Institut Pasteur du Cambodge	**UNITE DE BIOLOGIE MEDICALE**	FOR-R1-011
	VIRAL LOAD TEST REQUEST FORM	Version 2

RÉVISÉ LE :	PAR :	NATURE DES MODIFICATIONS :
25/07/2019	DELVALLEZ T. EOM	Changement du chef de service

Select test requested: ☐ HIV ☐ HBV ☐ HCV

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	+2°C - +8°C	48 hours max.

Sample details:

ថ្ងៃបូមឈាម : ..... ម៉ោងបូមឈាម : .....
Sample collection date: ..... Sample collection time: .....

Patient details:

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

ភេទ: ស្រី☐ ប្រុ☐
Sex: F ☐ M ☐

ថ្ងៃកំណើត: .....
Date of birth: .....

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

កូដអ្នកជំងឺ:.....
Patient code: .....

គំរោង:
.....
Project : .....

Co infection: ☐ HBV ☐ HCV ☐ HIV ☐ Tuberculosis

Did a viral load test has already been performed at IPC ? ☐ Yes ☐ No
If Yes, date: .....Pasteur's code: .....Previous result: .....(copies/mL – UI/mL)

Clinical data:
The patient is currently under treatment: ☐ Yes ☐ No

- Since: .....
- What kind of treatment: .....
- Drug regimen: ☐ 1st line ☐ 2nd line ☐ 3rd line

សំគាល់ / Remarks :

Name of the Doctor: ..... Doctor's Signature:
Phone Number: .....