Liverpool Clinical Laboratories

NHS

HCV Drug Resistance Test Request Form v1.1

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For office use only
Sample No

EDTA blood is the preferred specimen type.
Optimal volume of blood required is 5-10 ml

Patient details (use label if available)	**Requesting Clinician:**
Hospital No:	Name:
Name:	Clinic/Hospital:
DOB: _ _ / _ _ / _ _ _ _	Address:
	Date of request: _ _ / _ _ / _ _ _ _

Date of sample: _ _ / _ _ / _ _ _ _

Most recent HCV viral load_____ IU/ml date: _ _ / _ _ / _ _ _ _

HCV genotype: 1a ☐ 1b ☐ 2 ☐ 3 ☐ Other (please state) _____

HCV Resistance test required: NS3 protease ☐ NS5B polymerase ☐ NS5A ☐

Reason for test: Please indicate to ensure appropriate test selection and interpretation

Pre-treatment ☐

On treatment at time of sample ☐

Post-treatment ☐ Date of last treatment dose: _ _ / _ _ / _ _ _ _

Has this patient ever been treated for HCV? Yes ☐ No ☐

Anti-HCV therapy ever taken [necessary for interpretation]**:**

Protease inhibitors	**NS5A inhibitors**	**NS5B inhibitors**	**Other**
Boceprevir ☐	Daclatasvir ☐	Dasabuvir ☐	Interferon-alpha ☐
Grazoprevir ☐	Elbasvir ☐	Sofosbuvir ☐	Ribavirin ☐
Paritaprevir ☐	Ledipasvir ☐		Other (specify)
Simeprevir ☐	Ombitasvir ☐		
Telaprevir ☐	Velpatasvir ☐		

Comments: