MassHealth HIV Resistance Testing Request Form

Laboratory Information	Member Information
Name:	Name:
Address:	RID:
Telephone:	

Current antiretrovirals and duration of use

List the current and previous antiretrovirals the member has used and the duration of use, or attach a printout of the member's medication sheet with this information.

No	Ime	o	f d	ruį	g														Da	te	oro	ler	ed												D)ate	e si	op	pe	d										
1																																																		
																																																	-	
																																																	_	
I .																																																		
I .																			I 1																														-	
1																																																	_	
																																														 	-	 	-	
		_	_		_	 	_	_	_	_	_	_	_	_	_	_	 _	_	· ·	_		-	_	_	 	_	_	 _	_	_	_	_	_	_	 T	_	_	_	_			_	_	 _	_	 	-	 	-	
		_	_	_	_	 	_	_	_	_	_	_			_	_		. –	- ·	_		_	_	_		_	_	 _	_	_	_	_	_		 Т	_		_	_		_	_	_		_	 	_	 	_	
																																			 T										-	 	-	 	-	
-		-	-	-		 	-	-	-	-	_ '						 	· _	-			-	-		 	_	-	 	-				-		 t			_	-			-	-	 	-	 	-	 	-	

	Date of test	Result
Most recent HIV-RNA:		
Most recent CD4 count:		
Date HIV first diagnosed:		

Reason for ordering HIV Genotype	Basis for request (check, and provide further detail if needed)								
acute HIV infection	expectation of resistance in treatment-naive, established infection								
pregnant and HIV positive									
planned change in anteretrovirals due to viral rebound	history of complex genotype requiring phenotype								
less than six months of established infection, treatment-naive	incomplete response to treatment initiated since last genotype								
request for HIV genotype in individual who has not taken HIV antiretrovirals for more than six months	need to confirm accuracy of previous resistance test								
request for third genotype									
request for phenotype	other (describe)								
Physician Signature									
The ordering physician must be an HIV specialist or have an HIV specialist recommend the test.									
Name of requesting clinician:	HIV specialist who recommended this test:								
Please print	Please print								

Date