Cadham Provincial Laboratory

# Retrovirus Nucleic Acid Testing Requisition

All areas of the requisition must be completed (please **print** clearly)

Cadham Provincial Laboratory
P.O. Box 8450
750 William Avenue
Winnipeg, MB R3C 3Y1

Tel: (204) 945-6123
Fax: (204) 786-4770
E-mail: cadham@gov.mb.ca
Website: www.gov.mb.ca/health/publichealth/cpl/

ADDRESSOGRAPH

## BILLING INFORMATION

Uninsured: ☐ Cheque/Money Order enclosed ☐ Payment to follow

## REASON FOR VIRAL LOAD TESTING

- ☐ 1. Initial Assessment
- ☐ 2. Three month follow-up
- ☐ 3. Monitoring Therapy (four weeks after start of medication)
- ☐ 4. Change of Therapy (four weeks following change of medication)
- ☐ 5. Antepartum Pregnant (only performed on serologically-confirmed cases)
- ☐ 6. Infant postnatal follow-up
- ☐ 7. Previously suppressed VL now Detectable (patient adhering to therapy)
- ☐ 8. Other: ______________________________

## SPECIMEN INFORMATION

| Specimen Type: | Date/Time: |
|---|---|
| Collected at: ____________ (Facility) | Collected by: ____________ |

## TEST REQUESTED

| | |
|---|---|
| ☐ HIV Viral Load[1] | ☐ HIV gp41 Inhibitor Resistance[1] |
| ☐ HIV Genotyping/Drug Resistance[1] | ☐ HIV Co-receptor Trophism (call lab)[1] |
| ☐ HIV Provirus (call lab to arrange)[2] | ☐ HIV INSTI Resistance[1] |
| ☐ HIV Proviral DNA Tropism (call lab)[2] | ☐ HTLV Proviral DNA (call lab)[2] |

## PAST MEDICAL HISTORY

| Most recent CD4 Count: | Other: |
|---|---|
| Cells/μl: ____________ | ____________ |
| Date: ____________ | ____________ |

## CURRENT ANTIVIRALS

**NRTI**

- ☐ 3TC Lamivudine
- ☐ ABC Abacavir
- ☐ AZT Zidovudine
- ☐ D4T Stavudine
- ☐ ddl Didanosine
- ☐ FTC Emtricitabine
- ☐ TDF Tenofovir

**NNRTI**

- ☐ EFV Efavirenz
- ☐ ETV Etravirine
- ☐ NVP Nevirapine
- ☐ RPV Rilpivirine

**PI**

- ☐ ATV/r Atazanavir
- ☐ DRV/r Darunavir
- ☐ FPV/r Fosamprenavir
- ☐ IDV/r Indinavir
- ☐ LPV/r Lopinavir
- ☐ NFV Nelfinavir
- ☐ SQV/r Saquinavir
- ☐ TPV/r Tipranavir

**Integrase Inhibitors**

- ☐ RAL Raltegravir
- ☐ EVG Elvitegravir
- ☐ DTG Dolutegravir

**Others:**

## PATIENT INFORMATION

| PHIN: | MB Health Reg. # |
|---|---|

Alternate ID: ☐ RCMP # ☐ Other Provinces/Territories ☐ Military # ☐ Other ____________

| Date of Birth: YYYY/MM/DD | Sex: M F U A | Chart/Clinic/Lab # |
|---|---|---|

Patient Legal Last Name

First Name

| Street or Other (e.g., General Delivery) | Phone # |
|---|---|
| City/Municipality/First Nations Reserve | Postal Code |

## RETURN REPORT TO

Ordering Practitioner — Last — First — Initial(s)

Facility

| Facility Address | | City/Town |
|---|---|---|
| Postal Code | Phone # | Secure Fax # |

## COPY REPORT TO

(Practitioner Last Name) (First Name)

| Facility | | City/Town |
|---|---|---|
| Postal Code | Phone # | Secure Fax # |

## IMPORTANT

- Specimens must be labelled with two unique identifiers.
- Label specimen with patient's full name and PHIN (or alternate ID).
- **Improperly labelled specimens will not be tested.**
- Specimen **Collection Date** and **Time** and **Specimen Type** fields on the requisition must be filled in.

1. Collect 10 mL EDTA WHOLE blood (Lavender top tube) and send to CPL within 4 hours, **OR**
   Refrigerate centrifuged EDTA plasma and send to CPL on cold pack within 72 hours, **OR**
   Send FROZEN centrifuged EDTA plasma on dry ice or within a block of ice if dry ice is not available.
   Pediatric sample volume – 5 ml EDTA WHOLE blood delivered to CPL within 4 hours
2. Provirus and Proviral DNA Tropism require EDTA WHOLE blood at room temperature (do not centrifuge) within 4 hours. Call (204) 945-7545 for consult. Call (204) 945-7612 to arrange sample submission.