CD4/CD8 - HIV-1 Viral Load - Genotyping Test Requisition

Michigan Department of Community Health, Bureau of Laboratories, 3350 North Martin Luther King Jr. Blvd.
P.O. Box 30035 Lansing Michigan 48909

HTTP://www.Michigan.gov/mdch

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

Date Received @ MDCH	MDCH Sample # For CD4/8 and/or VIRAL LOAD
Date Received @ MDCH (If different from above)	MDCH Sample # For GENOTYPING

INDICATE TEST (S) REQUESTED - See Reverse Side for Collection Instructions

1

- HIV-1 VIRAL LOAD - EDTA PRESERVED PLASMA
- CD4/CD8 - EDTA WHOLE BLOOD
- GENOTYPING – EDTA PRESERVED PLASMA

Please Note: CD4/CD8 results are reported in "Absolute" values only.

DATE COLLECTED (M M D D Y Y Y Y) **TIME COLLECTED**

2 3 • AM • PM

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

4

SUBMITTER'S PATIENT NUMBER - IF APPLICABLE

5

PATIENT'S CITY OF RESIDENCE

6

GENDER

7 • Female • Male

RACE

8 • Black • White • Multiracial • American Indian • Asian/Pacific Islander • Unknown

ANCESTRY

9 • Hispanic • Non-Hispanic • Unknown

SOCIAL SECURITY NUMBER

10

DATE OF BIRTH (M M D D Y Y Y Y)

11

MEDICAID PROVIDER NUMBER

12 - **If Applicable**

DARKEN CIRCLE TO LEFT OF PROGRAM AND PROVIDE APPROPRIATE NUMBER

• ADAP # • DOC # • MEDICADE # • CHILDREN'S SPECIAL HEALTH CARE # • STATE MEDICAL PROGRAM #

13

AGENCY/SUBMITTER INFORMATION

14 ENTER EPIC CODE IF KNOWN >>>>>

14 Return Results To:

15 CONTACT PERSON/ATTENDING PHYSICIAN/PROVIDER:

AGENCY/SUBMITTER PHONE

16

FAX

17

MANAGED CARE PLAN - IF APPLICABLE

18

MISCELLANEOUS

19