



UK Health
Security
Agency

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HIV Genotypic Susceptibility Testing

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www.gov.uk/ukhsa

UKHSA Colindale
(VRD)
DX 6530006
Colindale NW

SENDER'S INFORMATION

Address

Report to be sent FAO

Contact Phone

Ext

Purchase order number

Project code

Postcode

Please write clearly in dark ink

PATIENT/SOURCE INFORMATION

NHS number

Sex ☐ male ☐ female

Surname

Date of birth

Age

Forename

Patient's postcode

Patient's HPT

Hospital number

Ward/ clinic name

Hospital name (if different from sender's name)

Ward type

SAMPLE INFORMATION

Your reference

Sample type ☐ EDTA whole blood

☐ Plasma

Date of collection

Time

Date sent to UKHSA

Priority status

Please send at least 5ml EDTA blood or 2ml plasma

☐ Is this a stored sample?

Do you suspect from clinical or lab information that patient is infected with Hazard Group 3 or 4 pathogen (in addition to the requested investigation)?

If yes, give all relevant details

Note: If infection with a Hazard Group 4 pathogen is suspected, from clinical information or travel history, **you must** contact Reference Lab **before** sending

Please tick the box if your clinical sample is post mortem

Consent for leftover sample to be used in other assays?

☐ Yes

☐ No

TESTS REQUESTED

☐ HIV Genotypic Resistance Testing

☐ Protease & RT

☐ Integrase

☐ Tropism (for MRV)

☐ Proviral DNA Resistance Testing

☐ Protease & RT

☐ Integrase

☐ Tropism (for MRV)

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Reason for Test

☐ New diagnosis

☐ Treatment failure

☐ Poor response to new regimen

☐ Starting ART for first time

☐ Re-starting ART after interruption

☐ Acute primary infection/seroconverter

☐ Pregnancy

☐ Other (Please specify)

Adherence

☐ Poor

☐ Excellent

☐ Reasonable

☐ No opinion

Patient on therapy when sample was taken?

☐ Yes* ☐ No

Has patient ever been on therapy?

☐ Yes* ☐ No

Was therapy prescribed as PrEP?

☐ Yes* ☐ No

*Details of Current/Previous Therapies

NRTIs

	current/ most recent	previous
3TC	<input type="checkbox"/>	<input type="checkbox"/>
ABC	<input type="checkbox"/>	<input type="checkbox"/>
FTC	<input type="checkbox"/>	<input type="checkbox"/>
TAF	<input type="checkbox"/>	<input type="checkbox"/>
TDF	<input type="checkbox"/>	<input type="checkbox"/>
ZDV	<input type="checkbox"/>	<input type="checkbox"/>

NNRTIs

	current/ most recent	previous
DOR	<input type="checkbox"/>	<input type="checkbox"/>
EFV	<input type="checkbox"/>	<input type="checkbox"/>
ETV	<input type="checkbox"/>	<input type="checkbox"/>
NVP	<input type="checkbox"/>	<input type="checkbox"/>
RPV	<input type="checkbox"/>	<input type="checkbox"/>

EIs

	current/ most recent	previous
MRV	<input type="checkbox"/>	<input type="checkbox"/>
T-20	<input type="checkbox"/>	<input type="checkbox"/>

PIs

	current/ most recent	previous
ATV	<input type="checkbox"/>	<input type="checkbox"/>
DRV	<input type="checkbox"/>	<input type="checkbox"/>
LPV/r	<input type="checkbox"/>	<input type="checkbox"/>
RTV (any dose)	<input type="checkbox"/>	<input type="checkbox"/>
TPV	<input type="checkbox"/>	<input type="checkbox"/>

Integrase inhibitors

	current/ most recent	previous
BIC	<input type="checkbox"/>	<input type="checkbox"/>
CAB	<input type="checkbox"/>	<input type="checkbox"/>
DTG	<input type="checkbox"/>	<input type="checkbox"/>
EVG	<input type="checkbox"/>	<input type="checkbox"/>
RAL	<input type="checkbox"/>	<input type="checkbox"/>

Other:

	current/ most recent	previous
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Most recent viral load at time of sample

copies

Date of most recent viral load

Nadir T-cell counts (for tropism only)

CD4

CD8

CD4 percentage

OTHER COMMENTS

REFERRED BY

Doctor's name

Signature

Date