

## Hepatitis C NS3, NS5A and NS5B Resistance Test Requisition >>Research Use Only<<

Patient Information	1	Physician Information  Physician
Patient Name	Last	Address
Date of Birthdd	First / / mmm yyyyy	Telephone/Fax/
PATIENTS'S HCV GENOTYPE		Requestor's Signature
		Request Date / / / dd mmm yyyy
<u>U/mL</u> and in particul NS5B inhibitor.	•	e Test
Sample Collection	Date:	quired)
	(Rec	quirea)
SPECI	MEN COLLECTION, STO	RAGE AND TRANSPORT INSTRUCTIONS
Collect 1 X 6 ml EDTA Centrifuge the EDTA tu	L of plasma is required. (lavender top) tube. be for 15 min. at 800-1600 g. east 1.2 mL of plasma to a 2 m	nL screw cap cryovial.
	I for up to 48 hours at 4 to 8 eeze sample at -15 to -80°C	
	to 48 Hours After Collectione BC Centre for Excellence	n: Refrigerated Plasma in HIV/AIDS Laboratory in St. Paul's Hospital.
		rier Monday – Wednesday only. s regulations.
Notify laboratory by	fax.	
Ship to:		llence in HIV/AIDS Research Laboratory I St., St. Paul's Hospital Z 1Y6

Tel: 604 806-8775 FAX: 604 806-9463