

	MEDICAL BIOLOGY LABORATORY	FOR-R1-013
	HBV HCV GENOTYPING TEST REQUEST FORM	VERSION 4 Date of issue 06/03/2024

Select test requested: HBV genotyping and drug resistance
 HCV genotyping

PLATFORM OF MOLECULAR BIOLOGY
 Laboratory contact:
 Mrs HENG Seiha, 012 333 105

Sample requirements:

Specimen	Tube types and number	Volume	Storage temperature from collection to IPC reception	Time between collection and IPC reception
Whole blood	1 EDTA tube	3 mL / tube	Room temperature	24 hours max.
Plasma	1 tube	1.5 mL / tube	2-8°C	48 hours max.

Sample details:

ថ្ងៃប្រមូលរាង : ម៉ោងប្រមូលរាង :
 Sample collection date: Sample collection time:

Patient details:

នាម-នាមត្រកូល: ភេទ: ស្រី ប្រុស
 Last Name – First name: Sex: F M
 ថ្ងៃកំណើត: មកពី: (មន្ទីរពេទ្យ/ទីក្រុង) :
 Date of birth: From (Hospital/City):
 កូដអ្នកជំងឺ: គំរោង:
 Patient code : Project :
 IPC កូដ:
 IPC code:.....

Co infection: HBV HCV HIV Tuberculosis
 Was a viral load test already performed at IPC? Yes No
 If Yes, date: Pasteur's code: Previous result:(copies/mL – UI/mL)

Serology **HBV** result: Positive Negative Doubtful NA
 Serology **HCV** result: Positive Negative Doubtful NA

Clinical data:

The patient is currently under treatment: Yes No
 - Since:
 - What kind of treatment:

សំគាល់ / Remarks:
 Name of the Doctor :
 Phone Number:

Doctor's Signature:

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