



HIV ANALYSIS REQUEST FORM

Patient and Sample Identification		Clinical Center Information							
Virco ID	<input type="text" value="For Virco use only"/>	Physician	<input type="text"/>						
Patient ID	<input type="text"/>	Address	<input type="text"/>						
Sample ID	<input type="text"/>		<input type="text"/>						
Collection Date	<table border="1"> <tr> <th>Day</th> <th>Month</th> <th>Year</th> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Day	Month	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	Phone	<input type="text"/>
Day	Month	Year							
<input type="text"/>	<input type="text"/>	<input type="text"/>							
Collection Time	<table border="1"> <tr> <th>24 Hour Clock</th> </tr> <tr> <td><input type="text"/></td> </tr> </table>	24 Hour Clock	<input type="text"/>	Fax	<input type="text"/>				
24 Hour Clock									
<input type="text"/>									
Initials	<table border="1"> <tr> <th>First</th> <th>Middle</th> <th>Last</th> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	First	Middle	Last	<input type="text"/>	<input type="text"/>	<input type="text"/>	E-mail	<input type="text"/>
First	Middle	Last							
<input type="text"/>	<input type="text"/>	<input type="text"/>							
Date of Birth	<table border="1"> <tr> <th>Day</th> <th>Month</th> <th>Year</th> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Day	Month	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	Signature Physician	<input type="text"/>
Day	Month	Year							
<input type="text"/>	<input type="text"/>	<input type="text"/>							
Gender	<table border="1"> <tr> <th>Male</th> <th>Female</th> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Male	Female	<input type="text"/>	<input type="text"/>	Contact Person for Query Resolution	<input type="text"/>		
Male	Female								
<input type="text"/>	<input type="text"/>								
Viral Load (copies/mL)	<input type="text"/>		<input type="text"/>						
Sample Origin	<input type="text" value="e.g. plasma, serum, DNA, RNA"/>		<input type="text"/>						
		Assay Information							
		Phenotyping (Antivirogram®)	<input type="checkbox"/>						
		Genotyping (virco@TYPE HIV-1)	<input type="checkbox"/>						

Research					
Left-overs of your sample may, under decoded form, be used for research purposes *. Please tick the box opposite to show your preference. If you disagree, we will destroy any remainders of your sample.	<table> <tr> <td><i>I agree</i></td> <td><i>I disagree</i></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<i>I agree</i>	<i>I disagree</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I agree</i>	<i>I disagree</i>				
<input type="checkbox"/>	<input type="checkbox"/>				
Instructions					
BLOOD COLLECTION					
Complete 'patient identification' details.					
Take one blood collection tube containing EDTA or Citrate or use a Plasma Preparation tube (PPT). Make sure not to use a blood collection tube containing Heparin. Check if the expiry date of the tube is not exceeded.					
Draw minimal 5 but preferably 10 ml blood in the EDTA or Citrate or PPT tube. Gently mix by inverting the tube 5-10 times. Immediately transfer tube with blood to lab for Plasma Isolation.					
PLASMA ISOLATION – Preferably within 8 hours of sample collection					
Centrifuge blood tube between 4°C and room temperature for approx. 10 minutes at 800 x g. Verify that no red blood cells remain in the plasma. If so, perform a second centrifugation.					
Remove the EDTA/Citrate/PPT tube stopper carefully and transfer the plasma into one or more cryotubes, preferably 1ml per tube. Be sure all identifiers on the cryotube(s) correspond with the Request Form.					
PLASMA STORAGE					
Freeze the cryotube(s) locally at – 20 ° C (short time storage, up to one month) but preferably at – 80 °C (long term) in upright position until shipment.					
PLASMA SHIPMENT					
Ship one or more cryotube(s) on dry ice to VIRCO according to IATA Packing Instruction 650.					
Address : Virco BVBA, Generaal De Wittelaan L11 B3, B-2800 Mechelen, Belgium.					
If possible, keep a cryotube as back-up sample between -65°C and -85°C. Keep a copy of the Request Form and of the shipment documents. Alert Virco by Fax/E-mail of sample shipment.					

Should you have any questions with regard to the collection of the specimens or the completion of this form, please contact Virco Sample Reception at phone: +32 15 461 766, fax: +32 15 461 956, e-mail: VircoSR@its.jnj.com

* More information on the type of research which may be performed on sample left-overs can, for each service, be found in the Privacy Policy included in the Product Center on the Virco website: www.vircolab.com