County of San Diego

HIV-1 Viral Load Test Request

Complete fully and send top page of this form with test sample to San Diego County Public Health Lab
Note: all data fields are required except for patient medical record number

Test Requested:
Abbott Real-time PCR

Authorized Location
Name

Address (number, street)

City

VLT Location Number 37 (4 digits)

Submitting Physician

Specimen
Date blood collected (mm/dd/yyyy) ___/___/___ Time blood collected ___:___ ☐ a.m. ☐ p.m.

Date plasma frozen (mm/dd/yyyy) ___/___/___ Time plasma frozen ___:___ ☐ a.m. ☐ p.m.

Sample prepared and shipped according to the test manufacturer's instructions? ☐ Yes ☐ No

Patient Name (as it appears on RW Eligibility List)

Last | First | MI

*Regional lab – remove name before sending data to VRDL

Clinic's Patient Medical Record Number (Optional)

Date of Birth (mm/dd/yyyy) ___/___/___

Gender (Select only one)
☐ (1) Male
☐ (2) Female
☐ (3) Transgender (Male to Female)
☐ (4) Transgender (Female to Male)
☐ (9) Unknown

Client Eligibility (From RW Eligibility List)

☐ Ryan White Primary Care Program (RW)

Questions or requests regarding
This form or process:
HIV, STD, Hepatitis Branch (619) 293-4722

Eligibility status:
United Healthcare (800) 587-8118

Pick-up or Results:
Public Health Lab (619)692-8500

Distribution:
White: Public Health Lab with the sample
Yellow: Client file

For Laboratory use ONLY

Laboratory accession number	
Date Specimen was received	Time specimen was received
Date result was reported	Microbiologist/technologist initials
Standard (RNA copies/ml)	Ultrasensitive (RNA copies/ml)
bDNA (RNA copies/ml)	NucliSens (RNA copies/ml)
Voucher #	
Client URN	