


PATIENT DETAILS Complete ONLY if no label available

Affix patient label here

Hospital/Clinic No.
 Sample ID
 Patient Initials
 Date of birth
 Sex M F Other



SAMPLE DETAILS

Sample collection date Sample collection time : 24-hour clock

TEST REQUIRED

Test(s) required (tick as appropriate) virco® TYPE HIV-1 (Genotype + Interpretation) Antivirogram® (Phenotype)

CLINICAL CENTRE INFORMATION

Customer number
 Address

 Postcode

Tel
 Fax
 Email
 Contact

REQUESTING PHYSICIAN

Name (BLOCK CAPITALS)
 Signature
 Date


VIRAL LOAD

ADDITIONAL COMMENTS

FOR VIRCO USE ONLY

Date of receipt of sample

Virco ID



Please return the completed form plus minimum 1ml plasma collected in appropriate plasma specimen collected in either PPT, EDTA or Citrate plastic tubes to:
Sample Reception Centre, 5th Floor, St. Stephen's Centre, 369 Fulham Road, London SW10 9NH
Delphic Diagnostics, HIV Research Labs, DX 6620700, Chelsea 92 SW
 Tel: 020 7499 0777 Fax: 020 7499 0775 Email: customerservices@delphicdiagnostics.com