



Institute of Immunology and Genetics, P.O. box 2565, 67613 Kaiserslautern | Pfaffplatz 10, 67655 Kaiserslautern

Requesting physician:

Patient:

Request Form – HIV Drug Resistance Test (Genotypic)

Sample Type: 3 ml EDTA-Blood (10 ml EDTA-Blood if VL ≤ 1500 cop/ml)

Patient:

Recent CD4-Cell count: _____ Viral load: _____

Clinical Classification:

- | | |
|--|--|
| <input type="checkbox"/> Therapy naive | <input type="checkbox"/> compliant |
| <input type="checkbox"/> Therapy experienced / failure | <input type="checkbox"/> non-compliant |

Patients History of Therapy, cumulative:

<input type="checkbox"/> NRTI/NtRTI	<input type="checkbox"/> NNRTI	<input type="checkbox"/> PI	<input type="checkbox"/> Entryinh.
<input type="checkbox"/> AZT (Retrovir®)	<input type="checkbox"/> EFV (Sustiva®)	<input type="checkbox"/> APV/FPV (Agen.®;Telzir®)	<input type="checkbox"/> ENF (Fuzeon®)
<input type="checkbox"/> DDI (Videx®)	<input type="checkbox"/> DLV (Rescriptor®)	<input type="checkbox"/> IDV (Crixivan®)	<input type="checkbox"/> MVC (Selzentry®)
<input type="checkbox"/> D4T (Zerit®)	<input type="checkbox"/> NVP (Viramune®)	<input type="checkbox"/> NFV (Viracept®)	
<input type="checkbox"/> ABC (Ziagen®)	<input type="checkbox"/> ETR (Intelligence®)	<input type="checkbox"/> SQV (Invirase®)	<input type="checkbox"/> Integraseinh.
<input type="checkbox"/> 3TC (EpiVir®)	<input type="checkbox"/> RPV (Edurant®)	<input type="checkbox"/> LPV (Kaletra®)	<input type="checkbox"/> RAL (Isentress®)
<input type="checkbox"/> Tenofovir (DF/AF)		<input type="checkbox"/> ATV (Reyataz®)	<input type="checkbox"/> EVG (comp. of Stribild®)
<input type="checkbox"/> FTC (Emtriva®)		<input type="checkbox"/> TPV (Aptivus®)	<input type="checkbox"/> DTG (Tivicay®)
<input type="checkbox"/> DDC (Hivid®)		<input type="checkbox"/> DRV (Prezista®)	
<input type="checkbox"/> other: _____		<input type="checkbox"/> RTV (Norvir®)	
		<input type="checkbox"/> rtv (Norvir®, "Booster")	

Current Therapy:

<input type="checkbox"/> NRTI/NtRTI	<input type="checkbox"/> NNRTI	<input type="checkbox"/> PI	<input type="checkbox"/> Entryinh.
<input type="checkbox"/> AZT (Retrovir®)	<input type="checkbox"/> EFV (Sustiva®)	<input type="checkbox"/> APV/FPV (Agen.®;Telzir®)	<input type="checkbox"/> ENF (Fuzeon®)
<input type="checkbox"/> DDI (Videx®)	<input type="checkbox"/> DLV (Rescriptor®)	<input type="checkbox"/> IDV (Crixivan®)	<input type="checkbox"/> MVC (Selzentry®)
<input type="checkbox"/> D4T (Zerit®)	<input type="checkbox"/> NVP (Viramune®)	<input type="checkbox"/> NFV (Viracept®)	
<input type="checkbox"/> ABC (Ziagen®)	<input type="checkbox"/> ETR (Intelligence®)	<input type="checkbox"/> SQV (Invirase®)	<input type="checkbox"/> Integraseinh.
<input type="checkbox"/> 3TC (EpiVir®)	<input type="checkbox"/> RPV (Edurant®)	<input type="checkbox"/> LPV (Kaletra®)	<input type="checkbox"/> RAL (Isentress®)
<input type="checkbox"/> Tenofovir (DF/AF)		<input type="checkbox"/> ATV (Reyataz®)	<input type="checkbox"/> EVG (comp. of Stribild®)
<input type="checkbox"/> FTC (Emtriva®)		<input type="checkbox"/> TPV (Aptivus®)	<input type="checkbox"/> DTG (Tivicay®)
<input type="checkbox"/> DDC (Hivid®)		<input type="checkbox"/> DRV (Prezista®)	
<input type="checkbox"/> other: _____		<input type="checkbox"/> RTV (Norvir®)	
		<input type="checkbox"/> rtv (Norvir®, "Booster")	

Determination of Coreceptor-Usage (Tropism Testing, 10 ml EDTA-Blood):

- Exclusion of CXCR4-tropic strains prior to MVC (Selzentry®/Celsentri®) application

Determination of the current viral load prior to HIV drug resistance testing is mandatory.

Sampling date / time: _____ **Signature:** _____