



Laboratory information:

**Address:** Birmingham UKHSA  
Public Health Laboratory,  
Antiviral Resistance Testing Service  
Birmingham Heartlands Hospital  
Bordesley Green East  
Birmingham B9 5SS.  
**Hays DX6780100**

For progress or result queries:  
0121 424 2256  
For online report access queries:  
Liz Hill (0121 424 1874)  
For case discussion and advice:  
•Dr Husam Osman (0121 424 2513)

Fill in all the sections of the form. Please send 1ml of plasma per test.

Sender's name and address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sender's contact details:

Sample information:

**NB:** Please send at least 1ml of plasma

Specimen type: EDTA blood ☐ Plasma ☐ CSF ☐

Lab reference No.: \_\_\_\_\_

Date of sample collected: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time of sample collected: \_\_\_\_\_

**Viral Load of this sample:** \_\_\_\_\_  
(Please also state date if VL result is historic)

**Current CD4 count:** \_\_\_\_\_

Clinical / epidemiology information:

**Reason for test:**

- ☐ cART Naïve (baseline)  
☐ Seroconverter  
☐ Pregnancy  
☐ Treatment failure  
☐ Stopped cART (date \_\_\_\_\_)  
☐ Persistent low level viraemia  
☐ Other: \_\_\_\_\_

**Country of origin of infection:** \_\_\_\_\_

**Ethnic origin of patient:** White ☐ Black ☐  
Asian ☐ Other \_\_\_\_\_

**Adherence (VAS):**



Any other information: \_\_\_\_\_

Referred by:

Name:  
(print)

Signature:

Date:

Patient information:

NHS No.: \_\_\_\_\_

Hospital Reg. No: \_\_\_\_\_

Patient Name/GUM No: \_\_\_\_\_

Soundex No. \_\_\_\_\_

Date of birth \_\_\_\_\_

Sex: F | M

Tests required:

Frequently requested tests- **HIV-1**  
**HIV-1 PR, RT & Integrase Resistance test** ☐  
(Genotypic test)

**Genotypic CCR5 tropism:**  
Please use our specific Tropism request form (please contact us if you do not have one). Please send a separate sample

Only if patient is a known **HIV-2**

HIV-2 PR&RT resistance test ☐

HIV-2 Integrase resistance ☐

Drug history:

	previous	current		previous	current
<b>PIs</b>			<b>NRTI</b>		
ATV	<input type="checkbox"/>	<input type="checkbox"/>	3TC	<input type="checkbox"/>	<input type="checkbox"/>
ATV/r	<input type="checkbox"/>	<input type="checkbox"/>	ABC	<input type="checkbox"/>	<input type="checkbox"/>
DRV/r	<input type="checkbox"/>	<input type="checkbox"/>	AZT	<input type="checkbox"/>	<input type="checkbox"/>
FPV/r	<input type="checkbox"/>	<input type="checkbox"/>	D4T	<input type="checkbox"/>	<input type="checkbox"/>
IDV/r	<input type="checkbox"/>	<input type="checkbox"/>	DDI	<input type="checkbox"/>	<input type="checkbox"/>
LPV/r	<input type="checkbox"/>	<input type="checkbox"/>	FTC	<input type="checkbox"/>	<input type="checkbox"/>
NFV	<input type="checkbox"/>	<input type="checkbox"/>	TDF	<input type="checkbox"/>	<input type="checkbox"/>
SQV/r	<input type="checkbox"/>	<input type="checkbox"/>	TAF	<input type="checkbox"/>	<input type="checkbox"/>
TPV/r	<input type="checkbox"/>	<input type="checkbox"/>			
<b>INSTI</b>			<b>NNRTI</b>		
RAL	<input type="checkbox"/>	<input type="checkbox"/>	EFV	<input type="checkbox"/>	<input type="checkbox"/>
EVG	<input type="checkbox"/>	<input type="checkbox"/>	ETV	<input type="checkbox"/>	<input type="checkbox"/>
DTG	<input type="checkbox"/>	<input type="checkbox"/>	NVP	<input type="checkbox"/>	<input type="checkbox"/>
BIC	<input type="checkbox"/>	<input type="checkbox"/>	RPV	<input type="checkbox"/>	<input type="checkbox"/>
CAB	<input type="checkbox"/>	<input type="checkbox"/>	DOR	<input type="checkbox"/>	<input type="checkbox"/>
<b>EI</b>			<b>CCR-5 Antagonists</b>		
ENF (T20)	<input type="checkbox"/>	<input type="checkbox"/>	MVC	<input type="checkbox"/>	<input type="checkbox"/>