



Requesting physician:

Patient:

Request Form – HIV / Infectious diseases

Sample Type:

EDTA-Blood Serum CSF

Requests:

- Immune phenotype HIV (3ML EDTA)
- HIV viral load determination (7,5ML 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 (3ML EDTA)
- HBV drug resistance test, genotypic (3ML EDTA), additional form required*
- HCV viral load determination (7,5ML 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

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