

REQUEST FORM HIV DIAGNOSTIC CONFIRMATION TEST

Version 2: 05/2023
AV-C_EN



AIDS REFERENCE LABORATORY
UMC St Pieter **CHU St Pierre**
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Sample identification
(Reserved for UMC St Pieter- CHU St Pierre)

Each positive HIV screen test ($\geq 4^{\text{th}}$ generation should be used) needs to be further analysed by an AIDS Reference Laboratory with specialized tests to confirm a possible HIV diagnosis (e.g. confirmation assays, RNA detection).

PLAQUETTE (reserved for UMC St Pieter- CHU St Pierre)

PATIENT INFORMATION

INSZ/NISS Code:

Name:

First name:

Date of birth:

Gender:

Patient ID in lab:

Antiretroviral therapy at collection date:

- Unknown
- No treatment
- Treatment (PREP, PEP, ...provide details):

SAMPLE INFORMATION* (preferably at least 1ml)

Sample ID:

Collection date and time:

Type of sample: serum plasma

Without anticoagulum; lithium heparin or EDTA

Storage of sample: max 4 days at 2°- 8°C, otherwise -20 or -80°C.

Avoid repetitive freeze-thawing.

Screening test(s):

- **Name test kit used:**
- **Manufacturer:**
- **Test result (value):**
- **Cut-off kit used:**
- **Interpretation** (POS/NEG/DOUBTFUL):

- OK
- NOK specify :
- OK
- NOK specify :

REQUESTER INFORMATION

Laboratory:

Contact person in laboratory (name and tel):

Clinician requesting analysis (name + RIZIV/INAMI nr! + Address):