

	MEDICAL BIOLOGY LABORATORY	FOR-R1-011
	VIRAL LOAD TEST REQUEST FORM	VERSION 4 Date of issue 06/03/2024

Select test requested: HIV-1 HBV HCV

PLATFORM OF MOLECULAR BIOLOGY
 Laboratory contact:
 Mrs 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	2,5 mL / tube	2-8°C	48 hours max.

Sample details:

ថ្ងៃប្រមូលរាង : ម៉ោងប្រមូលរាង :
 Sample collection date: Sample collection time:

Patient details:

នាម-នាមត្រកូល: ភេទ: ស្រី ប្រុស
 Last Name – First name: Sex: F M
 ថ្ងៃកំណើត: មកពី: (មន្ទីរពេទ្យ/ទីក្រុង)
 Date of birth: From (Hospital/City):
 កូដអ្នកជំងឺ: គម្រោង:
 Patient code: Project :

Co infection: HBV HCV HIV Tuberculosis
 Was a viral load test already 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:

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