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Requesting physician:

Patient:

Request Form – Tropism Testing (Genotypic) - HIV

Sample Type: 3 ml EDTA-Blood

Patient:

Gender: m f

Recent CD4-Cell count: _____ Viral load: _____

Clinical Classification:

- | | |
|--|---|
| <input type="checkbox"/> Therapy failure | <input type="checkbox"/> stable on ART (switch due to side effects) |
| <input type="checkbox"/> compliant | <input type="checkbox"/> non-compliant |

Last Therapy before Genotyping:

Tropism Testing:

- Exclusion of CXCR4-tropic strains prior to MVC (Selzentry®/Celsentri®) application
(feasible also below limit of viral load detection [from proviral DNA])

If the current viral load is missing, the test request requires a parallel HIV quantification.

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