

DBS Requisition: HIV, HCV, Syphilis & HBsAg



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For NLHRS

Please refer to the NLHRS specimens submissions guidelines and the DBS collection, packaging & storage guidelines

Submitter Information

Name of Site:

Contact/email for Final Report:

City:

Province:

Postal Code:

Telephone:

Shipper's name:

Shipper's signature:

Specimen Information

Date Collected (*dd-mm-yyyy*):

DBS

of cards

Patient Information

Specimen Ref #:

Date of Birth (*dd-mm-yyyy*)

Has this patient been tested previously at NLHRS?
(if yes provide submitter code and/or NML#)

No Yes

Test Requested (Please number in order of priority)

- HIV
- HCV
- Syphilis (Screen only)
- HBsAg

Additional Information