

**Specialist Virology Centre, New Lister Building,  
Glasgow Royal Infirmary, 10-16 Alexandra Parade, G31 2ER**

## **HIV Genotypic Resistance Request Form**

**Patient details (use label if available)    If sample already collected**

**Chi no:**

**Laboratory number:**

**Name:**

**Date of specimen:**

**DOB:**

**Viral load of specimen sent:**

**Current treatment:**

**Recent CD4 count:**

**Recent Viral load:**

**Previous drug exposure:**

**Date of last resistance test if any:**

**Requester**

**Name:**

**Hospital:**

**Contact telephone number:**

**Signature:**

**Date of request:**

Please send 10ml EDTA plasma. Specimen should be processed within 4-5 hours of being taken. If off-site laboratory, please contact SVC, Glasgow to discuss storage and transport arrangements.

Queries to: Dr Rory Gunson, Dr Samantha Shepherd and Dr Alasdair MacLean. Tel: 0141 201 8722/2429650 or email [west.ssvc2@nhs.scot](mailto:west.ssvc2@nhs.scot).