

## Hepatitis C NS3, NS5A and NS5B Resistance Test Requisition >>Research Use Only<<

Patient Information PHN or ID Patient Name Last		Physician Information  Physician  Address			
				 First	
			Date of Bir		Telephone/Fax
	dd mmm yyyy				
PATIENTS'	S HCV GENOTYPE	Requestor's Signature			
		Request Date//			
		dd mmm yyyy			
	those who have failed a previous HCV thera C NS3, NS5A and NS5B Resistance Test	apy containing an NS3, NS5A, or NS5B inhibitor.			
Sample co	ollection date (Required):				
Plasma sample provided to BCCDC		Plasma sample shipped directly to BC-CfE			
For BC-CfE	use only: Sample info provided to BCCDC:				
NOTE, for BCCDC. Ar For patien	m of 1.2 mL of plasma is required. patients in BC: This lab has access to patien other sample is not needed. Provision of sa	der top) tube. Centrifuge the EDTA tube for 15 min. at			
Sample Sto Plasma ca		or longer storage, freeze sample at -15 to -80°C.			
	rernight courier Monday – Wednesday only ed Plasma: Transport on chilled ice packs. (	y, follow IATA and TDG regulations (UN3373, Cat B). only if sample can be delivered to BC-CfE within 48			
Frozen Pla	sma: Ship cryovials frozen on dry ice.				
Notify BC-	<u>CfE laboratory</u> of shipment, but do not inclu	de any patient identification in the notification.			
Ship to:	Attn: Dr. Chanson Brumme BC Centre for Excellence in HIV/AIDS Rese 604 – 1081 Burrard St., St. Paul's Hospital Vancouver, BC V6Z 1Y6 Tel: 604 806-8775 FAX: 604 806-9463	•			

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