

For laboratory use only

Date received (yyyy/mm/dd):

PHOL No.:

HIV-1 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.

Name
Address
City & Province
Postal Code

OHIP / CPSO / Prof. License No.:

Physician Signature:

Date Ordered (yyyy/mm/dd):

Telephone: Fax:

cc Doctor Name:

Lab / Clinic Name:

OHIP / CPSO / Prof. License No.:

2 - Patient Information

Health Card No.: Medical Record No.:

Date of Birth (yyyy/mm/dd): Sex: M F TM TF
TM = transmale (F to M); TF = transfemale (M to F)

Last name:

First Name:

Address:

City: Postal Code:

Year of HIV diagnosis (yyyy): Pregnant: No Yes

Submitter Lab No.:

Telephone: Address:

Fax: Postal Code:

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

Baseline	Follow-up	Most recent CD4+ T-cell count:	Result:	cells / mm ³	%	Date Performed (yyyy/mm/dd):	
No Therapy							
Combination antiretroviral							
Trade (Generic)	Abbr.	Trade (Generic)	Abbr.	Trade (Generic)	Abbr.	Abbr.	
Atripla (Efavirenz/Emtricitabine/Tenofovir DF)	EFV/FTC/TDF	Dovato (Dolutegravir/Lamivudine)	DTG/3TC	Stribild (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir DF)	EVG/c/FTC/TDF	EVG/c/FTC/TDF	
Biktarvy (Bictegravir/Emtricitabine/Tenofovir AF)	BIC/FTC/TAF	Genvoya (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir AF)	EVG/c/FTC/TAF	Symtuza (Darunavir/Cobicistat/Emtricitabine/Tenofovir AF)	DRV/c/FTC/TAF	DRV/c/FTC/TAF	
Cabenuva (Cabotegravir/Rilpivirine)	CAB IM and RPV IM	Juluca (Dolutegravir/Rilpivirine)	DTG/RPV	Triumeq (Dolutegravir/Abacavir/Lamivudine)	DTG/ABC/3TC	DTG/ABC/3TC	
Complera (Emtricitabine/Rilpivirine/Tenofovir DF)	FTC/RPV/TDF	Kivexa (Abacavir/Lamivudine)	ABC/3TC	Truvada (Emtricitabine/Tenofovir DF)	FTC/TDF	FTC/TDF	
Delstrigo (Doravirine/Lamivudine/Tenofovir DF)	DOR/3TC/TDF	Odefsey (Emtricitabine/Rilpivirine/Tenofovir AF)	FTC/RPV/TAF	Other (Specify):			
Descovy (Emtricitabine/Tenofovir AF)	FTC/TAF	Prezcobix (Darunavir/Cobicistat)	DRV/c				
Single antiretroviral							
Trade (Generic)	Abbr.	Trade (Generic)	Abbr.	Trade (Generic)	Abbr.	Trade (Generic)	Abbr.
Celsentri (Maraviroc)	MVC	Norvir (Ritonavir)	RTV	Sustiva (Efavirenz)	EFV	Ziagen (Abacavir)	ABC
Edurant (Rilpivirine)	RPV	Pifeltro (Doravirine)	DOR	Tivicay (Dolutegravir)	DTG	Other (Specify):	
Intencele (Etravirine)	ETR	Prezista (Darunavir)	DRV	Viramune (Nevirapine)	NVP		
Isentress (Raltegravir)	RAL	Retrovir (Zidovudine)	ZDV	Viread (Tenofovir DF)	TDF		
Lamivudine (3TC)	3TC	Reyataz (Atazanavir)	ATV	Vocabria (Cabotegravir)	CAB		

4 - Comments:

5 - Collection Information Must be completed with each sample submitted.

A. Collected (yyyy/mm/dd):	Time (24hr - HH:MM)	Initials:	C. Frozen (< -20°C):	Time (24hr - HH:MM)	Initials:
B. Plasma separated:	Time (24hr - HH:MM)	Initials:	D. Received (yyyy/mm/dd):	Time (24hr - HH:MM)	Initials:

CONFIDENTIAL WHEN COMPLETED

The personal health information is collected under the authority of the Personal Health Information Protection Act, 2004, s.36 (1)(c)(iii) for the purposes specified in the Ontario Agency for Health Protection and Promotion Act, 2007, s.1 and will be used for surveillance and other public health purposes. If you have questions about the collection of this personal health information please contact the PHOL Manager of Customer Service at 416-235-6556 or toll free 1-877-604-4567. Form No. F-C-HV-139-007 (22/11/16)