



**AIDS REFERENCE LABORATORY – VUB site STP**

**UMC St Pieter - CHU St Pierre**

Hoogstraat 322 - Rue Haute 322

1000 Brussel - 1000 Bruxelles

Tel: 02/435 20 61 Fax: 02/435 20 69

Prise de sang: 02/535 36 39

Centre MIA: 02/535 31 77

**ORDER N°**

- BLOOD-EDTA\***  
(min. 10ml or 2x7ml)
- CSF (LCR)**  
+ BLOOD- EDTA  
required within 7 days

**PATIENT IDENTIFICATION (mandatory)**

- Copy results to patient
- Copy results to physician:

.....

.....

**Physician (mandatory)**

stamp + signature

**Sampling date and hour:**

...../...../..... .....H.....

**Request date:**

...../...../.....

**VIRAL LOAD**

- HIV-1**  **HIV-2**

(sent to ARL UCL)

**! This is NOT a diagnostic screen test! Please send the EDTA blood sample to the ARL laboratory CHU St Pierre**

**Reason for request (mandatory)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Trimestrial check-up                      | <input type="checkbox"/> Follow-up at 3 months of treatment | <input type="checkbox"/> Control of a recent determination (provide details): |
| <input type="checkbox"/> New diagnosis                             | <input type="checkbox"/> Non compliance                     |   |
| <input type="checkbox"/> Follow-up treatment-naïve patient         | <input type="checkbox"/> Pregnancy                          | <input type="checkbox"/> Other:   |
| <input type="checkbox"/> Follow-up non-treated non-naïve patient   | <input type="checkbox"/> Delivery (childbirth)              |   |
| <input type="checkbox"/> Start treatment or treatment modification | <input type="checkbox"/> Neurological symptoms              |   |
| <input type="checkbox"/> Follow-up at 1 month of treatment         |   |   |

**HIV-1 GENOTYPING:**  **PR + RT**  **INT**

**HIV-2 GENOTYPING:**  **PR + RT**  **INT**

(sent to ARL UCL)

**! Please send 7ml blood EDTA extra**

**Reason for request (mandatory)**

**Current antiretroviral therapy (important)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Treatment failure                            | <input type="checkbox"/> No treatment                                    |  |
| <input type="checkbox"/> Treatment modification                       | <b>NRTI</b> (NUCLEOSIDE and NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS) | <b>PI</b> (PROTEASE INHIBITORS)                        |
| <input type="checkbox"/> Treatment-naïve patient initiating treatment | <input type="checkbox"/> Lamivudine (3TC)                                | <input type="checkbox"/> Atazanavir (ATV)              |
| <input type="checkbox"/> Newly diagnosed patient                      | <input type="checkbox"/> Emtricitabine (FTC)                             | <input type="checkbox"/> Darunavir (DRV)               |
| <input type="checkbox"/> Pregnancy                                    | <input type="checkbox"/> Abacavir (ABC)                                  | <input type="checkbox"/> Lopinavir + Ritonavir (LPV/r) |
| <input type="checkbox"/> Vertical transmission                        | <input type="checkbox"/> Tenofovir alafenamide (TAF)                     | <input type="checkbox"/> Ritonavir (r)                 |
| <input type="checkbox"/> Treatment with maraviroc is considered       | <input type="checkbox"/> Tenofovir (TDF)                                 |  |
| <input type="checkbox"/> MVC naïve patient                            | <input type="checkbox"/> Zidovudine (AZT)                                |  |
| <input type="checkbox"/> MVC experienced patient                      | <b>NNRTI</b> (NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS)           | <b>INSTI</b> (INTEGRASE INHIBITORS)                    |
| <input type="checkbox"/> Other:                                       | <input type="checkbox"/> Doravirine (DOR)                                | <input type="checkbox"/> Bictegravir (BIC)             |
|   | <input type="checkbox"/> Efavirenz (EFV)                                 | <input type="checkbox"/> Cabotegravir (CAB)            |
|   | <input type="checkbox"/> Etravirine (ETR)                                | <input type="checkbox"/> Dolutegravir (DTG)            |
|   | <input type="checkbox"/> Nevirapine (NVP)                                | <input type="checkbox"/> Elvitegravir (EVG)            |
|   | <input type="checkbox"/> Rilpivirine (RPV)                               | <input type="checkbox"/> Raltegravir (RAL)             |
|   | <b>CAP</b> (CAPSID INHIBITORS)   | <b>EI</b> (ENTRY INHIBITORS)                           |
|   | <input type="checkbox"/> Lenacapavir (LEN)                               | <input type="checkbox"/> Maraviroc (MVC)               |
|   |  | <b>AI</b> (ATTACHMENT INHIBITORS)                      |
|   |  | <input type="checkbox"/> Fostemsavir (FTR)             |

**Other** (Tropism, HIV-1 subtype,...): .....

**\*Sample collection:** one 10 ml tube or two 7 ml tubes (minimum 4,5 ml for new-born) Blood-EDTA (lavender stopper)

The sample should arrive at the Aids Reference Laboratory within 24 hours after collection and at the latest at 16h, from Monday to Friday.

For any questions or complaints please contact the laboratory at 02/435 20 61