



UK Health  
Security  
Agency

Lab no

## Public Health Laboratory Birmingham

### **CMV UL97 Genotypic Resistance Request Form** **(For ganciclovir and maribavir resistance testing only)**

**Requesting laboratory details (address for results and invoice):**

**Patient name:**

**Sex: F/M**

**Hospital Number:**

**Date of specimen:**

**Lab Reference Number:**

**Type of specimen:** plasma/whole blood/  
DNA extract

**Date of Birth:**

**Viral load of specimen sent:**

**Current treatment:**

#### **Antiviral drug history:**

Drug	Date start	Date stop	Reason for discontinuation

#### **Virological history:**

Date	Viral load/CMV detectable

**Brief clinical information** (eg. type & date of transplant; immunosuppression treatment)

**Reason for resistance test:**

**Signature**

**Date**

Please send 1 ml EDTA plasma (VL > 1000 cp/ml, **patient on treatment, if not pretreatment test**) to Antiviral Resistance Testing Service, UKHSA Public Health Laboratory Birmingham, Heartlands Hospital, Bordesley Green East, Birmingham B9 5SS. Queries to Dr Husam Osman