



BC Centre for Excellence in HIV/AIDS Laboratory
St. Paul's Hospital, 1081 Burrard Street, Vancouver, BC
V6Z 1Y6 T: 604 806 8775 | F: 604 806 9463

LABORATORY REQUISITION FORM FOR HEPATITIS C RESISTANCE TEST

A) PATIENT, REQUESTING CLINICIAN, AND REFERRING LABORATORY

Patient's Last Name: _____	BC Ordering Clinician Clinician in other provinces: Submitter's name should be the Public Health or Regional Laboratory Physician who will be specified by that lab in the space on the left
Patient's First Name: _____	
Date of Birth: _____ / _____ / _____ DD MMM YYYY	
Patient ID: _____ <i>Refers to the ID to be included on the report, and should be unique</i>	
<i>Note to Clinicians Outside of BC: Please verify the testing arrangements of your province with your public health laboratory before sending test requests and specimens directly to us</i>	
Referring Lab Physician: _____	Clinician's Name & MSP No.: _____
PHL or Regional Hospital Name: _____	Street: _____
Province: <i>please circle</i> PLNA PLSA MB SK ON NB NL NS PE YT	City, Province, Postal Code: _____
	Phone: _____
	Fax: _____
	Sample Comment: _____
	Cc Dr/NP Name & MSP No.: _____

B) HCV RESISTANCE TEST

This test is recommended for patients who are living with Hepatitis C with HCV viral loads >10,000 IU/mL and, in particular, those who have failed a previous HCV therapy containing an NS3, NS5A, or NS5B inhibitor. The test is to be considered as being for **Research Use Only**.

Patient's HCV Genotype (if available): _____

EDTA PLASMA SPECIMEN COLLECTION DATE:

_____ DD _____ MMM _____ YYYY

**Plasma sample was already referred to BCCDC
PHL Virology for other HCV tests? Check if yes.**

*This space for BC CfE use only: Sample info
provided to BCCDC PHL Viro on date:*

**Plasma sample is being shipped to BC-CfE Lab
for this test? Check if yes.**

This space beside is for BC CfE use only: Sample ID label

*Write any other specimen collection dates, in the
same format as above, if additional samples
from the same patient are desired for testing*

Request Date: _____

Requestor's Signature: _____

*Name of requestor if other than the
ordering clinician or referring physician:* _____

C) SPECIMEN COLLECTION, STORAGE, AND TRANSPORT INSTRUCTIONS

To BC Labs: Our lab has access to the patient's plasma from HCV viral load testing performed at the BCCDC PHL, so there is no need to send us another sample. **Providing the specimen collection date above** will be sufficient to submit this test request by faxing it to us.

Specimen Collection: A minimum of 1.2 mL of EDTA **PLASMA** is required. Collect one appropriate volume EDTA vial. Centrifuge EDTA vial for 15 mins at 800-1600 rcf. Transfer >1.2 mL of plasma to one 2 mL screwcap cryovial.

Storage: Plasma can be stored for up to 48 hrs at 2° to 8° C. Freeze at -15° to -80° C during delays to our lab of >48 hrs after collection.

Transport: For local Metro Vancouver shipments of refrigerated plasma vials, ship on/between a suitable number of **well-chilled or frozen ice packs**.

From labs outside of Metro Vancouver and outside of BC: Ship **frozen EDTA plasma on dry ice**. Ship by overnight carrier on **Monday to Wednesday only**, allowing 2 consecutive regular business days for delivery in case of **any weekday transport delays**.

Notify our lab of your shipment (fax, phone, or email - but do not include patient identification by email), include your **carrier company and its tracking number**, note how many samples and which test types if for more than HCV. Follow IATA and TDG Regulations (UN3373, Category B).

Ship to: BC Centre for Excellence in HIV/AIDS, Research Laboratory Room 604, Attn: Dr. Chanson Brumme, St. Paul's Hospital, 1081 Burrard Street, Vancouver, BC V6Z 1Y6 | Lab Business Tel: 604.806.86775 | lab_clerks@bccfe.ca

BC-CfE Research Laboratory test results, like all laboratory results, are kept strictly confidential.

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