



HIV Viral Load Requisition Form

Office
Stamp

Name : _____

Patient ART Number : _____

Age : _____

Name of Facility : _____

Sex : ☐ Male ☐ Female

Is patient on ART? ☐ Yes ☐ No

If 'Yes', Date of ART initiation (DD/MM/YY): ____ / ____ / ____

Current Regimen : ☐ 1st line ☐ 2nd line

Specify the current regimen taken by patient: _____ OR Tick ARV drugs:

NRTI		NNRTI	PI	Integrase Inhibitor
<input type="checkbox"/> TDF	<input type="checkbox"/> 3TC	<input type="checkbox"/> EFV	<input type="checkbox"/> LPV/r	<input type="checkbox"/> DTG
<input type="checkbox"/> AZT	<input type="checkbox"/> FTC	<input type="checkbox"/> NVP	<input type="checkbox"/> ATV/r	<input type="checkbox"/> RAL
<input type="checkbox"/> ABC				

Latest HIV Viral Load : _____ copies/ml Date (DD/MM/YY): _____

Latest CD4 : _____ cells/mm³ Date (DD/MM/YY): _____

Reason for Test : ☐ Routine

☐ Targeted – ☐ Clinical failure ☐ Immunological failure

☐ Repeat after enhanced adherence ☐ Others (Please specify) _____

Specimen Type : ☐ Plasma** ☐ Whole blood** ☐ DBS

Date of Specimen Collection (DD/MM/YY) - ____ / ____ / ____

Time of Specimen Collection (HH: MM) - ____: ____

Date of Specimen Shipped (DD/MM/YY) - ____ / ____ / ____

****Please send *at least***

- 2 ml plasma, sterile plain tube (Preferable)
(15° - 30°C up to 24 hrs, 2°- 8° C up to 5 days)

OR

- 5 ml EDTA whole blood
(15° - 30°C up to 6 hrs, 2°- 8°C up to 24 hrs)

Signature : _____

Name of Doctor / Health Staff : _____

Name of Facility : _____

Telephone No. : _____

Only for VL Testing Lab	Lab ID: _____	Quality of Specimen <input type="checkbox"/> Accept <input type="checkbox"/> Reject If "Reject", Reason: _____	Signature : Name :
	Date of sample received: _____		
	Date of registration: _____		