



DEPARTMENT OF VIROLOGY
 MEDICAL RESEARCH INSTITUTE
 DR DANISTER DE SILVA MAWATHA, COLOMBO 08
 Tel: 011 269 3532-4 (Ext. 452)
 Fax: 011 269 1495

MRI No: _____

Request form for Hepatitis B PCR

• **Patient information**

Name
 Age
 Address
 Contact Telephone number

- Referring Hospital
- Ward / BHT number
- Treating Clinician
- Indication for Hepatitis B PCR

Before starting treatment
 To monitor treatment response
 Others

• **Details on Hepatitis B infection**

When was Hepatitis B infection suspected/diagnosed

On treatment for Hep B infection Yes/ No

If Yes, for how long

Treatment

• **Laboratory tests**

| | Date | Laboratory |
|-------------------------|---------|------------|
| Serology results | | |
| HBs Ag..... | | |
| HBcAb | | |
| HBcIgM..... | | |
| HBeAg | | |
| HBeAb | | |
| HBV PCR done before | Yes/ No | |
| Date of the latest test | | |
| Most recent Viral load | | |

• Any other relevant medical history

Signature of Consultant Date