



**Public Health
England**

**Public Health Laboratory Birmingham
HIV ART Susceptibility Request Form**



Lab
no

Laboratory information:

Address: Birmingham PHE
Public Health Laboratory
Antiviral Resistance Testing Service
Birmingham Heartlands Hospital
Bordesley Green East
Birmingham B9 5SS.
Hays DX6780100

For progress or result queries:
0121 424 2256

For gateway queries:

Liz Joseph (0121 424 1874)

For case discussion and advice:

•Dr Ras Smit (0121 424 2514) or

•Dr Husam Osman (0121 424 2513)

Please send at least 1ml of plasma or 2ml if more than one assay requested. Fill in **all** the sections of the form. Please let us know the viral load if not initially known.

Sender's information:

Sender's name and address

Sender's contact details:

Sample information:

Specimen type EDTA blood ☐ Plasma ☐
Lab reference No.: _____

Date of sample collected: _____

Time of sample collected: ____/____

Viral Load of this sample: _____

(Please also state date if VL result is historic)

Current CD4 count: _____

Clinical / epidemiology information:

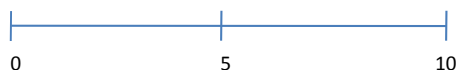
Reason for test:

- ☐ cART Naïve (baseline)
☐ Seroconverter
☐ Pregnancy
☐ Treatment failure
☐ Stopped cART (date _DD/MM/YY)
☐ Persistent low level viraemia (contact lab if VL < 500)
☐ Other: _____

Country of origin of infection: _____

Ethnic origin of patient: White ☐ Black ☐
Asian ☐ Other _____

Adherence (VAS):



Any other information: _____

Referred by: _____

Patient information:

NHS No.: _____

Hospital Reg. No.: _____

Patient Name: _____

Soundex No. _____

Date of birth | D | D | M | M | Y | Y |

Date & time sample received: _____

Tests requested:

Frequent requested tests

HIV -1 Genotypic test (PR & RT)

HIV-1 Integrase

☐
☐

Genotypic CCR5 tropism

Please use our specific Tropism request form
(please contact us if you do not have one)

HIV-1 gp 41 (T20)

☐

HIV -2 PI & RT

HIV-2 Integrase

☐
☐

Drug history:

PIs

ATV
ATV/r
DRV/r
FPV/r
IDV/r
LPV/r
NFV
SQV/r
TPV/r

previous

current

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NRTI

3TC
ABC
AZT
D4T
DDI
FTC
TDF

previous

current

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☐

☐
☐
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☐
☐

NNRTI

EFV
ETV
NVP
RPV

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☐
☐
☐

☐
☐
☐
☐

EI

ENF (T20)

☐

CCR-5 Antagonists

MVC
VCV

☐

☐

Others _____

Name:
(print) _____

Signature: _____

Date: _____