Public Health Ontario | Santé publique Ontario

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

DRUG RESISTANCE

☐ **HIV Drug Resistance Testing**

☐ **Integrase Resistance Testing**

☐ **gp-41 Resistance Testing**
(when necessary)

Criteria for HIV Drug Resistance Testing:

- 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.*

TROPISM

☐ **V3 Genotyping (Tropism/CCR5)**

Criteria for eligibility for V3 Genotyping – Consideration for treatment with a CCR5 inhibitor & viral load >500 copies/mL.

Note: It is not necessary to submit a new specimen. Specimens which were submitted for HIV Viral Load testing will be considered 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.

_____ _____ _____
Day Month Year

☐ **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.

_____ _____ _____
Day Month Year

PATIENT INFO	PHYSICIAN INFO
Patient Identifier/ HIV VL Specimen No. _____	Physician: _____
Patient Name/ Patient's Initials _____ Last Name _____ First Name	Address: _____
_____ Patient's Initials	_____
	_____
Patient Date of Birth _____ Day _____ Month _____ Year	Tel. No. _____
Most recent CD4 Count: _____ Date: _____ (YYYY/MM/DD)	Signature: _____

Does patient meet the criteria for "virologic failure"? ___(Y/N) Is a change of ART under consideration? ___(Y/N)

HIV Drug Resistance Testing and Tropism Testing are performed at the B.C. Centre for Excellence after the required HIV Viral Load Test has been completed at an Ontario Viral Load Testing Site. The HIV Viral Load laboratory will determine if the volume is sufficient to submit for testing and will contact the requesting caregiver to make alternate arrangements if the volume is not sufficient.

The test results are likely to take between 3-6 weeks. The test results will be forwarded to you as soon as they are received by Public Health Ontario Laboratories.

RETURN THE COMPLETED REQUISITION FORM TO TORONTO PHO LABORATORY OR FAX TO 416-235-6194.
FOR INQUIRIES YOU MAY CALL PHOL CUSTOMER SERVICE HOTLINE 1-877-604-4567

F-C-HV-142-006

The personal health information is collected under the authority of the Personal Health Information Protection Act, s.36 (1)(c)(iii) for the purpose of clinical laboratory testing. If you have questions about the collection of this personal health information please contact the PHOL Manager of Customer Service at 416-235-6556 or toll free 1-877-604-4567.

Ontario
Agency for Health Protection and Promotion
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