

Specialist Virology Centre, New Lister Building,
Glasgow Royal Infirmary, 10-16 Alexandra Parade, G31 2ER

HIV Tropism Request Form

Patient details (use label if available)

Chi no:

Name:

DOB:

Requester

Name:

Hospital:

Please phone 0141 201 8733 (Amanda/Alasdair) before sending to discuss

RECEPTION - DO NOT SEPARATE SAMPLE

Date of sample:

Latest viral load: _____ c/ml Date of this viral load:

Nadir (lowest ever) CD4 count:

Nadir (lowest ever) CD4 %:

Nadir (lowest ever) CD8 count:

Please ensure that the above information is provided as genotypic tropism determination is based on a bioinformatic tool that requires the data requested to produce a satisfactory result

Clinical reason for test:

Tropism test required:

HIV viral load >1000 c/ml: at least 5 ml EDTA blood

HIV viral load <1000 c/ml: at least 2 ml EDTA blood

Please send sample to the laboratory as soon as possible after collection, arriving no later than 2 pm on a Friday afternoon to allow time for processing.