**HCV Resistance Request Form**

**Patient details (use label if available) If sample already collected**

**Chi no:** **Laboratory number:**

**Name: Date of specimen:**

**DOB:**

**Current treatment status (include previous drug regimens):**

**HCV Genotype:**

**Date of genotype test:**

**Recent Viral load:**

**Date of last resistance test if any:**

**Clinical details (indicate if cirrhosis is present):**

**Requester**

**Name:**

**Hospital:**

**Contact telephone number:**

**Signature: Date of request:**

Please send 5ml EDTA plasma. Please submit all requests outside GGC through your local microbiology laboratory. Queries to: Dr Rory Gunson, Dr Amanda Bradley-Stewart and Dr Alasdair MacLean. Tel: 0141 201 8733/ Fax: 0141 201 8723.