www.regavir.org

Translational Research Project

REsearch Group for AntiViral Resistance

Initially founded by the Belgium National Cancer Plan

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
Herestraat 49 – box 1030
3000 Leuven
Tel. 00-32-16-32.15.79
Fax. 00-32-16-33.00.26
Email: robert.snoeck@kuleuven.be
Rega Institute http://rega.kuleuven.be/
RegaVir http://www.regavir.org/