BC Centre for Excellence in HIV/AIDS
604 – 1081 Burrard Street, Vancouver, BC, V6Z 1Y6
T: 604 806 8775 F: 604 806 9463

LABORATORY REQUISITION FORM FOR B.C. PATIENTS ONLY

FCD-0022 v13

A) PATIENT INFORMATION

PHN _____

Last Name _____

First Name _____

Date of Birth ____/____/____ (DD / MMM / YYYY)

B) REQUESTOR INFORMATION

☐ Physician ☐ Nurse Practitioner

Last Name _____

First Name _____

MSP # _____

C) REPORT DETAILS or CC reports to:

Please provide full address, and if needed:

Clinic Name _____

Street _____

City _____

Postal code _____

Phone # _____

Fax # _____

Copy to: ☐ Dr ☐ N.P. MSP# Name

Tick if address same as primary requestor: ☐

Clinic Name _____

Street _____

City _____

Postal code _____

Phone # _____

Fax # _____

D) HIV DRUG RESISTANCE TESTING (plasma)

The following tests require ***PLASMA*** with viral load **>250copies/ml**.
This lab has access to patient plasma from viral load (VL) tests done at St Paul's Hospital. Please do not submit new sample if VL done at St Paul's.

☐ **Standard HIV Drug Resistance Testing (Genotype)**

The following investigational tests can be performed on this sample:

☐ **Integrase Inhibitors** ☐ **Fusion Inhibitors (gp41 test)**

HIV CCR5 TROPISM (V3) (Investigational). Choose **ONE** based on patient's viral load.

☐ **Plasma V3 (Tropism)** VL >500 copies/ml **OR** ☐ **Proviral DNA V3 (Tropism)** VL <500 copies/ml

COLLECTION DATES (DD / MMM / YYYY)	For CfE Use Only
1. ____/____/____	
2. ____/____/____	
3. ____/____/____	
4. ____/____/____	

E) GENOTYPE TESTING (whole blood)

The following tests require ***WHOLE BLOOD***.
All whole blood tests require 1ml each.

☐ **HLA – B*57:01 for Abacavir Hypersensitivity**

COLLECTION DATE ____/____/____ (DD / MMM / YYYY) For CfE Use Only

COLLECTION DATE ____/____/____ (DD / MMM / YYYY) For CfE Use Only

F) SAMPLE COMMENTS

_____

_____

G) SAMPLE DETAILS

Urgency: ☐ Normal ☐ Urgent

Reinterpretation of previous report? ☐ Yes

INFORMATION

***Standard HIV Drug Resistance Testing (Genotype)*:** For susceptibility to: nRTIs e.g. lamivudine; NNRTIs e.g. efavirenz & Protease Inhibitors e.g. atazanavir.

***Integrase Inhibitors (I.I.)*:** For susceptibility to I.I. e.g. raltegravir.

Fusion Inhibitors: For susceptibility to fusion inhibitors e.g. enfuvirtide.

PlasmaV3 (Tropism): For susceptibility to CCR5 antagonists e.g. maraviroc. *Tropism can change over time.* Testing should be done just prior to starting a CCR5 antagonist.

***HLA-B*57:01*:** To be tested only once. Genotype does not change. No minimum viral load.

Proviral DNA V3 (Tropism): Same as Plasma V3 (Tropism) test, however this test requires whole blood.

Collection of Whole Blood: All whole blood tests require 1ml each. Collect 1x3ml EDTA (lavender top) tube. Do NOT centrifuge. Transfer blood to 2ml screw cap cryovial. Refrigerate (~4°C) until ready to ship. Ship on chilled ice packs.

SHIPPING: Monday – Thursday via OVERNIGHT COURIER ONLY. Notify lab by fax.

Ship to: BC Centre for Excellence in HIV/AIDS Research Laboratory, 604-1081 Burrard St., St. Paul's Hospital, Vancouver, BC, V6Z 1Y6

Further information and order forms can be found at http://bccfe.ca/research/laboratory-program/laboratory-test-order-forms

Confidentiality: BC-CfE Research Laboratory test results, like other laboratory results, are kept strictly confidential.

Request Date: _____ Requestor's Signature: _____