

HIV-1 Resistance & Tropism Test Request Form

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For office use only

Sample No

**Optimal volume of EDTA blood required is 5-10 ml
 10 ml for tropism test if viral load <1000 copies/ml**

Patient details (use label if available) Hospital No: Name: DOB: __/__/____		Requesting Doctor: Clinic: Date of request: __/__/____		
Type of sample: Blood <input type="checkbox"/> CSF <input type="checkbox"/> Date of sample: __/__/____ Most recent plasma viral load _____ copies/ml date: __/__/____ Nadir (lowest ever) CD4 count _____ cell/mm ³ _____% [<u>necessary</u> for tropism test interpretation]				
Test required				
Resistance RT/Protease <input type="checkbox"/> Integrase <input type="checkbox"/> gp41 <input type="checkbox"/>		Tropism <input type="checkbox"/>		
<i>Reason for test:</i> Baseline (transmitted resistance) <input type="checkbox"/> Detectable viral load on ART <input type="checkbox"/> Pregnancy <input type="checkbox"/> Other (specify): <input type="checkbox"/>		<i>Reason for test:</i> Detectable viral load on ART <input type="checkbox"/> Switching suppressive ART <input type="checkbox"/> Other (specify): <input type="checkbox"/>		
Has patient ever been on ART? Yes <input type="checkbox"/> No <input type="checkbox"/> On ART when this sample taken? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Antiretrovirals taken at the time of this sample [<u>necessary</u> for interpretation]:				
Antiretrovirals ever taken [<u>necessary</u> for interpretation]:				
Reverse transcriptase inhibitors	Protease inhibitors	Integrase inhibitors	Entry Inhibitors	Other (specify)
Abacavir <input type="checkbox"/> Lamivudine <input type="checkbox"/> Tenofovir <input type="checkbox"/> Emtricitabine <input type="checkbox"/> Zidovudine <input type="checkbox"/> Didanosine <input type="checkbox"/> Stavudine <input type="checkbox"/>	Efavirenz <input type="checkbox"/> Etravirine <input type="checkbox"/> Nevirapine <input type="checkbox"/> Rilpivirine <input type="checkbox"/>	Atazanavir <input type="checkbox"/> Darunavir <input type="checkbox"/> Fosamprenavir <input type="checkbox"/> Lopinavir/r <input type="checkbox"/> Saquinavir <input type="checkbox"/> Indinavir <input type="checkbox"/> Nelfinavir <input type="checkbox"/> Ritonavir <input type="checkbox"/>	Raltegravir <input type="checkbox"/> Elvitegravir <input type="checkbox"/> Dolutegravir <input type="checkbox"/> T-20 <input type="checkbox"/> Maraviroc <input type="checkbox"/>	