DEPARTMENT OF VIROLOGY
MEDICAL RESEARCH INSTITUTE
Tel (011) 2693532-4

MRI No ……

BKV PCR

BK Virus Realtime PCR (Viral Quantification Assay)

Note: the request may be rejected if this form is not filled properly and the specimen is not transferred properly.

Name : .....

Age: ..... Sex: M / F

Institution (not in shorten form): .....

Ward: ..... BHT No:.....

Date of collection of sample: ____ / ____ / 201 __

For Lab use Only

Sample Reject ☐
Reason .....

PCR not indicated ☐

Reason .....

Sample Type: urine. Sterile screw cap bottle 5 ml Mode of Transport: **in ice**
Blood in 2-3 ml Commercial EDTA bottle (not penicillin) within 24 hours of collection

Clinical History: **(Mandatory)**:

Duration of the illness: ……

Period of post transplantation :……mon/yrs

Immunosuppressive treatment:

Date started : Duration ☐☐

Drugs : ……..
……..

Dosage and frequency : 1) …… ……..
2) …….. …….

Co-morbid conditions: DM / HT / Vascular diseases/ Immunological diseases / …….

Investigations:

I. S. Creatinine:……
II. Urine full report :.....RBC
III. Urine cytology : Done / Never done
If done, date:…….Result :…….
IV. Graft biopsy (If performed) : …….. (pathology summary)

History of increase / decrease of immunosuppression :

Reason : …….

Past history of :

I. Graft rejection : …….
II. Graft nephropathy / dysfunction / obstructive uropathy: …….
III. Haematuria : Yes / NO
IV. Retransplantation :

Previous BKV PCR value (if performed) …….. Date ……..

Contact Telephone Number of clinician :..... Signature of the Clinician .....