

**HIV-1 VIRAL LOAD TEST REQUEST FORM**  
**(PLEASE PRINT. ALL FIELDS MUST BE COMPLETED)**

Name: \_\_\_\_\_  
(Last Name, First Name)

MRN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of collection: \_\_\_\_\_

Requesting physician: \_\_\_\_\_

Time of collection: \_\_\_\_\_

Office Locn. (or box no.): \_\_\_\_\_

Ext. (or pager no.): \_\_\_\_\_

**SPECIMEN REQUIREMENTS**

	Tube Type	Volume	Maintain Specimen
Adult	EDTA (Lavender) or ACD (Yellow)	5.0mL	Room Temperature
Pediatric	EDTA (Lavender)	1.5mL	Room Temperature

**DELIVER SPECIMEN TO MICROBIOLOGY LAB, CHS 3-307, WITHIN 5 HRS. OF COLLECTION TO MAINTAIN SPECIMEN INTEGRITY.**

This test is for prognostic purposes only and is not to be used for the diagnosis of HIV-1 infection or the Acquired Immune Deficiency Syndrome (AIDS). Its use is restricted to individuals who have confirmed HIV-seropositivity.

Lab which confirmed HIV-1 seropositivity: \_\_\_\_\_

Select Test Requested:

- HIV-1 RNA STANDARD (400-750,000 copies/mL)
- HIV-1 RNA ULTRASENSITIVE (50-100,000 copies/mL)

Previous Result: \_\_\_\_\_ (copies/mL)

**I certify that I have read this form and that the above named individual was previously documented to be HIV-1 seropositive and has previously received appropriate HIV-1 testing counseling in accordance with New York State Dept of Health regulations**

Signature of physician requesting this test:

\_\_\_\_\_

Date: \_\_\_\_\_

Accession No. \_\_\_\_\_ (for lab use only)

**ACCESS RESULTS IN WEBCIS UNDER  
"SENSITIVE"**

**NOTE: For HIV viral load assay, use the special requisition form found on the Pathology website under Molecular Diagnostics: [http://pathology.cpmc.columbia.edu/HIV\\_ViralLoad.pdf](http://pathology.cpmc.columbia.edu/HIV_ViralLoad.pdf)**