



HEPATITIS SEROLOGY REQUEST AND REPORT FORM
SEROLOGY LABORATORY
 MRC Unit The Gambia at LSHTM, Atlantic Boulevard, Fajara, The Gambia
 ISO15189:2012 accredited

Section 1. PATIENT INFORMATION

NAME
 last first

Marital Status
 Single / Married / Divorced / Widowed

No. of wives (if applicable): **Smoker /Non Smoker**

SUSPECTED DIAGNOSIS

BIRTH DATE / / **AGE**
 SEX
 dd mm yr

Mothers Name **Fathers Name**
 last first last first

Current Residence: District/Village **Place of Birth** **Occupation**

STUDY NUMBER **MRC NUMBER** **SOURCE** **CHARGE CODE**

Section 2. ORDERING PHYSICIAN INFORMATION

NAME **Signature** **Ext.** **REQUEST DATE**

Section 3. SPECIMEN INFORMATION (please mark appropriate box with "X")

EDTA Blood Citrated Blood Heparinised Blood Clotted Blood

SPECIMEN COLLECTED BY **DATE** **TIME**
 / / /
 dd mm yr hr : mm

SPECIMEN PRIORITY: Urgent Routine

REQUEST:
 HBsAg (HBV surface antigen) *Anti-HBs (HBV surface antibody)
 *Anti-HBc IgM (IgM Ab to HBcAg) *Anti-HBc (HBV core antibody)
 *HBeAg (HBV E Antigen) *Anti-HBe (HBV E antibody)
 *HCV (HCV antigen/antibody)

**The test is not covered by our current KENAS ISO 15189 accreditation.*

Section 4. FOR LABORATORY USE ONLY

SPECIMEN RECEIVED BY **DATE** **TIME**
 / / /
 dd mm yr hr : mm

This report is in compliance with: Assay-SER- 105, 106, 107, 108, 109, 110,111

RESULTS:
 HBsAg (HBV surface antigen) pos neg *Anti-HBs (HBV surface antibody) _____ IU/L
 *Anti-HBc IgM (IgM Ab to HBcAg) pos neg *Anti-HBc (HBV core antibody) pos neg
 *HBeAg (HBV E Antigen) pos neg *Anti-HBe (HBV E antibody) pos neg
 *HCV (HCV antigen/antibody) pos neg

Comments:

LAB TECHNICIAN/SO: SIGN & DATE **SUPERVISOR: SIGN & DATE** **HS**