West of Scotland Specialist Virology Centre
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Glasgow Royal Infirmary
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Tel: +44(0) 141 201 8722
Website:www.nhsggc.org.uk/virology
Email: west.ssvc2@nhs.scot

West of Scotland Specialist Virology Centre DBS Request Form

Patient Surname (or anonymous number)	
Patient Forename	
Patient CHI (or DoB)	__ __ / __ __ / __ __ __ __ __ __
Patient Gender	**Male / Female**
Referral Source	
Address of Referral Source (GP/Drug Treatment service)	
Consultant/Gp/Nurse	
Contact Tel for results	
Laboratory reference number and address (if laboratory referral)	
Requestors signature	
Date sample taken	__ __ / __ __ / __ __
Time sample taken	__ __ : __ __
Test required (please tick appropriate) **If there was insufficient sample previously for PCR please tick HCV PCR ONLY box**	**HIV screen** ☐ **Hepatitis B core antibody** ☐ **HBsAg** ☐ **HCV antibody** ☐ **HCV PCR ONLY** ☐
Additional information (current PWID, ex-PWID, known HCV, HBV positive or HIV positive)	

FOR LABORATORY USE ONLY			
Clinical Code		Clinical Code	
DBSss		HBCG	
HIVG		HBsAg	
HCVG		STORE	
PCRDBS			
CODED BY (Laboratory staff number)			

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http://www.nhsggc.org.uk/virology
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Consultant Infectious Diseases/Virology: Dr Celia Jackson
Consultant Clinical Scientist: Dr Samantha Shepherd
Technical Services Manager: John Mallon