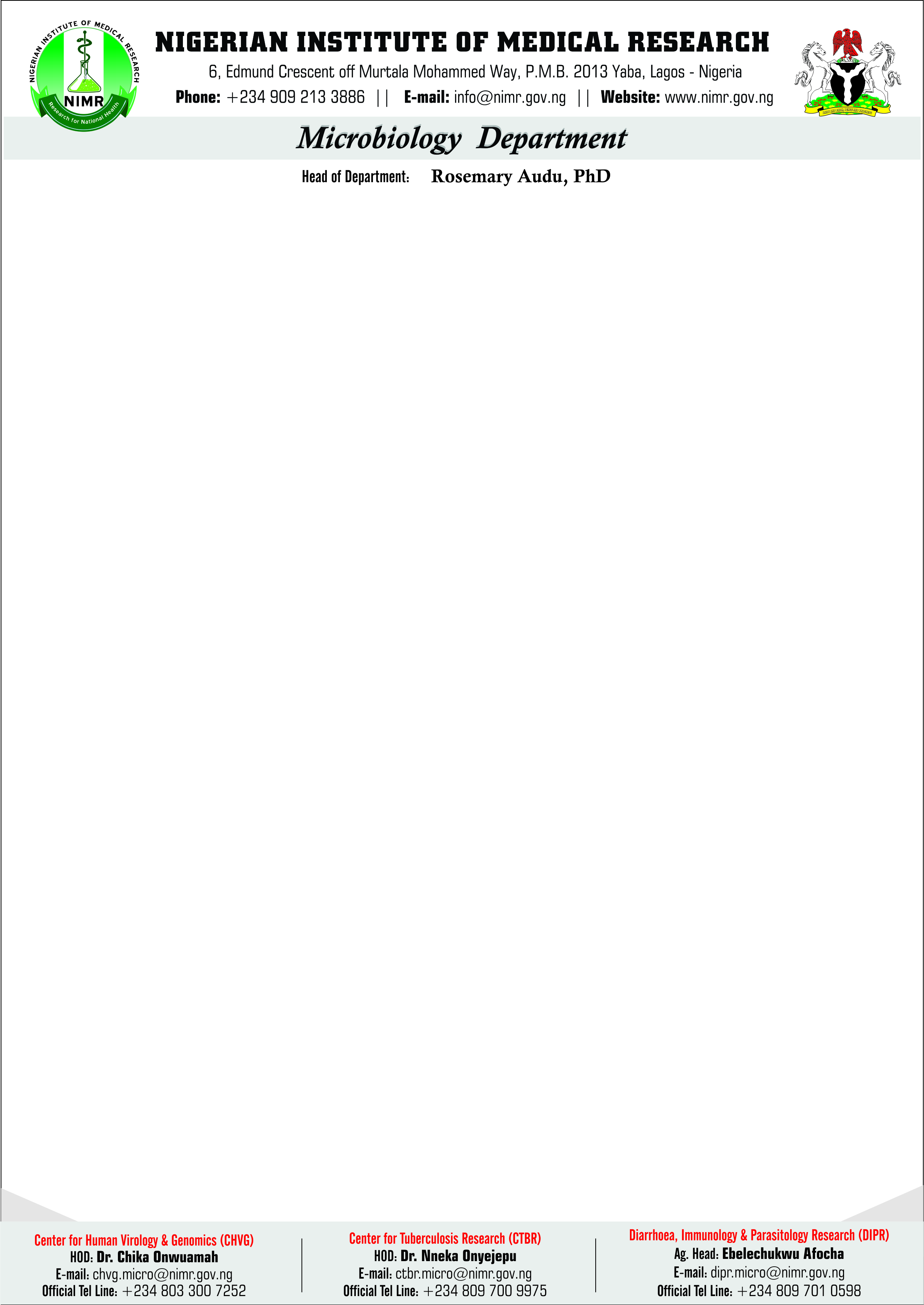
 **CENTER FOR HUMAN VIROLOGY AND GENOMICS** 

**M0588**

Microbiology Department**,** Nigerian Institute of Medical Research, 6, Edmond Crescent, Off Muritala Mohammed Way, PMB 2013, Yaba,Lagos. Customer Care Line: 08033007252 E-mail: [chvg.micro@nimr.gov.ng](mailto:chvg.micro@nimr.gov.ng) Web site**:** [**www.nimr.gov.ng**](http://www.nimr.gov.ng)

Receipt number …………………… Date ……………………………… CHVG Code:…………………………….

|  |  |  |
| --- | --- | --- |
| Surname ………………………………… First name ……………………………  Address ……………………………………………………………………………………………………………….  Email Address…………………………………………………………… Phone number ………………………….  **Note 1: “Please write your email address legibly with capital letters.”**  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………………………………**Anatomic site of sample collection…………………** | | |
| Tests Requested (Tick as apply) | | |
| **Immunology/Haematology**   * CD4 Count * FBC   **Serology**   * **HIV Confirmation**\* * **Hepatitis BsAg\*** * Hepatitis BeAg * Hepatitis BeAb * Hepatitis BcIgM * **Hepatitis C Ab** \*   **Chemistry**   * **FBS** * **2HPP** | * **Creatinine**\* * **Urea/BUN**\* * Bilirubin Direct * Biliubrin Total * ALP * AST * **ALT**\* * GGT * Total Protein * Albumin * **Cholesterol**\* * LDL * HDL * Triglycerides * Bicarbonates * **Glucose**\* * Sodium * Potassium * Chloride | **Molecular** **Diagnostics**   * **Hepatitis B Viral Load**\* * **Hepatitis C Viral Load**\* * **HIV-1 Viral Load**\* * **HIV-1 DNA PCR**\* * **HIV-1 Drug Resistance Testing** \*   # **Last VL----------------**   * **HPV –only on request.** |
| ***Note2:“Tests Marked with asterisked “\*” are SANAS Accredited " in this request form****.* | | |
| Indicate how result will be sent (Tick as apply): Email; Pick-up.  Would you like to be contacted by sms? Yes No  **Note 3: Please note that a consent form is available for your review.** | | |
| **For CHVG Use only**  Received/Bled by……...................................... Date……………………. Time………….. ………..  Type of sample tubes used: EDTA Clot activator . Plain fluoride oxalate | | |