

**Patient Information** *This must be completed at every visit.*

Ontario HIN <input type="text"/>	Version <input type="text"/>	Patient Addressograph	
HOOD ID (Optional) <input type="text"/>	Chart # <input type="text"/>		
Surname <input type="text"/>	First Name <input type="text"/>		Initial <input type="text"/>
Date of Birth (yyyy/mm/dd) <input type="text"/>	Sex M <input type="checkbox"/> F <input type="checkbox"/>		Pregnant No <input type="checkbox"/> Yes <input type="checkbox"/>

**Ordering Physician Information** *This is not a diagnostic test. Test results are provided for prognostic purposes only, and will be reported directly to the physician.*

Phys # <input type="text"/>	cc Dr: <input type="text"/>
Name: <input type="text"/>	Address <input type="text"/>
Address: <input type="text"/>	Physician Signature <input type="text"/>
Telephone: <input type="text"/>	Date (yyyy/mm/dd) <input type="text"/>
Fax: <input type="text"/>	<input type="text"/>

**Treatment Information** *This information is essential for the interpretation of test results and for the evaluation of the program.*

<input type="checkbox"/> Baseline	Most recent CD4+ T-cell count:	Result: <input type="text"/> cells/mm <sup>3</sup>	%	Date Performed <input type="text"/>	Comments
<input type="checkbox"/> Follow-up				yyyy mm dd	
<b>Current Anti-retroviral Drug Regimen</b>					
<input type="checkbox"/> No therapy	<b>Generic</b>	<b>Trade ©</b>	<b>Abbr.</b>	<b>Date Started(yyyy/mm/dd)</b>	
<input type="checkbox"/> Abacavir		Ziagen	ABC	<input type="text"/>	
<input type="checkbox"/> Abacavir + zidovudine + lamivudine		Trizivir	ABC+AZT+3TC	<input type="text"/>	
<input type="checkbox"/> Amprenavir		Agenerase	APV	<input type="text"/>	
<input type="checkbox"/> Didanosine		Videx	ddl	<input type="text"/>	
<input type="checkbox"/> Delavirdine		Rescriptor	DLV	<input type="text"/>	
<input type="checkbox"/> Efavirenz		Sustiva	EFV	<input type="text"/>	
<input type="checkbox"/> Indinavir		Crixivan	IDV	<input type="text"/>	
<input type="checkbox"/> Lamivudine		Eplivir	3TC	<input type="text"/>	
<input type="checkbox"/> Lamivudine/Zidovudine		Combivir	3TC + AZT	<input type="text"/>	
<input type="checkbox"/> Lopinavir/Ritonavir		Kaletra	LPV	<input type="text"/>	
<input type="checkbox"/> Loviride				<input type="text"/>	
<input type="checkbox"/> Nelfinavir		Viracept	NFV	<input type="text"/>	
<input type="checkbox"/> Nevirapine		Viramune	NVP	<input type="text"/>	
<input type="checkbox"/> Ritonavir		Norvir	RTV	<input type="text"/>	
<input type="checkbox"/> Saquinavir-HG		Invirase	SQV (HGC)	<input type="text"/>	
<input type="checkbox"/> Saquinavir-SG		Fortovase	SQV (SGC)	<input type="text"/>	
<input type="checkbox"/> Stavudine		Zerit	d4T	<input type="text"/>	
<input type="checkbox"/> Tenofovir		Viread	TDF	<input type="text"/>	
<input type="checkbox"/> Zalcitabine		Hivid	ddC	<input type="text"/>	
<input type="checkbox"/> Zidovudine		Retrovir	AZT, ZDV	<input type="text"/>	
<input type="checkbox"/> Other(s)	<input type="text"/>				

**Collection Information** *This information must be filled out at the time of collection to ensure result integrity.*

Collected	yyyy mm dd	hr min	am pm	Initials <input type="text"/>	Plasma Separated	hr min	am pm	Initials <input type="text"/>
Received	yyyy mm dd	hr min	am pm	Initials <input type="text"/>	Frozen (< -20° C)	hr min	am pm	Initials <input type="text"/>

# Viral Load