Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

UCC
Coláiste na hOllscoile Corcaigh, Éire
University College Cork, Ireland

CUH
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*.

Test order and specimen type/volume required:

Standard PCR: ☐
Resistance profile: ☐

Plasma – whole blood (WB): 6.0 mL ☐
2 x 6.0 mL ☐

Patient Details

Attach Addressograph Label In This Section Only

Hospital No: _____

Surname: _____

First name: _____

Address: _____

DOB: _____

Date of test request: _____

Initial of Authorising Physician (AP): Initial: _____

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

HIVL test number: **VL** HIV HIV

Receipt: Initial

Type: Plasma ☐ Frozen ☐

Laboratory investigation results: test results will be reported digitally unless hard-copy requested.

HIV status:

HIV **not** detected ☐

HIV **detected** (less than **20** copies/mL) ☐

HIV **detected** (greater than **5.0** Log_{10} copies/mL) ☐

Quantitative value:
Sample viral load

☐ viral copies/mL ☐ Log_{10} viral copies/mL

Comments:

Request another sample: ☐

Authorised by[1]: _____ **Date:** _____

[1]**Prof. Liam Fanning, PhD, DSc. Director, MVDRL.**