

**HIV-1 ARV DRUG RESISTANCE TESTING
REQUEST FORM**

VERSION 5

Date of issue

14/03/2024

- Select test requested
- 1st panel (*Reverse transcriptase inhibitors*: ZDV, 3TC/FTC, DDI, D4T, ABC, TDF/TAF, ISL, EFV, NVP, ETR, RPV, DOR)
 - 2nd panel (*Reverse transcriptase inhibitors, and protease inhibitors*: ZDV, 3TC/FTC, DDI, D4T, ABC, TDF/TAF, ISL, EFV, NVP, ETR, RPV, DOR, IDV, SQV/r, NFV, LPV/r, FPV/r, ATV/r, TPV/r, DRV/r)
 - 3rd panel (*Reverse transcriptase inhibitors, Protease inhibitors, and Integrase inhibitors*: ZDV, 3TC/FTC, DDI, D4T, ABC, TDF/TAF, ISL, EFV, NVP, ETR, RPV, DOR, IDV, SQV/r, NFV, LPV/r, FPV/r, ATV/r, TPV/r, DRV/r, RAL, EVG, DTG, BIC, CAB)

PLATFORM OF MOLECULAR BIOLOGY

Laboratory contact:

Mrs HENG Seiha, 012 333 105

Sample requirements:

Specimen	Tube types and number	Volume	Storage temperature from collection to IPC reception	Time between collection and IPC reception
Whole blood	2 EDTA tubes	3 mL / tube	Room temperature	24 hours max.
Plasma	1 tube	2,5 mL / tube	2-8°C	48 hours max.

Sample details:

ផ្ទៃបុមិស្សាម :

Sample collection date:

ម៉ោងបុមិស្សាម :

Sample collection time:

Patient details:

នាម-នាមក្រត់សែល:

Last Name – First name:

ភេទ: ស្រី

Sex: F

ប្រុស

M

ផ្ទៃកំណើត:

មករា (មន្ទីរពេទ្យ/ទីក្រុង) :

Date of birth:

From (Hospital/City):

កូដអ្នកជ័យ:

គម្រោង:

Patient code :

Project :

IPC កូដ:

IPC code:

Clinical data

ARV regimen at sampling:

Duration on HAART (m):

Date of ART initiation:

CD4 last result:

Serology HIV result: Positive Negative

Doubtful NA

Date of last viral load :

Result of last viral load :

Reason for request: Virological failure Immunological failure Clinical failure Control

Viral load requested on this sample ? Yes No

Name of the Doctor:

Doctor's Signature:

Phone Number: