

Einsender:

Patientendaten:

Untersuchungsanforderung Genotypische Resistenzbestimmung – HIV

Material: 3 ml EDTA-Blut (bei VL < 1500 cop/ml bitte 10 ml EDTA-Blut !)

Patientendaten:

CD4-Zellzahl: _____ Viruslast: _____

Klinische Einstufung:

- | | |
|---|--|
| ☐ therapienäiv | ☐ compliant |
| ☐ Therapieversager | ☐ non-compliant |

Therapiehistorie, kumulativ:

- | | | | |
|--|--|---|--|
| NRTI/NtRTI | NNRTI | PI | Entryinh. |
| ☐ AZT (Retrovir®) | ☐ EFV (Sustiva®) | ☐ APV/FPV (Agen.®;Telzir®) | ☐ ENF (Fuzeon®) |
| ☐ DDI (Videx®) | ☐ DLV (Rescriptor®) | ☐ IDV (Crixivan®) | ☐ MVC (Celsentri®) |
| ☐ D4T (Zerit®) | ☐ NVP (Viramune®) | ☐ NFV (Viracept®) | |
| ☐ ABC (Ziagen®) | ☐ ETR (Intelligence®) | ☐ SQV (Invirase®) | Integraseinh. |
| ☐ 3TC (Epivir®) | ☐ RPV (Edurant®) | ☐ LPV (Kaletra®) | ☐ RAL (Isentress®) |
| ☐ Tenofovir (DF/AF) | ☐ DOR (Pifeltro®) | ☐ ATV (Reyataz®) | ☐ EVG (Best. Genvoya®) |
| ☐ FTC (Emtriva®) | | ☐ TPV (Aptivus®) | ☐ DTG (Tivicay®) |
| ☐ DDC (Hivid®) | | ☐ DRV (Prezista®) | ☐ BIC (Best. Biktarvy®) |
| ☐ sonstige: _____ | | ☐ RTV (Norvir®) | |
| | | ☐ rtv (Norvir®, "Booster") | |

Letzte Therapie vor Genotypisierung

- | | | | |
|--|--|---|--|
| NRTI/NtRTI | NNRTI | PI | EI |
| ☐ AZT (Retrovir®) | ☐ EFV (Sustiva®) | ☐ APV/FPV (Agen.®;Telzir®) | ☐ ENF (Fuzeon®) |
| ☐ DDI (Videx®) | ☐ DLV (Rescriptor®) | ☐ IDV (Crixivan®) | ☐ MVC (Celsentri®) |
| ☐ D4T (Zerit®) | ☐ NVP (Viramune®) | ☐ NFV (Viracept®) | |
| ☐ ABC (Ziagen®) | ☐ ETR (Intelligence®) | ☐ SQV (Invirase®) | INSTI |
| ☐ 3TC (Epivir®) | ☐ RPV (Edurant®) | ☐ LPV (Kaletra®) | ☐ RAL (Isentress®) |
| ☐ Tenofovir (DF/AF) | ☐ DOR (Pifeltro®) | ☐ ATV (Reyataz®) | ☐ EVG (Best. Genvoya®) |
| ☐ FTC (Emtriva®) | | ☐ TPV (Aptivus®) | ☐ DTG (Tivicay®) |
| AI | CAI | ☐ DRV (Prezista®) | ☐ BIC (Best. Biktarvy®) |
| ☐ Fostemsavir | ☐ Lenacapavir | ☐ RTV (Norvir®) | ☐ CAB (Vocabria®) |
| | | ☐ rtv (Norvir®, "Booster") | |

Bestimmung/Vorhersage des Korezeptortropismus (10 ml EDTA-Blut):

- ☐ Ausschluss von CXCR4-tropen Viren im Vorfeld eines MVC (Celsentri®) Einsatzes

Bitte beachten Sie das Dokument „Informationen für Einsender“ unter <https://immungenetik-kl.de/downloads/>

Entnahmedatum/Uhrzeit: _____ **Unterschrift:** _____