



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



UCC

Coláiste na hOllscoile Corcaigh, Éire
University College Cork, Ireland



Ospidéal Ollscoile Chorcaí
Cork University Hospital

Human Immunodeficiency Virus (HIV) PCR Test Request and Report Form

Please refer to the MVDRL Service Users Manual for test information which is available on-line*.

SPECIMEN: Standard PCR: Plasma (6.0 mL)
New diagnosis/resistance profile request: Plasma (3 x 6.0 mL)

Patient Details

Attach Addressograph Label In This Section Only

Hospital No: _____

DOB: _____

Surname: _____

Gender: Female Male

First name: _____

HIV resistance profile request? Yes No

Address: _____

Date of test request: _____

Initial of Authorising Physician (AP): _____

Form completed by (if different to AP): Initial: _____

Clinical Details

Pregnancy status: Yes No

Expected delivery date: _____

Anti-viral therapy: Yes No

Start date: _____

Anti-viral therapy details: _____

Other details: _____

FOR LABORATORY USE ONLY

HI test number: HI HIV HIV

Receipt: Initial
Type: Plasma Frozen

Laboratory Investigation Results

HIV status: HIV not detected HIV detected (less than 20 copies/mL) HIV detected (greater than 100,000 copies/mL)

Quantitative value: viral copies/mL Log₁₀ viral copies/mL

Comments: _____ Request another sample:

Sample dilution details: _____ Affix CTM Sticker Here

Authorised by¹: _____ Date: _____

¹Liam Fanning, PhD, DSc. Director, MVDRL.

Laboratory Form: LF-UCC-MV-I-TRRF-04, 28/11/2017

Approved by: Dr. Liam Fanning, MVDRL, Dept. of Medicine, UCC, Cork. Tel: 021-4922552/4

* <https://www.ucc.ie/en/meddept/people/liam-fanning/mvdrl/>

HIV EQA proficiency certified by (1) QCMD, UK & (2) NEQAS, UK.

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