

Date Received

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
yyyy mm dd

Requisition #

Viral Load Label

Patient Information

This must be completed at every visit.

Ontario HIN _____ _____ _____ _____ _____ _____ _____ _____ _____ _____		Version _____ _____	Patient Addressograph
Chart # _____			
Surname _____	First Name _____	Initial _____	
Date of Birth (yyyy/mm/dd) _____ _____ _____	Sex M   F	Pregnant No   Yes	
Year of HIV diagnosis _____			

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 # _____ _____ _____ _____ _____ _____ _____ _____	cc Dr: _____
Name: _____	Address: _____
Address: _____	Physician Signature _____
Telephone: _____	Date (yyyy/mm/dd) _____ _____ _____
Fax: _____	_____

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: _____	cells/mm <sup>3</sup>	_____ %	Date Performed	_____ _____ _____ _____ _____ _____	yyyy mm dd
<input type="checkbox"/> No therapy	Generic (Trade)	Abbreviation	<input type="checkbox"/> Lopinavir/Ritonavir(Kaletra)	Generic (Trade)	Abbreviation	
<input type="checkbox"/> Abacavir (Ziagen)	Abacavir (Ziagen)	ABC	<input type="checkbox"/> Maraviroc (Celsentri)	Maraviroc (Celsentri)	MVC	
<input type="checkbox"/> Abacavir/Lamivudine (Kivexa)	Abacavir/Lamivudine (Kivexa)	ABC+3TC	<input type="checkbox"/> Nelfinavir (Viracept)	Nelfinavir (Viracept)	NFV	
<input type="checkbox"/> Abacavir/Lamivudine/Zidovudine (Trizivir)	Abacavir/Lamivudine/Zidovudine (Trizivir)	ABC+3TC+AZT	<input type="checkbox"/> Nevirapine (Viramune)	Nevirapine (Viramune)	NVP	
<input type="checkbox"/> Atazanavir (Reyataz)	Atazanavir (Reyataz)	ATV	<input type="checkbox"/> Raltegravir (Isentress)	Raltegravir (Isentress)	RGV	
<input type="checkbox"/> Darunavir (Prezista)	Darunavir (Prezista)	DRV	<input type="checkbox"/> Ritonavir (Norvir)	Ritonavir (Norvir)	RTV	
<input type="checkbox"/> Didanosine (Videx)	Didanosine (Videx)	ddl-EC	<input type="checkbox"/> Saquinavir-HG	Saquinavir-HG	SQV (HGC)	
<input type="checkbox"/> Efavirenz (Sustiva)	Efavirenz (Sustiva)	EFV	<input type="checkbox"/> Stavudine (Zerit)	Stavudine (Zerit)	d4T	
<input type="checkbox"/> Emtricitabine (Emtriva)	Emtricitabine (Emtriva)	FTC	<input type="checkbox"/> Tenofovir (Viread)	Tenofovir (Viread)	TDF	
<input type="checkbox"/> Enfuvirtide (Fuzeon)	Enfuvirtide (Fuzeon)	ENF	<input type="checkbox"/> Tenofovir/Emtricitabine (Truvada)	Tenofovir/Emtricitabine (Truvada)	TDF+FTC	
<input type="checkbox"/> Etravirine (Intencele)	Etravirine (Intencele)	ETR	<input type="checkbox"/> Tenofovir/Emtricitabine/Efavirenz (Atripla)	Tenofovir/Emtricitabine/Efavirenz (Atripla)	TDF+FTC+EFV	
<input type="checkbox"/> Fosamprenavir (Telzir)	Fosamprenavir (Telzir)	fAPV	<input type="checkbox"/> Tipranavir (Aptivus)	Tipranavir (Aptivus)	TPV	
<input type="checkbox"/> Indinavir (Crixivan)	Indinavir (Crixivan)	IDV	<input type="checkbox"/> Zidovudine (Retrovir)	Zidovudine (Retrovir)	AZT	
<input type="checkbox"/> Lamivudine (EpiVir)	Lamivudine (EpiVir)	3TC	<input type="checkbox"/> Other			
<input type="checkbox"/> Lamivudine/Zidovudine (Combivir)	Lamivudine/Zidovudine (Combivir)	CBV				
Comments _____ _____ _____						

Collection Information

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

Collected	_____ _____ _____ _____ _____ _____	am pm	Initials	_____	Plasma Separated	_____ _____	am pm	Initials	_____
	yyyy mm dd	hr min				hr min			
Received	_____ _____ _____ _____ _____ _____	am pm	Initials	_____	Frozen (< -20° C)	_____ _____	am pm	Initials	_____
	yyyy mm dd	hr min				hr min			

# Viral Load

Ontario Agency for Health Protection and Promotion, Public Health Laboratories

## Requisition for HIV Viral Load Monitoring