

HIV-1/2 Requisition: PCR, Serology & Viral Load



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For NLHRS

Please refer to the NLHRS specimens submission guidelines

Submitter Information

Name of Lab:

**Contact/email
for Final Report:**

City:

Province:

Postal Code:

Telephone:

Shipper's name:

Shipper's signature: _____

HIV-1/2 Test Requested

PCR (EDTA)

HIV-1/2 PCR

HIV-1 Subtyping

Serology (serum/plasma)

HIV Confirmation

HIV Viral Load (plasma)

Hologic Aptima HIV-1 Quant

HIV-2 Viral Load

Test Results / Clinical History

S/Co Results:

Specimen Information

Specimen Ref #:

Date Collected (dd-mm-yyyy):

☐ Whole Blood (EDTA)

☐ Plasma

Serum

Other specimen (specify & contact NLHRS in advance)

Patient Information

Date of Birth (dd-mm-yyyy):

Sex: M F

Has this patient been tested previously at NLHRS?

(if yes provide submitter code and/or NML#)

No Yes:

Risk Factors

☐ Baby of HIV positive mother ☐ MSM

☐ Breastfed/Breastfeeding ☐ Multiple sex partners

☐ Pregnancy ☐ Unprotected sex

☐ HIV positive sex partner ☐ Intravenous drug user

☐ Endemic country of origin ☐ Workplace exposure

☐ Donor/Recipient/Transplant ☐ Immunocompromised

☐ T-cell lymphoma/leukemia ☐ STI

☐ HAM/TSP (HTLV-I associated myelopathy/Tropical Spastic paraparesis)

Other (specify):