



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 viral load determination, RealTime (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), additional form required*

- HBV viral load determination, RealTime (3ML EDTA)
- HBV drug resistance test, genotypic (3ML EDTA), additional form required*

- HCV viral load determination, RealTime (3ML EDTA)
- HCV Genotyping, 5'UTR/NS5B (3ML EDTA)
- HCV drug resistance test, genotypic, NS3, NS5A, NS5B (3ML EDTA), additional form required*

- other: _____

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

Requesting doctor (address and signature)