

HIV-1 Genotyping Test Requisition

Michigan Department of Community Health, Bureau of Laboratories

3350 North Martin Luther King Jr. Blvd. Lansing Michigan 48906

[HTTP://www.Michigan.gov/mdchlab](http://www.Michigan.gov/mdchlab)

Phone: 517-335-8059 (Laboratory Records) 517-335-8067 (Technical Information) Fax: 517-335-9871

Date Received @ MDCH	MDCH Sample # For GENOTYPING
Date Received @ MDCH (If different from above)	MDCH Sample # For VIRAL LOAD

DATE COLLECTED								TIME COLLECTED							
1	M	M	D	D	Y	Y	Y	Y	2					<input type="checkbox"/>	<input type="checkbox"/>
														AM	PM

PATIENT'S NAME (LAST, FIRST, MIDDLE INITIAL or UNIQUE IDENTIFIER)															
3															

SUBMITTER'S PATIENT NUMBER - IF APPLICABLE															
4															

PATIENT'S CITY OF RESIDENCE												ZIP CODE			
5												6			

GENDER			RACE (Check all that apply)													
7	<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE	8	<input type="checkbox"/> Black/AA	<input type="checkbox"/> White	<input type="checkbox"/> Native American or Alaskan	<input type="checkbox"/> Asian	<input type="checkbox"/> Hawaiian/PI	<input type="checkbox"/> Unknown							
										<input type="checkbox"/> Other (Specify):						

ETHNICITY															
9	HISPANIC <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN										ARAB DESCENT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				

DATE OF BIRTH								MEDICAID PROVIDER IDENTIFIER (If Applicable)							
10	M	M	D	D	Y	Y	Y	Y	11						

ADAP NUMBER															
12															

AGENCY/SUBMITTER INFORMATION															
13	ENTER EPIC CODE IF KNOWN >>>>>														

13	Return Results To:

14	CONTACT PERSON/ REFERRING PHYSICIAN/ PROVIDER	15	NATIONAL PROVIDER IDENTIFIER												
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AGENCY/SUBMITTER PHONE										FAX					
16										17					

MANAGED CARE PLAN - IF APPLICABLE															
18															

MISCELLANEOUS															
19															

INSTRUCTIONS FOR COLLECTION AND SUBMISSION OF SPECIMENS

FOR HIV-1 GENOTYPING

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

NOTE: HIV-1 genotyping is limited to use for patients infected with HIV-1, subtype B with a detectable viral load greater than 1000 copies/ml. The only patients for whom HIV-1 genotyping will be performed are those with evidence of either a first regimen failure, multiple regimen failures, or in pregnancy. A viral load test will be performed on all specimens submitted for genotyping. Genotyping will not be performed if the viral load is less than 1000 copies/ml.

SPECIMENS MUST BE LABELED WITH THE SAME NAME/UNIQUE IDENTIFIER AS SUPPLIED ON THE TEST REQUISITION

Genotyping “Plasma” Specimen Collection

1. Perform venipuncture using both 2.5 mL tubes provided in the specimen collection unit.
2. Within **two hours** of collection, centrifuge tubes and transfer plasma to the polypropylene tubes provided (primary receptacle).
3. Freeze specimen @ - 20 degrees centigrade immediately.
4. Ship frozen specimens, **packed on dry ice**, to arrive during normal operating hours as stated below.
5. Wrap tubes in absorbent material provided and enclosed in plastic bag provided, place into aluminum/plastic screw-capped can (primary container) and secure cap with tape.
6. Wrap test requisition around the aluminum/plastic can and place into secondary container provided.
7. Tape all seams on corrugated box.
8. Place corrugated box into Styrofoam insulated overpack box and add dry ice. Seal box for shipment.
9. Complete, as necessary, and attach all appropriate labels to the overpack box, i.e., U.S. Express Mail label, Express Mail stamp, Biological Substance, UN 3377 label and Miscellaneous Dangerous Goods labels etc. as appropriate.
10. Ship by the fastest means available means, i.e., courier, or U.S. Express Mail.

The shipper is responsible for being sure that their package is in compliance with current regulations.

Specimens must be received during normal operating hours of 7:00 A.M.-3:00 P.M. Monday through Thursday to ensure timely processing.