

**TEST REQUEST FORM FOR EVALUATION OF HERPESVIRUS DRUG-RESISTANCE**

**Patient identification**

|  |  |
| --- | --- |
| ***Name (Last, First):*** | |
| ***Date of birth:*** \_\_\_ / \_\_\_ / \_\_\_ | ***Male***  ***Female*** |
| ***Address:*** | |

**Patient clinical information**

|  |  |
| --- | --- |
| ***Underlying disease :*** | Transplant  HIV  Cancer  Other (specify): |
| ***Transplantation:*** | HSCT  kidney  liver  heart  lung  other (specify): |
| ***Transplantation date:*** | \_\_\_ / \_\_\_ / \_\_\_ |
| ***Immunosuppressive treatment:*** | |
| ***Additional information:*** | |

**Clinical manifestations of viral infection**

|  |
| --- |
| ***Disease and/or type of lesion:*** |
| ***Date of relapse and/or emergence of lesions:*** \_\_\_ / \_\_\_ / \_\_\_ |
| ***Localization:*** |
| ***Additional information:*** |

**Antiviral treatment**

|  |  |
| --- | --- |
| ***Type of treatment:*** | Prophylactic  Therapeutic |
| ***Antiviral drug:*** | Acyclovir (*Zovirax*)  Valacyclovir (*Zelitrex*)  Ganciclovir (*Cymevene*)  Valganclovir (*Valcyte*)  Foscarnet (*Foscavir*)  Cidofovir (*Vistide*)  Other |
| ***Posology:*** |  |
| ***Duration:*** | \_\_\_ / \_\_\_ / \_\_\_ |
| ***Additional information:*** | |

**Specimen information**

|  |  |
| --- | --- |
| ***Identification*** |  |
| ***Date collected:*** | \_\_\_ / \_\_\_ / \_\_\_ |
| ***Type:*** |  |
| ***Viral load:*** |  |
| ***Additional information:*** | |

**Required pattern of antiviral resistance**

|  |  |
| --- | --- |
| **Virus** | Human cytomegalovirus |
| Herpes simplex virus |
| Varicella-zoster virus |
| Human herpesvirus 6 (HHV-6) |
| Other (specify): |

**Requesting doctor(s) / Laboratory**

|  |  |
| --- | --- |
| ***Name (Last, First)*** |  |
| ***e-mail*** |  |
| ***Hospital*** |  |
| ***Department*** |  |
| ***Address*** |  |
| ***Tel / Fax*** | ***Tel: Fax:*** |
| ***Date*** | \_\_\_ / \_\_\_ / \_\_\_ |

**Please, use only one form for each requested test and send the sample to the attention of Prof. Dr. Robert Snoeck to the address below:**

**For requests and complaints, please contact Prof. Dr. Robert Snoeck:**

Prof. Dr Robert Snoeck

Rega Institute

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Rega Institute <http://rega.kuleuven.be/>

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