

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	Patient Information
Name: <input type="text"/>	Surname: <input type="text"/>
Billing Number: <input type="text"/>	First Name: <input type="text"/>
Address: <input type="text"/>	HIN: <input type="text"/> DOB: <input type="text"/>
Postal Code: <input type="text"/>	Address: <input type="text"/>

PHL Lab Number _____

Date Received _____

- 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>