

## **UKHSA Public Health Laboratory Birmingham HIV-1 Tropism Request Form**



8213

Lab no

Laboratory information

Address: Birmingham UKHSA Public Health Laboratory, Antiviral Resistance Testing Service, Birmingham Heartlands Hospital

For progress or result queries:

0121 424 2256

For gateway queries: Liz Hill (0121 424 1874)

Bordesley Green East,	•Dr Husam Osman (0121 424 2513)	
	•Dr Sowsan Atabani (0121 424 2248)	
Hays DX6780100 Sender's information:	•Dr Mike Kidd (0121 424 2514)	
Sender's information:	Patient information:	
Sender's name and address	NHS No.:	
	Hospital Reg. No.:	
	Patient Name:	
	Soundex No	
Sender's contact details:	Date of birth D D M M Y Y  Sex: F   M  Date & time sample received:	
Sample information:	Tropism Test requested:	
Specimen type EDTA blood Plasma		
Lab reference No.:	Genotypic CCR5 tropism (please tick and circle clearly)	
	• VL>500cpml (2ml plasma from 1x ED1A tube)  SEPARATE (SPIN) SAMPLE	
Date sample collected:	VL>500cpml (stored 2ml plasma)	
Time sample collected:/	VL < 500cpml (EDTA x2 tubes) DO NOT SPIN	
Current CD4 count:	(DDMC)	
	Viral Load of this sample:	
Clinical informat	ion (NB: Important for Tropism prediction)	
Treatment status at the time of the Naive Treatment Experience	· <u> </u>	
Nadir (lowest)		
• CD4 =cells/mm	n3	
• CD4 = %		
For information: For PBMC Tropis tubes directly to us without delay a (>24hours) will be adversely affected	sm detection (VL <500 copies/ml) send 2 purple top (EDTA) and not to be received on a weekend. Old EDTA samples and may be rejected. In most instances it is better to send h just before VL suppression. Clinical information is necessary prediction (www.geno2pheno.org)	

Referre Name:	ed by:
(print)	

Signature:

Date: