



Requesting physician:

Patient:

Request Form – HBV Drug Resistance Test (genotypic)*

Sample Type: 3 ml EDTA-Blood (HBV-DNA ≥ 10³ – 10⁴ cop/ml)

Additional Data:

HBVeAg: pos neg HBV-DNA: _____

Clinical Classification:

- | | |
|--|--|
| <input type="checkbox"/> Therapy naive (Nucleo(s)tide analogs, also HIV) | <input type="checkbox"/> compliant |
| <input type="checkbox"/> Therapy naive (Interferon) | <input type="checkbox"/> non-compliant |
| <input type="checkbox"/> Therapy failure (Nucleo(s)tide analogs) | <input type="checkbox"/> HIV+ |
| <input type="checkbox"/> Therapy failure (Interferon) | <input type="checkbox"/> HCV+ |

Patients History of Therapy, cumulative (all antiviral drugs so far):

- | | | |
|---|------------------------------|---|
| HBV-Therapy: | HIV-Therapy: | HCV-Therapy: |
| <input type="checkbox"/> LAM (Zeffix®) | <input type="checkbox"/> 3TC | <input type="checkbox"/> Ribavirin |
| <input type="checkbox"/> ADV (Hepsera®) | <input type="checkbox"/> FTC | <input type="checkbox"/> PEG-Interferon |
| <input type="checkbox"/> ETV (Baraclude®) | <input type="checkbox"/> TDF | |
| <input type="checkbox"/> TDF (Tenofovir) | | |
| <input type="checkbox"/> LdT (Sebivo®) | | |
| <input type="checkbox"/> L-FMAU (Clevudine) | | |
| <input type="checkbox"/> Interferon-2 | | |
| <input type="checkbox"/> other: _____ | | |

Last Therapy before Genotyping

- | | | |
|---|------------------------------|---|
| HBV-Therapy: | HIV-Therapy: | HCV-Therapy: |
| <input type="checkbox"/> LAM (Zeffix®) | <input type="checkbox"/> 3TC | <input type="checkbox"/> Ribavirin |
| <input type="checkbox"/> ADV (Hepsera®) | <input type="checkbox"/> FTC | <input type="checkbox"/> PEG-Interferon |
| <input type="checkbox"/> ETV (Baraclude®) | <input type="checkbox"/> TDF | |
| <input type="checkbox"/> TDF (Tenofovir) | | |
| <input type="checkbox"/> LdT (Sebivo®) | | |
| <input type="checkbox"/> L-FMAU (Clevudine) | | |
| <input type="checkbox"/> Interferon-2 | | |
| <input type="checkbox"/> other: _____ | | |

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

Sampling date/time: _____ Signature: _____