

For laboratory use only

Date received: **yyyy / mm / dd** PHOL No.:

HIV Viral Load Test Requisition

ALL Sections of this form must be completed at every visit

1 - Ordering Physician Information This is not a diagnostic test. Test results are provided for prognostic purposes only. <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Name Address City & Province Postal Code </div> OHIP / CPSO Number: Physician Signature: _____ Date Ordered: yyyy / mm / dd Telephone: (###) ###-#### Fax: (###) ###-####		2 - Patient Information Health No.: _____ Medical Record No.: _____ Surname: _____ First Name: _____ Date of Birth: yyyy / mm / dd Sex: M F Pregnant: No Yes Address: _____ Postal Code: _____ Submitter Lab No. _____ Year of HIV diagnosis: yyyy / mm / dd		
cc Doctor Name: _____ Telephone: (###) ###-#### Fax: (###) ###-####		Address: _____ Postal Code: _____		
Lab/Clinic Name: _____		Address: _____ Postal Code: _____		
CPSO Number: _____		Address: _____ Postal Code: _____		

3 - Treatment Information		This information is essential for the interpretation of test results and for the evaluation of the program.				
Baseline	Most recent CD4+ T-cell count:					
Follow-up	Result:	cells/mm ³	%	Date Performed: yyyy / mm / dd		
Generic (Trade)	Abbr.	Generic (Trade)	Abbr.	Generic (Trade)	Abbr.	
No therapy		Elvitegravir/Cobicistat/Emtricitabine/ Tenofovir AF (Genvoya)	GEN	Saquinavir (Invirase)	SQV (HGC)	
Abacavir (Ziagen)	ABC	Enfuvirtide (Fuzeon)	ENF	Stavudine (Zerit)	d4T	
Abacavir/Lamivudine (Kivexa)	ABC+3TC	Etravirine (Intelence)	ETR	Tenofovir (Viread)	TDF	
Abacavir/Lamivudine/Zidovudine (Trizivir)	ABC+3TC +AZT	Fosamprenavir (Telzir)	fAPV	Tenofovir AF/Emtricitabine (Descovy)	TAF/FTC	
Atazanir (Reyataz)	ATV	Indinavir (Crixivan)	IDV	Tenofovir AF/Emtricitabine/ Cobicistat/Darunavir (Symtuza)	TAF/FTC/ DRV/cobi	
Bictegravir/Tenofovir AF/ Emtricitabine (Biktarvy)	TAF-FTC- Bic	Lamivudine (3TC)	3TC	Tenofovir DF/Emtricitabine (Truvada)	ECF-TAF	
Darunavir (Prezista)	DRV	Lamivudine/Zidovudine (combivir)	CBV	Tenofovir DF/Emtricitabine/Efavirenz (Atripla)	TDF/FTC/ EFV	
Darunavir/cobicistat (Prezcobix)	DRV/cobi	Lopinavir/Ritonavir (Kaletra)	LPV/r	Tenofovir DF/Emtricitabine/Rilpivirine (Complera)	TDF/FTC/ RPV	
Didanosine (Videx)	ddl-EC	Maraviroc (Celsentri)	MVC	Tenofovir DF/Emtricitabine/ Cobicistat/Elvitegravir (Stribild)	STR	
Dolutegravir (Tivicay)	DTG	Nelfinavir (Viracept)	NFV	Tenofovir DF/lamivudine/Doravirine (Delstrigo)	TDF/3TC/ DOR	
Dolutegravir/abacavir/lamivudine (Triumeq)	DTG+ABC +3TC	Nevirapine (Viramune)	NVP	Tipranavir (Aptivus)	IDV	
Dolutegravir/lamivudine (Dovato)	DTG/3TC	Raltegravir (Isentress)	RGV	Zidovudine (Retrovir)	3TC	
Dolutegravir/Rilpivirine (Juluca)	DTG+RPV	Rilpivirine (Edurant)	RPV	Other		
Doravirine (Pifeltro)	DOR	Rilpivirine/Tenofovir AF/Emtricitabine (Odefsey)	TAF/FTC/ RPV			
Efavirenz (Sustiva)	EFV	Ritonavir (Norvir)	RTV			

4 - Comments:

5 - Collection Information- Must be completed with each sample submitted.					
Collected: yyyy / mm / dd	hr min am pm	Initials	Plasma separated: hr min am pm	Initials	
Received: yyyy / mm / dd	hr min am pm	Initials	Frozen (< -20°C): hr min am pm	Initials	