

HIV Viral Load Test Requisition

Patient Information *This must be completed at every visit.*

Ontario HIN <input type="text"/>	Version <input type="text"/>	Patient Addressograph <input type="text"/>	
Chart # <input type="text"/>			
Surname <input type="text"/>	First Name <input type="text"/>		Initial <input type="text"/>
Date of Birth (yyyy/mm/dd) <input type="text"/>	Sex M F		Pregnant No Yes

Ordering Physician Information *This is not a diagnostic test. Test results are provided for prognostic purposes only, and will be reported directly to the physician.*

Phys # <input type="text"/>	cc Dr: <input type="text"/>
Name: <input type="text"/>	Address <input type="text"/>
Address: St. Michael's Hospital 30 Bond St, Rm 4-179 Cardinal Carter Wing Toronto, ON M5B 1W8	Physician Signature <input type="text"/>
Telephone: 416-864-5568	Date (yyyy/mm/dd) <input type="text"/>
Fax: 416-864-5310	

Treatment Information *This information is essential for the interpretation of test results and for the evaluation of the program.*

<input type="checkbox"/> Baseline	Most recent CD4+ T-cell count:		
<input type="checkbox"/> Follow-up	Result: <input type="text"/>	cells/mm ³	% <input type="text"/>
			Date Performed <input type="text"/>
			yyyy mm dd
Generic (Trade)	Abbreviation	Generic (Trade)	Abbreviation
<input type="checkbox"/> No therapy		<input type="checkbox"/> Nelfinavir (Viracept)	NFV
<input type="checkbox"/> Abacavir (Ziagen)	ABC	<input type="checkbox"/> Nevirapine (Viramune)	NVP
<input type="checkbox"/> Abacavir/Lamivudine (Kivexa)	ABC+3TC	<input type="checkbox"/> Raltegravir (Isentress)	RGV
<input type="checkbox"/> Abacavir/Lamivudine/Zidovudine (Trizivir)	ABC+3TC+AZT	<input type="checkbox"/> Rilpivirine (Edurant)	RPV
<input type="checkbox"/> Atazanavir (Reyataz)	ATV	<input type="checkbox"/> Ritonavir (Norvir)	RTV
<input type="checkbox"/> Darunavir (Prezista)	DRV	<input type="checkbox"/> Saquinavir (Invirase)	SQV (HGC)
<input type="checkbox"/> Didanosine (Videx)	ddI-EC	<input type="checkbox"/> Stavudine (Zerit)	d4T
<input type="checkbox"/> Efavirenz (Sustiva)	EFV	<input type="checkbox"/> Tenofovir (Viread)	TDF
<input type="checkbox"/> Emtricitabine (Emtriva)	FTC	<input type="checkbox"/> Tenofovir/Emtricitabine (Truvada)	TDF+FTC
<input type="checkbox"/> Enfuvirtide (Fuzeon)	ENF	<input type="checkbox"/> Tenofovir/Emtricitabine/Efavirenz (Atripla)	TDF+FTC+EFV
<input type="checkbox"/> Etravirine (Intelence)	ETR	<input type="checkbox"/> Tenofovir/Emtricitabine/Rilpivirine (Complera)	TDF+FTC+RPV
<input type="checkbox"/> Fosamprenavir (Telzir)	fAPV	<input type="checkbox"/> Tenofovir/Emtricitabine/Cobicistat/Elvitegravir (Stribild)	STR
<input type="checkbox"/> Indinavir (Crixivan)	IDV	<input type="checkbox"/> Tipranavir (Aptivus)	TPV
<input type="checkbox"/> Lamivudine (Epivir)	3TC	<input type="checkbox"/> Zidovudine (Retrovir)	AZT
<input type="checkbox"/> Lamivudine/Zidovudine (Combivir)	CBV	<input type="checkbox"/> Other	
<input type="checkbox"/> Lopinavir/Ritonavir (Kaletra)	LPV/r		
<input type="checkbox"/> Maraviroc (Celsentri)	MVC		
Comments <input type="text"/>			

Collection Information *This information must be filled out at the time of collection to ensure result integrity.*

Collected	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	am	pm	Initials	<input type="text"/>	Plasma Separated	<input type="text"/>	<input type="text"/>	am	pm	Initials	<input type="text"/>
	yyyy	mm	dd	hr	min					hr	min				
Received	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	am	pm	Initials	<input type="text"/>	Frozen (< -20° C)	<input type="text"/>	<input type="text"/>	am	pm	Initials	<input type="text"/>
	yyyy	mm	dd	hr	min					hr	min				