



BC Centre for Excellence in HIV/AIDS
 604-1081 Burrard St, Vancouver, BC V6Z 1Y6
 BC-CfE Research Laboratory
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LABORATORY REQUISITION FORM--BC UNTIMED DRUG LEVELS

FCD-0106 v3

A) PATIENT INFORMATION PHN _____ Last Name _____ First Name _____ Date of Birth ____/____/____ dd mmm yyyy	B) REQUESTOR INFORMATION <input type="checkbox"/> Physician <input type="checkbox"/> Nurse Practitioner Last Name _____ First Name _____ MSP # _____	
C) REPORT DETAILS or CC reports to:		
Please provide full address, and if needed:		
Copy to: <input type="checkbox"/> Dr. <input type="checkbox"/> N.P. MSP# _____ Name _____		
Tick if address same as primary requestor: <input type="checkbox"/>		
Clinic Name _____ Street _____ City _____ Postal code _____ Phone # _____ Fax # _____	Clinic Name _____ Street _____ City _____ Postal code _____ Phone # _____ Fax # _____	
D) UNTIMED DRUG LEVEL (UDL) TESTING – PILOT PROJECT This test can be ordered on samples where patient is on therapy. This lab has access to patient plasma from drug resistance tests and viral load tests done at St. Paul’s Hospital. Please do not submit a new sample. Testing includes the following drugs. NNRTI: Nevirapine, Efavirenz, Etravirine, Rilpivirine, Doravirine. PI: Darunavir, Atazanavir, Lopinavir. INSTI: Bictegravir, Cabotegravir, Dolutegravir, Raltegravir, Elvitegravir. Boosting Agents: Cobicistat, Ritonavir. This test does NOT detect the presence of nRTIs or rarely used Protease Inhibitors (APV, SQV, TPV, NFV). Please write the collection date(s) and regimen of stored patient samples for testing. Do NOT submit a sample.		
Collection dates ____/____/____ dd mmm yyyy ____/____/____ dd mmm yyyy ____/____/____ dd mmm yyyy ____/____/____ dd mmm yyyy ____/____/____ dd mmm yyyy	Regimen _____ _____ _____ _____ _____	For CfE Use Only _____ _____ _____ _____ _____
E) SAMPLE COMMENTS _____ _____	F) SAMPLE DETAILS Urgency: <input type="checkbox"/> Normal <input type="checkbox"/> Urgent	