

   <p>SEROLOGY LABORATORY MRC Unit The Gambia at LSHTM, Atlantic Boulevard, Fajara, The Gambia ISO15189:2012 accredited</p>		Section 1. PATIENT INFORMATION	
		<p>NAME</p> <p><i>last</i> <i>first</i></p>	
<p>Marital Status <i>Single / Married / Divorced / Widowed</i></p>		<p>No. of wives (if applicable): Smoker /Non Smoker</p>	
<p>SUSPECTED DIAGNOSIS</p>		<p>BIRTH DATE / / AGE SEX</p> <p style="text-align: center;"><i>dd mm yr</i></p>	
		<p>Mothers Name Fathers Name</p> <p><i>last</i> <i>first</i> <i>last</i> <i>first</i></p>	
<p>Current Residence: District/Village</p>		<p>Place of Birth Occupation</p>	
<p>STUDY NUMBER</p>		<p>MRC NUMBER SOURCE CHARGE CODE</p>	
Section 2. ORDERING PHYSICIAN INFORMATION			
<p>NAME</p>		<p>Signature Ext. REQUEST DATE</p>	
Section 3. SPECIMEN INFORMATION (please mark appropriate box with "X")			
<p><input type="checkbox"/> EDTA Blood <input type="checkbox"/> Citrated Blood <input type="checkbox"/> Heparinised Blood <input type="checkbox"/> Clotted Blood</p>			
<p>SPECIMEN COLLECTED BY</p>		<p>DATE TIME</p> <p style="text-align: center;">/ / / /</p> <p style="text-align: center;"><i>dd mm yr</i> <i>hr : mm</i></p>	
<p>SPECIMEN PRIORITY: <input type="checkbox"/> Urgent <input type="checkbox"/> Routine</p>			
<p>REQUEST:</p> <p><input type="checkbox"/> HBsAg (HBV surface antigen) <input type="checkbox"/> *Anti-HBs (HBV surface antibody)</p> <p><input type="checkbox"/> * anti-HBc IgM (IgM Ab to HBcAg) <input type="checkbox"/> * Anti-HBc (HBV core antibody)</p> <p><input type="checkbox"/> * HBeAg (HBV E Antigen) <input type="checkbox"/> * Anti-HBe (HBV E antibody)</p>			
<p><i>*The test is not covered by our current KENAS ISO 15189 accreditation.</i></p>			
Section 4. FOR LABORATORY USE ONLY			
<p>SPECIMEN RECEIVED BY</p>		<p>DATE TIME</p> <p style="text-align: center;">/ / / /</p> <p style="text-align: center;"><i>dd mm yr</i> <i>hr : mm</i></p>	
<p>This report is in compliance with Assay-SER- 105, 106, 107, 108, 109, 110</p>			
<p>RESULTS:</p> <p><input type="checkbox"/> HBsAg (HBV surface antigen) <input type="checkbox"/> pos <input type="checkbox"/> neg <input type="checkbox"/> *Anti-HBs (HBV surface antibody) _____ IU/L</p> <p><input type="checkbox"/> * anti-HBc IgM (IgM Ab to HBcAg) <input type="checkbox"/> pos <input type="checkbox"/> neg <input type="checkbox"/> * Anti-HBc (HBV core antibody) <input type="checkbox"/> pos <input type="checkbox"/> neg</p> <p><input type="checkbox"/> * HBeAg (HBV E Antigen) <input type="checkbox"/> pos <input type="checkbox"/> neg <input type="checkbox"/> * Anti-HBe (HBV E antibody) <input type="checkbox"/> pos <input type="checkbox"/> neg</p>			
<p>Comments:</p>			
<p>LAB TECH: SIGN & DATE</p>		<p>SUPERVISOR: SIGN & DATE</p>	
		<p>HS</p>	