HIV-1 Drug Resistance and Genotype Testing Requisition

Public Health Ontario | Santé publique Ontario

ALL sections of the form must be completed by authorized health care providers for each specimen submitted, or testing may be delayed or cancelled. Verify that **all testing requirements** are met before collecting a specimen.

Submitter / Health Care Provider (HCP) Information

Licence No.: Lab / Hospital or Facility Name:

HCP Full Name:

Address:

City: Postal Code: Province:

Tel: Fax:

Copy to Other Lab / Health Unit / Authorized Health Care Provider (HCP)

Licence No.: Other Lab / Health Unit / Facility Name:

HCP Full Name:

Address:

City: Postal Code: Province:

Tel: Fax:

Patient Information

Health Card No.:

Date of Birth (yyyy-mm-dd): Medical Record No.:

Sex: ☐ Male ☐ Female ☐ Trans woman ☐ Trans man

Last Name:

First Name:

Address: Postal Code:

City: Tel:

Investigation / Outbreak No. from PHO or Health Unit (if applicable):

Test(s) Requested

☐ **HIV-1 Resistance Genotyping**

☐ **HIV-1 Resistance Genotyping Reinterpretation**

Select Drug Class(es): ☐ nRTIs, NNRTIs, PIs ☐ INSTIs

☐ **Plasma CCR5 Tropism**

☐ **Proviral DNA CCR5 Tropism**

☐ **HLA-B*57:01 for Abacavir Hypersensitivity**

Specimen Information

★ **Date Collected** (yyyy-mm-dd): **Submitter Lab No.:**

☐ Plasma ☐ EDTA Whole Blood

☐ Previously submitted HIV-1 Viral Load (VL) Specimen

PHO's Lab Specimen Number:

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.

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 Customer Service Center at 416-235-6556 or toll free 1-877-604-4567. F-C-HV-142, version 008 (October 2026)

Ontario

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 all other Public Health Ontario (PHO) tests requests, follow the guidelines outlined on the appropriate Test Information Sheet: www.publichealthontario.ca/TIS.

Submitter / Health Care 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. **HCP Full Name field:** laboratories and hospitals should provide the Laboratory Director as the submitter, or in medical clinics with rotating health care providers, include the name of the attending health care 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.

Specimen Information

1. **Date Collected field:** the star (★) is a visual reminder to fill this field, as this field is often missed by submitters.
2. **Submitter Lab No. field:** Provide if available.
3. 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.

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

Public Health Ontario

Customer Service Centre

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

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