



Requesting physician:

Patient:

Panel - HCV

- HCV-RNA quantitative (3ml EDTA-Blood)
 - HCV-Genotyping[#] (3ml EDTA-Blood)
 - HCV Drug Resistance Testing (genotypic)[#] (5ml EDTA-Blood, GT required):
 - NS3 („-previr“-drugs)
 - NS5A („-asvir“-drugs)
 - NS5B („-buvir“-drugs)
- [#] Determination of the current viral load prior to HCV drug resistance testing is mandatory.*

Additional tests, relevant to therapy

- IL28B-Polymorphism (3ml EDTA-Blood)*
- ITPA-Polymorphism (3ml EDTA-Blood)*

Sampling date/time: _____ Signature: _____

*CONSENT FORM FOR GENETIC TESTING

Name: _____ DOB: _____

I have been informed in a personal counselling session about the medical-genetic question concerning myself / the person I am supervising, the existing possibilities of genetic diagnostics as well as about their nature, significance and scope. I was granted a sufficient period of reflection. I am free to revoke the consent at any time or to waive the notification of the examination result. I agree that remaining sample material is retained for verifiability of results and subsequently destroyed.

I request and authorize the Institute of Immunology and Genetics to test my sample for the below-listed genetic condition(s). yes no

Genetic condition(s) to be tested for _____

Place and date _____ Signature (Patient) _____