

**Specialist Virology Centre, New Lister Building,
Glasgow Royal Infirmary, 10-16 Alexandra Parade, G31 2ER**

HCV Resistance Request Form

Patient details (use label if available) If sample already collected

Chi no:

Laboratory number:

Name:

Date of specimen:

DOB:

Current treatment status (include previous drug regimens):

HCV Genotype:

Date of genotype test:

Recent Viral load:

Date of last resistance test if any:

Clinical details (indicate if cirrhosis is present):

Requester

Name:

Hospital:

Contact telephone number:

Signature:

Date of request:

Please send 5ml EDTA plasma. Please submit all requests outside GGC through your local microbiology laboratory. Queries to: Dr Rory Gunson, Dr Samantha Shepherd and Dr Alasdair MacLean. Tel: 0141 2018722/2429650 or west.ssvc2@nhs.scot.