Institut Pasteur du Cambodge	UNITE DE BIOLOGIE MEDICALE	FOR-R1-012
	HIV-1 ARV DRUG RESISTANCE TESTING REQUEST FORM	Version 2

RÉVISÉ LE :	PAR :	NATURE DES MODIFICATIONS :
27/09/202125/07/2019	DELVALLEZ T. EOM	Remplacement du chef d'unité

PLATFORM OF MOLECULAR BIOLOGY
Dr Gauthier DELVALLEZ, 012 802 978
Laboratory contact:
Ms HENG Seiha, 012 333 105

Sample requirements:

Specimen	Tube types and number	Volume	Storage temperature from collection to IPC reception	Time between collection and IPC reception
Whole blood	2 EDTA tubes	3 mL / tube	Room temperature	24 hours max.
Plasma	1 tube	3 mL / tube	+2ºC - +8ºC	48 hours max.

Sample details:

ថ្ងៃបូមឈាម : ....
Sample collection date: ....

ម៉ោងបូមឈាម :..
Sample collection time :..

Patient details:

នាម-នាមត្រកូល: ....
Last Name – First name: ....

ភេទ: ☐ ស្រី ☐ ប្រុស
Sex: ☐ F M ☐

ថ្ងៃកំណើត: ....
Date of birth: ....

មកពី: (មន្ទីរពេទ្យ/ទីក្រុង)
:......................
From (Hospital/City): ....

កូដអ្នកជំងឺ:..
Patient code: :..

គំរោង:..
Project :..

IPCកូដ:..IPCcode:

Clinical data

ARV regimen at sampling:………………………. ARV Lines : ☐ 1rst ☐ 2nd ☐ 3rd line

Duration on HAART (m):……………………...

Date of ART initiation:…………………………... CD4 last result:..

Serology **HIV** result: ☐ Positive ☐ Negative ☐ Doubtful ☐ NA

Date of last viral load : Result of last viral load : .

Reason for request: ☐ Virological failure ☐ Immunological failure ☐ Clinical failure ☐ Control

Viral load requested on this sample ? ☐ **Yes** ☐ **No**

Name of the Doctor: …………………………………. Doctor's Signature:

Phone Number: ……………………………………….