

HIV-1 Drug Resistance and Genotype Testing Requisition

Public Health
Ontario

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Submitter / Health Care Provider (HCP) Information		Patient Information	
Licence No.:	Lab / Hospital or Facility Name:	Health Card No.:	
HCP Full Name:		Date of Birth (yyyy-mm-dd):	
Address:		Sex: Male Female	
City:	Postal Code:	Medical Record No.:	
Tel:	Fax:	Last Name (per health card):	
Copy to Other Lab / Health Unit / Authorized HCP		First Name (per health card):	
Licence No.:	Other Lab / Health Unit / Facility Name:	Address:	
HCP Full Name:		City:	
Address:		Tel:	
City:	Postal Code:	Postal Code:	
Tel:	Fax:	Investigation / Outbreak No. from PHO or Health Unit (if applicable):	

Test(s) Requested	Specimen Information
HIV-1 Resistance Genotyping	★ Date Collected (yyyy-mm-dd):
HIV-1 Resistance Genotyping Reinterpretation	Submitter Lab No.:
Select Drug Class(es): nRTIs, NNRTIs, PIs INSTIs	Plasma EDTA Whole Blood
Plasma CCR5 Tropism	Previously submitted HIV-1 Viral Load (VL) Specimen
Proviral DNA CCR5 Tropism	PHO's Lab Specimen Number:
HLA-B*57:01 for Abacavir Hypersensitivity	Result Date (yyyy-mm-dd):

Testing Indication(s) / Criteria			
Completion of this section is mandatory. An indication for testing must be provided to avoid delays and/or cancellation.			
Initiating treatment	Suboptimal response / treatment failure	Known / suspected transmission of drug-resistant HIV-1	Considering treatment change
HIV-1 pregnant individual close to delivery		Other (Specify):	
Refer to www.publichealthontario.ca/HIVGenotyping for complete details.			

A Guide to Complete the HIV-1 Drug Resistance and Genotype Testing Requisition

ALL sections of the form must be completed legibly for each specimen submitted, or testing may be delayed or cancelled.

The use of pre-populated fields is not recommended as the fields may be outdated or erroneously used for other patients. If pre-populated requisitions are used, make sure that all the fields are still applicable and current.

For HIV, respiratory viruses, cultured isolates, or environmental samples, please use the dedicated requisitions available at www.publichealthontario.ca/requisitions.

Ordering Healthcare Provider Information

1. The ordering healthcare provider must be authorized to order laboratory tests in Ontario as per the [Laboratory and Specimen Collection Licensing Act](#) O. Reg. 45 s. 18.
2. Fill all ordering healthcare provider information accurately for the test to be approved and results to be transmitted to the correct provider.
3. In settings where rotating healthcare providers take charge of patients, include the name of the attending healthcare provider.
4. **Licence No. field:** fill with the OHIP billing number, CPSO number, or other regulated healthcare professions' college registration number.
5. **Copy To field:** in addition to the main ordering healthcare provider, if a copy of the results needs to be provided to another provider, check the Copy To box and complete the additional fields.

Patient Information

1. Fill all patient information accurately for the test to be approved and results to be assigned to the correct patient.
2. The patient identifiers on the specimen container must be identical to those on the requisition, or testing will be cancelled.
3. **Health Card No. field:** Do not leave blank. Instead, write "not available" if unknown.
4. **Investigation / Outbreak No. field:** if a number was assigned to the patient encounter by PHO or a health unit for the purpose of investigations, fill and make sure the number is accurate and current.

Detailed information and guidelines can be found at www.publichealthontario.ca/HIVGenotyping

Specimen Information

1. Select the appropriate specimen type for the test(s) requested.
2. Submitter Lab no. field must be provided if available.
3. If submitting a specimen, the Date Collected must be indicated.
4. If requesting a test on a previously submitted specimen, a PHO's Lab Specimen Number and result date must be provided.
 - a. A completed [HIV-1 Drug Resistance and Genotype Testing Requisition](#) must be faxed to PHO Customer Service at 416-235-6552.

Test(s) Requested

1. Select the appropriate test by checking the checkboxes.
2. HIV-1 Resistance Genotyping:
 - a. requires a minimum HIV-1 VL of ≥ 250 copies/mL.
 - b. can be requested on a previously submitted HIV-1 VL specimen.
 - c. reinterpretation can only be ordered on a previously tested specimen; appropriate drug class(es) must be selected.
3. Plasma CCR5 Tropism:
 - a. requires a minimum HIV-1 VL of ≥ 500 copies/mL.
 - b. can be requested on a previously submitted HIV-1 VL specimen.
4. For tests with a minimum HIV-1 VL requirement, HIV-1 VL will be tested to determine eligibility, if not already done.
5. Proviral DNA Tropism and HLA-B*57:01 for Abacavir Hypersensitivity require EDTA whole blood. One (1) 3 mL EDTA whole blood is sufficient for both tests.
6. PHO's laboratory only performs tests that are insured services within the meaning of Ontario's [Health Insurance Act, s. 11](#).

Public Health Ontario's Laboratory

Customer Service Centre

Monday to Friday 7:30 am – 7:00 pm EST/EDT
Saturday 8:00 am – 3:45 pm EST/EDT

Tel.: 416-235-6556
Toll Free: 1-877-604-4567
Email: customerservicecentre@oahpp.ca
Website: www.publichealthontario.ca