

# 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

<b>Clinician Information</b> Name: <input type="text"/> Billing Number: <input type="text"/> Address: <input type="text"/> Postal Code: <input type="text"/>	<b>Patient Information</b> Surname: <input type="text"/> First Name: <input type="text"/> HIN: <input type="text"/> DOB: <input type="text"/> Address: <input type="text"/>
PHL Lab Number <input type="text"/>	Date Received <input type="text"/>

**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**

This form is available at:

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