



# HIV Reference Test

**Virus Reference Department**  
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HPA Colindale  
Cfl (VRD)  
DX 6530006  
Colindale NW

Please write clearly in black ink

## SENDER'S INFORMATION

Sender's name and address

Purchase order number

Project code

Postcode

Phone

Ext

## PATIENT/SOURCE INFORMATION

Human  Animal\*  Other\*

\*please specify

NHS number

Surname (or soundex)

Forename

Sex

male

female

Date of birth | D | D | M | M | Y | Y | Y | Y | Age

Patient's postcode

Ethnic group

w  White

m  Black Caribbean

n  Black African

p  Black other y  Indian/Pakistani/Bangladeshi x  Other/Mixed

Hospital name (if different from sender's name)

Ward/clinic name

Hospital number

Patient's CCDC

Medico-legal case

Have previous samples from this patient been sent for reference test?

Yes

No

Last known HPA reference number

**Important:** For MTCT investigations, please provide the following information for the corresponding mother/child

Name

Date of birth

HPA reference no.

## SAMPLE INFORMATION

Your reference

Sample type  Serum/plasma  EDTA whole blood

Date of collection | D | D | M | M | Y | Y | Time

Date sent to HPA | D | D | M | M | Y | Y |

Priority status

Facility where the sample was collected (tick one)

1  Accident and Emergency

7  In patient

2  Transfusion/transplant recipient

8  Infectious disease unit

3  Blood transfusion service

9  Paediatric

4  Drug dependency unit

10  Postmortem specimen

5  GP

11  Prison

6  GUM clinic

12  Other (please specify)

## TESTS REQUESTED

Anti HIV confirmation

HIV proviral DNA PCR

STARHS (HIV-1 incidence test)

Seroconversion

HIV RNA PCR (qualitative)

Other tests

Maternal transmission

HIV RNA viral load

## SENDER'S LABORATORY RESULTS

	ASSAY/KIT	Product no.	OD 1	OD 2	Cut off	Result/Interpretation
1						
2						
3						
4						

Current HIV test results (where available)

1  HIV-1 positive

3  HIV-2 positive

2  Untyped

4  Indeterminate

Has the patient ever received an HIV test prior to this diagnosis?

No

Yes (please specify date(s) below)

Date last negative (if any)

Date earliest positive in the UK

## CLINICAL/EPIDEMIOLOGICAL INFORMATION

Probable route of infection/reason for test

a  Heterosexual

f  Blood/tissue recipient

b  Sex between men

g  Needlestick injury recipient

c  IV drug user

h  Needlestick injury donor

d  Vertical transmission

e  Other (please specify)

Clinical information (tick one)

o  No symptoms

h  HIV related symptoms

s  HIV seroconversion symptoms

a  AIDS related symptoms

Has the patient received ARV in the last 6 months?

Yes

No

Unknown