

For laboratory use only

Date received (yyyy-mm-dd):

PHOL No.:

HIV-1 Viral Load Test Requisition

ALL Sections of this form must be completed at every visit

1 - Ordering Physician Information

This is not a diagnostic test. Test results are provided for prognostic purposes only.

Name
Address
City & Province
Postal Code

OHIP / CPSO / Prof. License No.:

Physician Signature:

Date Ordered (yyyy-mm-dd):

Telephone: Fax:

cc Doctor Name:

Lab / Clinic Name:

OHIP / CPSO / Prof. License No.:

2 - Patient Information

Health Card No.: Medical Record No.:

Date of Birth (yyyy-mm-dd): Sex: M F TM TF
TM = transmale (F to M); TF = transfemale (M to F)

Last name:

First Name:

Address:

City: Postal Code:

Year of HIV diagnosis (yyyy): Pregnant: No Yes

Submitter Lab No.:

Telephone: Address: Postal Code:

Fax:

3 - Treatment Information This information is essential for the interpretation of test results and for the evaluation of the program.

| Baseline | Follow-up | Most recent CD4+ T-cell count: | Result: | cells / mm ³ | % | Date Performed (yyyy-mm-dd): | |
|---|-------------------|--|---------------|---|---------------|------------------------------|--------------|
| No Therapy | | | | | | | |
| Combination antiretroviral | | | | | | | |
| Trade (Generic) | Abbr. | Trade (Generic) | Abbr. | Trade (Generic) | Abbr. | Abbr. | |
| Atripla (Efavirenz/Emtricitabine/Tenofovir DF) | EFV/FTC/TDF | Dovato (Dolutegravir/Lamivudine) | DTG/3TC | Stribild (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir DF) | EVG/c/FTC/TDF | | |
| Biktarvy (Bictegravir/Emtricitabine/Tenofovir AF) | BIC/FTC/TAF | Genvoya (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir AF) | EVG/c/FTC/TAF | Symtuza (Darunavir/Cobicistat/Emtricitabine/Tenofovir AF) | DRV/c/FTC/TAF | | |
| Cabenuva (Cabotegravir/Rilpivirine) | CAB IM and RPV IM | Juluca (Dolutegravir/Rilpivirine) | DTG/RPV | Triumeq (Dolutegravir/Abacavir/Lamivudine) | DTG/ABC/3TC | | |
| Complera (Emtricitabine/Rilpivirine/Tenofovir DF) | FTC/RPV/TDF | Kaletra (Lopinavir/Ritonavir) | LPV/r | Truvada (Emtricitabine/Tenofovir DF) | FTC/TDF | | |
| Delstrigo (Doravirine/Lamivudine/Tenofovir DF) | DOR/3TC/TDF | Kivexa (Abacavir/Lamivudine) | ABC/3TC | Other (Specify): | | | |
| Descovy (Emtricitabine/Tenofovir AF) | FTC/TAF | Odefsey (Emtricitabine/Rilpivirine/Tenofovir AF) | FTC/RPV/TAF | | | | |
| | | Prezcobix (Darunavir/Cobicistat) | DRV/c | | | | |
| Single antiretroviral | | | | | | | |
| Trade (Generic) | Abbr. | Trade (Generic) | Abbr. | Trade (Generic) | Abbr. | Trade (Generic) | Abbr. |
| Celsentri (Maraviroc) | MVC | Norvir (Ritonavir) | RTV | Sustiva (Efavirenz) | EFV | Ziagen (Abacavir) | ABC |
| Edurant (Rilpivirine) | RPV | Pifeltro (Doravirine) | DOR | Tivicay (Dolutegravir) | DTG | Other (Specify): | |
| Intencele (Etravirine) | ETR | Prezista (Darunavir) | DRV | Viramune (Nevirapine) | NVP | | |
| Isentress (Raltegravir) | RAL | Retrovir (Zidovudine) | ZDV | Viread (Tenofovir DF) | TDF | | |
| Lamivudine (3TC) | 3TC | Reyataz (Atazanavir) | ATV | Vocabria (Cabotegravir) | CAB | | |

4 - Comments:

5 - Collection Information Sections A, B and C must be completed by the submitter accordingly with each sample submitted.

| | | | | | |
|-----------------------------------|---------------------|-----------|-----------------------------------|---------------------|-----------|
| A. Collected (yyyy-mm-dd): | Time (24hr - HH:MM) | Initials: | C. Frozen (< -20°C) (yyyy-mm-dd): | Time (24hr - HH:MM) | Initials: |
| B. Plasma separated (yyyy-mm-dd): | Time (24hr - HH:MM) | Initials: | D. Received (yyyy-mm-dd): | Time (24hr - HH:MM) | Initials: |

CONFIDENTIAL WHEN COMPLETED

The personal health information is collected under the authority of the Personal Health Information Protection Act, 2004, s.36 (1)(c)(iii) for the purposes specified in the Ontario Agency for Health Protection and Promotion Act, 2007, s.1 and will be used for surveillance and other public health purposes. If you have questions about the collection of this personal health information please contact the PHOL Manager of Customer Service at 416-235-6556 or toll free 1-877-604-4567. Form No. F-C-HV-139-008 (2023-04-18)