CENTER FOR HUMAN VIROLOGY AND GENOMICS

M0588

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Healthcare/Clinician ☐ **Walk in** ☐

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

Surname …….. First name ……..

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…….Anatomic site of sample collection**……..**

Tests Requested (Tick as apply)

Immunology/Haematology
- ☐ CD4 Count
- ☐ FBC

Serology
- ☐ HIV Confirmation*
- ☐ Hepatitis BsAg*
- ☐ HBsAb
- ☐ Hepatitis BeAg
- ☐ Hepatitis BeAb
- ☐ Hepatitis BcIgM
- ☐ Hepatitis C Ab *
- ☐ Rubella IgM
- ☐ Rubella IgG
- ☐ Mumps
- ☐ Measles
- ☐ Varicella

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(1 Month) VL---------
- ☐ HPV –only on request.
- ☐ COVID-19
- ☐ Sequencing

Note1:"Tests Marked with asterisked "*" are SANAS Accredited " in this request form.

Indicate how result will be sent (Tick as apply): ☐ Email; ☐ Pick-up.

Note 2: "Please write your email address legibly with capital letters."

Email Address……

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 ☐

Note 4: Result not picked after 2 months from the due date, will be invalid.