# HIV-1 Tropism Determination Request

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# *Dept of Virology, Royal Free Hospital, Pond Street, London NW3 2QG*

# Telephone: 020 77940500 ext 31626 / 36295 / 34951 or bleep 1669

Patient details (use label if available) Requesting physician

Hospital No: Name:

Name: Location:

DOB: Contact Number:

**TYPE OF SPECIMEN**

* **For blood samples, specimen type depends on the current/recent plasma viral load:**

**🞏 Viral load >500 copies/ml (>1000 copies/ml if tested with Roche Taqman v2 assay):
2 ml of plasma or 5 ml of unprocessed EDTA blood**

**🞏 Viral load <500 copies/ml (<1000 copies/ml if tested with Roche Taqman v2 assay) and including viral load <50 copies/ml:**

**10 ml unprocessed EDTA blood (or buffy coat)**

* **CSF samples can be tested provided they show a viral load >100 copies/ml**
* **EDTA bloods must arrive in the laboratory promptly after collection and no later than 4 pm to allow time for processing. Do not send samples overnight on a Friday.**

**REQUIRED INFORMATION\***

|  |  |
| --- | --- |
| **Date of request:** | **Date of sample:** |
| **Treatment status *at the time of sample*:**  | Off therapy | On therapy |
| **\*Viral load *at time of sample (or closest)*: \_\_\_\_\_\_\_\_\_\_ copies/ml**  |
| **\*Nadir (lowest recorded) CD4: \*Absolute no. \_\_\_\_\_\_\_\_\_\_ cells/mm3** **\*Percentage: \_\_\_\_\_\_\_\_\_\_ %** |

\*Please ensure that the above information is provided as genotypic tropism determination is based on a bioinformatic tool that requires the data requested to produce a reliable result.