

LF-GEN-0168 Rev 01	NVRL GP Request Form	Page 1 of 1 Effective Date: 10/06/2025
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Patient demographics: <i>(Addressograph label)</i> Name: _____ Address: _____ _____ _____ Date of Birth: ____/____/_____ Gender: M <input type="checkbox"/> F <input type="checkbox"/> Hospital Number (if applicable): _____	Requester: Doctor's name: Dr _____ MCRN: _____ Ward/Clinic /Surgery Name: _____ Collection Date: ____/____/ 20_____ Collection Time: ____:_____ Sample Taken By: _____
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Lab	Order Description	ORDER CODE	SPECIMEN TYPE	
NVRL	Chlamydia/gonorrhoeae, PCR-Urine	CHLUP	Aptima URINE	<input type="checkbox"/>
NVRL	Chlamydia/gonorrhoeae, PCR- Swab	CHLSP	Aptima SWAB	<input type="checkbox"/>
NVRL	HERPES SIMPLEX (HSV1 and HSV2)	HERPV	VIRAL SWAB	<input type="checkbox"/>
NVRL	HERPES Serology	SHVL	SERUM	<input type="checkbox"/>
NVRL	HIV Serology	HIVNP	SERUM	<input type="checkbox"/>
NVRL	SYPHILLUS (T.pallidum Total)	TPHAP	SERUM	<input type="checkbox"/>
NVRL	Hepatitis A Serology	HEPAP	SERUM	<input type="checkbox"/>
NVRL	Hepatitis B Serology	HEPBP	SERUM	<input type="checkbox"/>
NVRL	Hepatitis C Serology	HEPCC	SERUM	<input type="checkbox"/>
NVRL	Hepatitis B Viral Load	HBLV	EDTA	<input type="checkbox"/>
NVRL	Hepatitis B Core Ab	HBCH	SERUM	<input type="checkbox"/>
NVRL	Hepatitis C RNA and Viral Load	HCVAP	EDTA	<input type="checkbox"/>
NVRL	CMV Serology	CMVP	SERUM	<input type="checkbox"/>
NVRL	EBV Serology	EBVP	SERUM	<input type="checkbox"/>
NVRL	MEASLES Serology	MEASP	SERUM	<input type="checkbox"/>
NVRL	MUMPS Serology	MUMPP	SERUM	<input type="checkbox"/>
NVRL	RUBELLA Serology	RUBP	SERUM	<input type="checkbox"/>
NVRL	VARICELLA Serology	VZP	SERUM	<input type="checkbox"/>
NVRL	PARVOVIRUS Serology	PARVP	SERUM	<input type="checkbox"/>
NVRL	LEPTOSPIRA Serology	LEPTP	SERUM	<input type="checkbox"/>
NVRL	LYMES DISEASE Serology	LYMEP	SERUM	<input type="checkbox"/>
NVRL	NVRL (National Virus Reference Lab) test not listed above: Test Name:		Check Sample type with Lab <input type="checkbox"/>	<input type="checkbox"/>

Note: This request form with samples for above testing at NVRL must be placed in a separate bag to samples for Eurofins Biomnis.

Note: Please provide two Serum Samples if more than three serum tests are ordered.