

REQUEST FORM – HIV / INFECTIOUS DISEASES

SAMPLE TYPE: EDTA-BLOOD

PATIENT:

Last Name: _____ First Name: _____ Date of Birth: _____
Gender: M F Sampling date: _____

REQUESTS:

- Immune phenotype HIV (3mL EDTA)
- HIV quantitative, Real Time (5mL EDTA)
- HIV Therapeutic drug monitoring, TDM (3mL EDTA), additional form required*
- HIV drug resistance test, genotypic, PR/RT (3mL EDTA), Integrase, gp41 (T-20), additional form required*
- Determination of HIV Coreceptor usage, genotypic (Tropism testing) (3mL EDTA)
- Determination of HIV Coreceptor usage, phenotypic (10mL EDTA), notification required

- HBV quantitative Real Time (3mL EDTA)
- HBV drug resistance test, genotypic (3mL EDTA), additional form required*

- HCV quantitative Real Time (3mL EDTA)
- HCV Genotyping (3mL EDTA)
- other: _____

* Additional forms can be downloaded from www.immungenetik-kl.de

Requesting doctor (address and signature)