

# 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

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ID: 42450  
R 76-N

### Patient Information

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

HIN: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHL Lab Number \_\_\_\_\_

Date Received \_\_\_\_\_

Pre-Treatment

On-Treatment: \_\_\_\_\_ Months (routine monitoring)

Query Viral Breakthrough:

(provide viral load and dates for last two treatment samples)

1. \_\_\_\_\_ (date)  
\_\_\_\_\_ (Viral Load)

2. \_\_\_\_\_ (date)  
\_\_\_\_\_ (Viral Load)

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>