

Public Health Ontario Laboratory HIV Genotyping, Resistance, Tropism, and HLA-B*57:01 Abacavir Hypersensitivity Testing Requisition

DRUG RESISTANCE			TROPISM				
☐ HIV Drug Resistance Testing			☐ V3 Genotyping (Tropism/CCR5)				
☐ Integrase Resistance Testing			Criteria for eligibility for V3 Genotyping – Consideration for treatment with a CCR5 inhibitor & viral load >500 copies/mL.				
gp-41 Resistance Testing			Note: It is not necessary to submit a new specimen. Specimens which				
(when necessary) Criteria for HIV Drug Resistance Testing:			were submitted for HIV Viral Load testing will be considered upon receiving this request.				
 Naïve patient considering starting antiretroviral treatment. Patients experiencing virological failure as defined by two consecutive viral load tests at least one month apart, demonstrating either a failure to suppress viral load to 250 copies per/mL within 16 weeks after initiating therapy or virological rebound after a formerly successful regimen without complicating factors such as vaccination or opportunistic infection. Pregnant women close to delivery. Note: It is not necessary to submit new specimen. Specimens which were submitted for HIV Viral Load testing will be considered for eligibility upon receiving this request.* 			Proviral HIV DNA Tropism (V3) For Proviral HIV DNA Tropism (V3) testing submit 5 mL EDTA whole blood shipped on ice packs (4°C) within 24 hours. Indicate on the line below the specimen collection date.				
			☐ HLA-B*57:01 Abacavir Hypersensitivity Testing For HLA-B*57:01 testing submit 5 mL EDTA whole blood shipped on ice packs (4°C) within 24 hours. Indicate on the line below the specimen collection date.				
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PATIENT INFO				PHYSICIAI	N INFO		
PATIENT INFO				FITTSICIA			
Patient Identifier/ HIV VL Specimen No.				Physician:			_
Patient Identifier/	Last Name	First Name					_
Patient Identifier/ HIV VL Specimen No. Patient Name/	Last Name Patient's Initials	First Name	_	Physician:			
Patient Identifier/ HIV VL Specimen No. Patient Name/		First Name	_	Physician:			
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Patient Identifier/ HIV VL Specimen No. Patient Name/ Patient's Initials Patient Date of Birth Most recent CD4 Cour Does patient me HIV Drug Resistance Te completed at an Ontar contact the requesting	Patient's Initials Day Month The patient's Initials Day Month Day Et the criteria for "viral setting and Tropism Testing are io Viral Load Testing Site. The	Year te:(YYYY/MM/DD) ologic failure"? e performed at the B.C HIV Viral Load labora arrangements if the vo	C. Centre for tory will det olume is not	Physician: Address: Tel. No. Signature: Is a chang Excellence afteermine if the vo	e of ART uer the require	under consideration?(d HIV Viral Load Test has been cient to submit for testing and will	 Y/N)

The personal health information is collected under the authority of the *Personal Health Information Protection Act*, 2004, s.36 (1)(c)(iii) for the purposes specified in the *Ontario Agency for Health Protection and Promotion Act*, 2007, s.1 including clinical laboratory testing and public health purposes. If you have questions about the collection of this personal health information please contact the PHO's Laboratory Customer Service at 416-235-6556 or toll free 1-877-604-4567. F-C-HV-142 version 006.1 (August 2024)

