
HEPATITIS PCR INFORMATION FORM AND REQUISITION
HEPATITIS C RNA AND/OR HEPATITIS B DNA VIRAL LOAD

1. For HCV RNA, complete **page 2** of this form and submit minimum 2.5 ml frozen serum or plasma
2. For HBV DNA, complete **page 3** of this form and submit minimum 2.5 ml frozen serum or plasma
3. For HCV RNA and HBV DNA, complete **pages 2 and 3** of this form and submit with minimum **5.0 ml** frozen serum or plasma

Ensure that the following has been completed before submitting to PHL Laboratory:

- 2.5 ml frozen serum or plasma is provided (*if both HCV and HBV DNA requested, submit 5.0 ml frozen serum or plasma*)
- Sender and Patient information is complete and contains:
 - Patient name, HIN, Date of Birth, and Address
 - Ordering physician/laboratory name, and complete mailing address
- Specimen is labelled with 2 unique identifiers that also appear on the Requisition

For further information:

1. Specimen Collection Guide and this form are available at
<http://www.health.gov.on.ca/english/providers/pub/labs/specimen.html>
2. Hepatitis Laboratory, Public Health Laboratory - Toronto, 416-235-5737

HEPATITIS PCR INFORMATION FORM AND REQUISITION

Minimum volume 2.5 mL serum or plasma, removed from clot within 4 hours and submitted frozen to PHL

Part A: HEPATITIS C (HCV) RNA

Clinician Information Name _____ Billing Number _____ Address: _____ _____ _____ Postal Code: _____
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Patient Information Surname _____ First Name _____ HIN _____ DOB _____ Address: _____ _____ _____
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PHL Lab Number _____ Date Received _____
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- Pre-Treatment:** Query the presence of active HCV infection
(HIV immunocompromised, infant of HCV positive mother, patient with anti- HCV indeterminate result, 8-10 weeks post exposure, etc).
- Pre-Treatment:** Genotyping and Baseline viral load
- On Treatment:** Week 4 Testing for Rapid Virological Response
- On Treatment:** Quantitative Viral Load - Week 12 of treatment
- On Treatment:** _____ weeks
- Post Treatment:** _____ weeks
(2 samples less than the detection limit (<15 IU/mL) and 6 months apart are required to confirm successful treatment. No follow up required unless there is a new exposure).

Other relevant and clinical information

This form is available at:

<http://www.health.gov.on.ca/english/providers/pub/labs/specimen.html>

HEPATITIS PCR LAB INFORMATION FORM AND REQUISITION

Minimum volume 2.5 mL serum or plasma, removed from clot within 4 hours and submitted frozen to PHL

Part B: HEPATITIS B (HBV) DNA

Clinician Information Name _____ Billing Number _____ Address: _____ _____ _____ Postal Code: _____	Patient Information Surname _____ First Name _____ HIN _____ DOB _____ Address: _____ _____ _____
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PHL Lab Number _____	Date Received _____
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- Pre-Treatment**
- On-Treatment:** _____ months (routine monitoring)
- Query Viral Breakthrough:**
(provide viral load and dates for last two treatment samples)
1. _____ (Viral Load) _____ (date)
2. _____ (Viral Load) _____ (date)
- Post-Treatment:** _____ months

Other relevant and clinical information

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