



Shaded areas are Required Information

HIV VIRAL LOAD REQUISITION			
PROVINCE	PERSONAL HEALTH NUMBER (PHN)	REGIONAL HEALTH RECORD NUMBER	
ORDERING PHYSICIAN – (Apply CLS Dr. Stamp Here)			
Last Name / Full First Name:			
5 Digit Client #:			
Alpha Suffix Provider #:			
PATIENT LAST NAME		FULL FIRST NAME	MIDDLE NAME
PATIENT ADDRESS		CITY, PROVINCE	POSTAL CODE
CHART NUMBER	GENDER	DATE OF BIRTH	PATIENT PHONE NUMBER
		____/____/____ Y Y Y Y / M M M / D D	(____) ____ - ____
COPY TO:		SAC# _____	
1) _____	_____		
Last Name		Full First Name	Office Address/Location
2) _____		_____	_____
Last Name		Full First Name	Office Address/Location

EXAM REQUEST	COLLECTION INSTRUCTIONS	LABORATORY INSTRUCTIONS
<input type="checkbox"/> HIV Plasma Viral Load (M QHI) (SAC Patients Only)	Adult - Draw one 5 mL PPT tube (Sheldon Chumir & South Calgary Health Centre PSC only) Adult - Draw one 6 mL Lavender tube (EDTA) tube (site other than SMCHC or SCHC PSC) Pediatric - Draw one 3 mL Lavender top (EDTA) tube	Send to: Calgary Laboratory Services Loading Dock Microbiology 3520 Research Way NW Calgary Alberta T2L 2K5
<input type="checkbox"/> HIV Genotypic Resistance/ Tropism Testing	Adult - Draw one 6 mL Lavender top (EDTA) tube Pediatric - Draw one 3 mL Lavender top (EDTA) tube	
<input type="checkbox"/> Plasma HIV V3 Genotyping (Tropism) if VL >500 copies/mL	Adult - Draw one 6 mL Lavender top (EDTA) tube	Send plasma to DSC
<input type="checkbox"/> Proviral HIV DNA V3 Genotyping (Tropism) if VL <500 copies/mL	Adult - Draw one 6 mL Lavender top (EDTA) tube	DO NOT CENTRIFUGE. Send whole blood to DSC.
<input type="checkbox"/> Archive Plasma Sample	Adult - Draw one 6 mL Lavender top (EDTA) tube Pediatric - Draw one 3 mL Lavender top (EDTA) tube	Send specimen(s) with photocopy of HIV requisition to:
<input type="checkbox"/> Other: _____	Indicate type of tube required: _____	HIV Laboratory c/o Distribution Services, Room B808 Health Sciences Centre University of Calgary 3330 Hospital Drive NW Calgary Alberta T2N 4N1 FMC call 403-220-5199 for pick up if required

ORDERING INSTRUCTIONS

- This requisition should only be used for patients registered with the SAC Clinic.
- Other requests must be approved by the SAC Clinic by calling 403-955-6399.
- Stat requests on SAC Clinic patients require approval by the Microbiologist On Call by calling 403-770-3757.

COLLECTED BY:		FOR LABORATORY USE ONLY	ACCESSION NUMBER
DATE COLLECTED	TIME COLLECTED		

PATIENT INSTRUCTIONS

Blood for test to be collected at:

Sheldon Chumir Health Centre

1213 – 4th Street SW
Third Floor
Fax 403-955-6199
Mon - Fri 7:00 am - 3:50 pm

Foothills Medical Centre

1441 – 29th Street NW

Women's Health Centre

Room 127 North Tower
Mon - Fri 7:00 am - 4:00 pm

Special Services Building

Ground Floor, Room AGC72C
Mon - Fri 7:30 am - 4:00 pm

South Calgary Health Centre

211-31 Sunpark Plaza SE
South Entrance
Fax 403-777-5186
Mon - Fri 7:00 am - 5:00 pm

Alberta Children's Hospital

2888 Shaganappi Trail NW
Third Floor, Room B3601
Mon - Fri 7:30 am - 5:00 pm

Peter Lougheed Centre

3500 – 26th Avenue NE
Main Floor, Room 1448
Mon - Fri 7:00 am - 4:00 pm

Rockyview General Hospital

7007 – 14th Street SW
Fourth Floor, Room 4N39
Highwood Building
Mon - Fri 6:30 am - 5:00 pm

South Health Campus

4448 Front Street SE
Second Floor, Room 210099
Mon - Fri 8:00 am - 4:00 pm