

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: _____

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

- | | |
|--|--|
| <input type="checkbox"/> Baby of HIV positive mother | <input type="checkbox"/> MSM |
| <input type="checkbox"/> Breastfed/Breastfeeding | <input type="checkbox"/> Multiple sex partners |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Unprotected sex |
| <input type="checkbox"/> HIV positive sex partner | <input type="checkbox"/> Intravenous drug user |
| <input type="checkbox"/> Endemic country of origin | <input type="checkbox"/> Workplace exposure |
| <input type="checkbox"/> Donor/Recipient/Transplant | <input type="checkbox"/> Immunocompromised |
| <input type="checkbox"/> T-cell lymphoma/leukemia | <input type="checkbox"/> STI |
| <input type="checkbox"/> HAM/TSP (HTLV-I associated myelopathy/Tropical Spastic paraparesis) | |

Other (specify):

HIV-1/2 Test Requested

PCR (EDTA)

HIV-1/2 PCR

HIV-1 Subtyping

Serology (serum/plasma)

HIV Confirmation

HIV Viral Load (plasma)

HIV-1 Viral Load (specify platform)

Roche CAP/CTM HIV-1 v2.0

Abbott m2000 RealTime HIV-1

HIV-2 Viral Load

Test Results / Clinical History

S/Co Results: