REQUEST FORM DIAGNOSIS OF A VERTICAL TRANSMISSION OF HIV

AV-VT_EN
version 4: 08/2025

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

SAMPLE NR

BLOOD-EDTA* without gel
(1x 4,5 ml tube)

COLLEZ ICI L' ETIQUETTE DE L'ECHANTILLON

PATIENT IDENTIFICATION (mandatory)

☐ Copy of the results to the patient
☐ Copy of the results to clinician:

……..

……..

CLINICIAN (mandatory)
stamp + signature

Sampling date and hour:

……/……/……. …..H…….

Order date:

……../……../……

ANALYSIS REQUESTED

❑ HIV-1 Viral Load + HIV-1 DNA PCR

❑ HIV-2 Viral Load + HIV-2 DNA PCR (sent to ARL UCL)

CLINICAL INFORMATION (mandatory)

❑ **At birth** (before start treatment if possible)
❑ At the age of 2-3 weeks (in case of maternal VL >50 cp/ml at delivery)
❑ **At the age of 6 weeks** (min.2-4 weeks after stop antiretroviral prophylaxis)
❑ **At the age of 3 months**
❑ At the age of ≥ 6 months (in case of tritherapy or 2nd test after stop treatment)
❑ Other:

IDENTIFICATION OF THE MOTHER (mandatory)

Internal Patient ID (n°dossier):

Name + Date of birth:

HIV infection: ❑ HIV-1
❑ HIV-2

Remarks:

Anti-retroviral treatment mother at delivery:

Breastfeading: ❑ Yes
❑ No

*Sample collection: one 4,5 ml tube (minimum 3ml) 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