Institut Pasteur du Cambodge	MEDICAL BIOLOGY LABORATORY	FOR-R1-013
	HBV HCV GENOTYPING TEST REQUEST FORM	VERSION 4 Date of issue 06/03/2024

Select test requested: ☐ HBV genotyping and drug resistance ☐ HCV genotyping	**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	1 EDTA tube	3 mL / tube	Room temperature	24 hours max.
Plasma	1 tube	1.5 mL / tube	2-8°C	48 hours max.

Sample details:

ថ្ងៃបូមឈាម : ..... ម៉ោងបូមឈាម :.....
Sample collection date: ..... Sample collection time: .....

Patient details:

នាម-នាមត្រកូល: ..... ភេទ: ☐ ស្រី ☐ ប្រុស
Last Name – First name: ..... Sex: ☐ F ☐ M
ថ្ងៃកំណើត: .....
Date of birth: ..... មកពី: (មន្ទីរពេទ្យ/ទីក្រុង) :.....
ក្រុងអ្នកជំងឺ:..... From (Hospital/City): .....
Patient code : ..... គំរោង:.....
IPC កូដ:..... Project :.....
IPC code:.....

Co infection: ☐ HBV ☐ HCV ☐ HIV ☐ Tuberculosis

Was a viral load test already performed at IPC? ☐ Yes ☐ No

If Yes, date: .....Pasteur's code: .....Previous result: .....(copies/mL – UI/mL)

Serology **HBV** result: ☐ Positive ☐ Negative ☐ Doubtful ☐ NA

Serology **HCV** result: ☐ Positive ☐ Negative ☐ Doubtful ☐ NA

Clinical data:

The patient is currently under treatment: ☐ Yes ☐ No

- Since: .....
- What kind of treatment: .....

សំគាល់ / Remarks:

Name of the Doctor : ..... Doctor's Signature:

Phone Number: .....

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