

Laboratories Branch
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PHL LAB INFORMATION FORM

FOR HEPATITIS C RNA AND HEPATITIS B VIRAL LOAD

THIS IS NOT A DATA SHEET, please attach to PHL test requisition

Minimum volume 2.5 mL serum, removed from clot within 4 hours and submitted frozen to the lab.

PATIENT'S NAME: _____

PHL LAB#: _____ DR's NAME _____

HEPATITIS C (HCV) RNA - QUANTITATIVE

- Baseline and Genotyping (Pre-Treatment)
 Quantitative Viral Load - Week 12 of treatment

HEPATITIS C (HCV) RNA - QUALITATIVE

- 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).
- On Treatment _____ weeks
- Post Treatment _____ weeks
(2 samples less than the detection limit (<50 IU/mL) and 6 months apart are required to confirm successful treatment. No follow up required unless there is a new exposure).

HEPATITIS B (HBV) VIRAL LOAD (NOTE: Test is not useful for diagnosis. Research use only)

- Pre-Treatment for HBV
- On Treatment _____ weeks
- Post Treatment

LFTs/Clinical Information: ALT _____ AST _____