Public Health Ontario | Santé publique Ontario

Date Received PHL No.

HIV Viral Load Test Requisition

Patient Information *This must be completed at every visit.*

Ontario HIN | Version

Chart #

Surname | First Name | Initial

Date of Birth (yyyy/mm/dd) | Sex M F | Pregnant No Yes | Year of HIV diagnosis

Patient Addressograph

Ordering Physician Information *This is not a diagnostic test. Test results are provided for prognostic purposes only, and will be reported directly to the physician.*

Phys # -

Name:

Address:

Telephone: Fax:

cc Dr:

Address

Physician Signature | Date (yyyy/mm/dd)

Treatment Information *This information is essential for the interpretation of test results and for the evaluation of the program.*

☐ Baseline
☐ Follow-up

Most recent CD4+ T-cell count:
Result: _____ cells/mm³ _____ % Date Performed yyyy mm dd

Generic (Trade)	Abbreviation
☐ No therapy	
☐ Abacavir (Ziagen)	ABC
☐ Abacavir/Lamivudine (Kivexa)	ABC+3TC
☐ Abacavir/Lamivudine/Zidovudine (Trizivir)	ABC+3TC+AZT
☐ Atazanavir (Reyataz)	ATV
☐ Darunavir (Prezista)	DRV
☐ Darunavir/cobicistat (Prezcobix)	DRV/cobi
☐ Didanosine (Videx)	ddl-EC
☐ Dolutegravir (Tivicay)	DTG
☐ Dolutegravir/abacavir/lamivudine (Triumeq)	DTG+ABC+3TC
☐ Efavirenz (Sustiva)	EFV
☐ Emtricitabine (Emtriva)	FTC
☐ Enfuvirtide (Fuzeon)	ENF
☐ Etravirine (Intelence)	ETR
☐ Fosamprenavir (Telzir)	fAPV
☐ Indinavir (Crixivan)	IDV
☐ Lamivudine (3TC)	3TC
☐ Lamivudine/Zidovudine (Combivir)	CBV
☐ Lopinavir/Ritonavir(Kaletra)	LPV/r
☐ Maraviroc (Celsentri)	MVC
☐ Nelfinavir (Viracept)	NFV
☐ Nevirapine (Viramune)	NVP
☐ Raltegravir (Isentress)	RGV
☐ Rilpivirine (Edurant)	RPV
☐ Ritonavir (Norvir)	RTV
☐ Saquinavir (Invirase)	SQV (HGC)
☐ Stavudine (Zerit)	d4T
☐ Tenofovir (Viread)	TDF
☐ Tenofovir/Emtricitabine (Truvada)	TDF+FTC
☐ Tenofovir/Emtricitabine/Efavirenz (Atripla)	TDF+FTC+EFV
☐ Tenofovir/Emtricitabine/Rilpivirine (Complera)	TDF+FTC+RPV
☐ Tenofovir/Emtricitabine/Cobicistat/Elvitegravir (Stribild)	STR
☐ Tipranavir (Aptivus)	TPV
☐ Zidovudine (Retrovir)	AZT
☐ Other	

Comments

Collection Information *This information must be filled out at the time of collection to ensure result integrity.*

Collected yyyy mm dd hr min am pm Initials _____ Plasma Separated hr min am pm Initials _____

Received yyyy mm dd hr min am pm Initials _____ Frozen (< -20° C) hr min am pm Initials _____

Version 3.0

F-C-HV-139-005

The personal health information is collected under the authority of the Personal Health Information Protection Act, s.36 (1)(c)(iii) for the purpose of clinical laboratory testing. If you have questions about the collection of this personal health information please contact the PHOL Manager of Customer Service at 416-235-6556 or toll free 1-877-604-4567.

Ontario Agency for Health Protection and Promotion / Agence de protection et de promotion de la santé