



Requesting physician:

Patient:

### Panel - HCV

- HCV-RNA quantitative (7,5ml EDTA-Blood)
  - HCV-Genotyping<sup>#</sup> (3ml EDTA-Blood)
  - HCV Drug Resistance Testing (genotypic)<sup>#</sup> (3ml EDTA-Blood, GT required):
    - NS3 („-previr“-drugs)
    - NS5A („-asvir“-drugs)
    - NS5B („-buvir“-drugs)
- <sup>#</sup> 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) \_\_\_\_\_