

REQUEST FORM – HIV DRUG RESISTANCE TEST (GENOTYPIC)

SAMPLE TYPE: 3 ML EDTA-BLOOD

PATIENT:

Last Name: _____ First Name: _____ Date of Birth: _____
Gender: M F Recent CD4 cell count (abs/rel): _____ Viral Load (cop/ml): _____
Sampling date: _____

CLINICAL CLASSIFICATION:

Therapy naïve compliant
 Therapy experienced / failure non-compliant

PATIENTS HISTORY OF THERAPY, CUMULATIVE (INCL. COMBINATION PRODUCTS):

<input type="checkbox"/> AZT (Retrovir®)	<input type="checkbox"/> EFV (Sustiva®)	<input type="checkbox"/> APV/FPV (Agen.®;Lexiva®)	<input type="checkbox"/> ENF (Fuzeon®)
<input type="checkbox"/> DDI (Videx®)	<input type="checkbox"/> DLV (Rescriptor®)	<input type="checkbox"/> IDV (Crixivan®)	<input type="checkbox"/> MVC (Selsentry®)
<input type="checkbox"/> D4T (Zerit®)	<input type="checkbox"/> NVP (Viramune®)	<input type="checkbox"/> NFV (Viracept®)	
<input type="checkbox"/> ABC (Ziagen®)	<input type="checkbox"/> ETR (Intelligence®)	<input type="checkbox"/> SQV (Invirase®)	Integraseinh.
<input type="checkbox"/> 3TC (EpiVir®)		<input type="checkbox"/> LPV (Kaletra®)	<input type="checkbox"/> RAL (Isentress®)
<input type="checkbox"/> TDF (Viread®)		<input type="checkbox"/> ATV (Reyataz®)	<input type="checkbox"/> EVG (GS-9137)
<input type="checkbox"/> FTC (Emtriva®)		<input type="checkbox"/> TPV (Aptivus®)	
<input type="checkbox"/> DDC (Hivid®)		<input type="checkbox"/> DRV (Prezista®)	
		<input type="checkbox"/> RTV (Norvir®)	
<input type="checkbox"/> other: _____		<input type="checkbox"/> rtv (Norvir®, "Booster")	

CURRENT THERAPY:

<input type="checkbox"/> AZT (Retrovir®)	<input type="checkbox"/> EFV (Sustiva®)	<input type="checkbox"/> FPV (Telzir®)	<input type="checkbox"/> T-20 (ENV)
<input type="checkbox"/> DDI (Videx®)	<input type="checkbox"/> NVP (Viramune®)	<input type="checkbox"/> IDV (Crixivan®)	<input type="checkbox"/> MVC (Celsentri®)
<input type="checkbox"/> D4T (Zerit®)	<input type="checkbox"/> ETR (Intelligence®)	<input type="checkbox"/> NFV (Viracept®)	
<input type="checkbox"/> ABC (Ziagen®)		<input type="checkbox"/> SQV (Invirase®)	Integraseinh.
<input type="checkbox"/> 3TC (EpiVir®)		<input type="checkbox"/> LPV (Kaletra®)	<input type="checkbox"/> RAL (Isentress®)
<input type="checkbox"/> TDF (Viread®)		<input type="checkbox"/> ATV (Reyataz®)	<input type="checkbox"/> EVG (GS-9137)
<input type="checkbox"/> FTC (Emtriva®)		<input type="checkbox"/> TPV (Aptivus®)	
		<input type="checkbox"/> DRV (Prezista®)	
<input type="checkbox"/> other: _____		<input type="checkbox"/> rtv (Norvir®, "Booster")	

DETERMINATION OF CORECEPTOR-USAGE (TROPISM-TESTING):

Exclusion of CXCR4-tropic strains prior to MVC (Selsentry®) application

Determination of the current viral load prior to HIV drug resistance testing is mandatory.

Requesting doctor (address and signature)