

Revision Number	2.0	Document Number	M-2567
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HIV-1 Genotypic Resistance request form			

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AFFIX LABEL OR ENTER DETAILS LEGIBLY

<p><u>Patient Details:</u></p> <p>Hospital /SP No:</p> <p>H&C No:</p> <p>Name:</p> <p>D.O.B:</p>	<p><u>Sender's details:</u></p> <p>Hospital:</p> <p>Ward/Clinic/Source Code:</p> <p>Consultant AND HCP code:</p>				
<p><u>Samples required:</u></p> <p>2 x 5ml EDTA bottles</p> <p><i>NB. Please send additional EDTA specimens with a separate form if HIV viral load has not been requested within 2 weeks of the current sample.</i></p>					
<p><u>Essential information:</u></p> <p>Date and time of sample:</p> <p>Treatment history: Naïve <input type="checkbox"/> Experienced <input type="checkbox"/></p> <p>Reason for test:</p> <p><input type="checkbox"/> Baseline <input type="checkbox"/> Seroconverter <input type="checkbox"/> Pregnancy <input type="checkbox"/> Treatment failure</p> <p><input type="checkbox"/> Stopped treatment <input type="checkbox"/> Persistent Low Level Viraemia <input type="checkbox"/> Other _____</p> <p>Drug History: _____</p>					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Test requests</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Code</u></th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">HIV-1 Genotypic Resistance Test</td> <td style="border-bottom: 1px solid black;">HIVGR <input type="checkbox"/></td> </tr> </tbody> </table>		<u>Test requests</u>	<u>Code</u>	HIV-1 Genotypic Resistance Test	HIVGR <input type="checkbox"/>
<u>Test requests</u>	<u>Code</u>				
HIV-1 Genotypic Resistance Test	HIVGR <input type="checkbox"/>				
<p><u>Lab Use Only:</u></p> <p>Date/time received :</p> <p>Viral load of this sample: _____ copies/ml</p> <p><i>(To be completed by Molecular Typing lab)</i></p>	<p>Affix Laboratory number</p>				