BC Centre for Excellence in HIV/AIDS
604 – 1081 Burrard Street, Vancouver, BC, V6Z 1Y6
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LABORATORY REQUISITION FORM FOR NON-B.C. PATIENTS ONLY

FCD-0022 v13

A) PATIENT INFORMATION

Patient ID .....

Last Name .....

First Name .....

Date of Birth ..... / ..... / .....
DD MMM YYYY

B) REQUESTOR INFORMATION

☐ Physician ☐ Provincial Laboratory

Last Name .....

First Name .....

C) REPORT DETAILS

Send report to:

Clinic Name .....

Street .....

City .....

Postal Code .....

Phone # .....

Fax # .....

D) CC REPORT DETAILS

Copy to: Name .....

Tick if address same as primary requestor: ☐

Street .....

City .....

Postal Code .....

Phone # .....

Fax # .....

E) HIV DRUG RESISTANCE TESTING (plasma)

The following tests require ***PLASMA*** with viral load **>250copies/ml**.

Patient's viral load ..... Patient's CD4 count .....

☐ **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 DATE / / (DD MMM YYYY) For CfE Use Only

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

F) GENOTYPE TESTING (whole blood)

The following tests require ***WHOLE BLOOD.***

☐ **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

G) SAMPLE COMMENTS

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H) 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 antogonist.

Collection of Plasma: Collect 1x7ml EDTA (lavender top) tube. Centrifuge for 15mins at 800-1600 g Transfer >1.2ml of plasma to 2ml screw cap cryovial. Freeze at -15 to -80C. Ship frozen on dry ice.

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. Freeze at -15 to -80C. Ship frozen on dry ice.

SHIPPING: Monday - Wednesday ONLY via OVERNIGHT COURIER ONLY. Notify lab by fax.

[illegible]

Request Date: _____ Requestor's Signature: _____