

## REQUEST FORM – HIV / INFECTIOUS DISEASES

**SAMPLE TYPE: EDTA-BLOOD**

**PATIENT:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Gender: M  F  Sampling date/time: \_\_\_\_\_

**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)
- Determination of HIV Coreceptor usage, phenotypic (10ML EDTA), notification 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, NS5B 3ML EDTA)
  
- other: \_\_\_\_\_

\* Additional forms can be downloaded from [www.immungenetik-kl.de](http://www.immungenetik-kl.de)

Requesting doctor (address and signature)