

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 Dr. R. Lannigan Microbiology Department, London Health Sciences Centre, Victoria Hospital, 800 Commissioners Road East, P.O. Box 5010 London, Ontario, N6A 5W9 Phone: (519) 685 8500 ext 52226 Fax: (519) 685 8541	ID: 42450 R 76-N	Patient Information Surname: <input type="text"/> First Name: <input type="text"/> HIN: <input type="text"/> DOB: <input type="text"/> Address: <input type="text"/>
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PHL Lab Number <input type="text"/>	Date Received <input type="text"/>
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- 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>