

**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:

Fax:                      Postal Code:

**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 <sup>3</sup>	%	Date Performed (yyyy-mm-dd):	
<b>No Therapy</b>							
<b>Combination antiretroviral</b>							
<b>Trade (Generic)</b>	<b>Abbr.</b>	<b>Trade (Generic)</b>	<b>Abbr.</b>	<b>Trade (Generic)</b>	<b>Abbr.</b>	<b>Abbr.</b>	
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	Kivexa (Abacavir/Lamivudine)	ABC/3TC	Truvada (Emtricitabine/Tenofovir DF)	FTC/TDF		
Delstrigo (Doravirine/Lamivudine/Tenofovir DF)	DOR/3TC/TDF	Odefsey (Emtricitabine/Rilpivirine/Tenofovir AF)	FTC/RPV/TAF	Other (Specify):			
Descovy (Emtricitabine/Tenofovir AF)	FTC/TAF	Prezcobix (Darunavir/Cobicistat)	DRV/c				
<b>Single antiretroviral</b>							
<b>Trade (Generic)</b>	<b>Abbr.</b>	<b>Trade (Generic)</b>	<b>Abbr.</b>	<b>Trade (Generic)</b>	<b>Abbr.</b>	<b>Trade (Generic)</b>	<b>Abbr.</b>
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 including clinical laboratory testing and public health purposes. If you have questions about the collection of this personal health information please contact the PHO's Laboratory Customer Service at 416-235-6556 or toll free 1-877-604-4567. F-C-HV-139 version 008.1 (August 2024)