Centre universitaire de santé McGill | McGill University Health Centre

X HME MCH X HGM MGH X HRV RVH
X HNM MNH X ITM MCI X CL LC

FMU-0276

QUEBEC ANTIRETROVIRAL THERAPEUTIC DRUG MONITORING PROGRAM
Data collection for analysis and clinical Interpretation of plasma concentrations

Referring physician: _____ License No. : _____

Clinic – Hospital: _____ Telephone No. : _____

Mailing address: _____ Fax No. : _____

PATIENT INFORMATION:

Weight: _____kg Height: _____m Pregnant: ☐ If yes, No. of weeks : _____

Race: Asian ☐ Black ☐ Caucasian ☐ Hispanic ☐ Native ☐ Other ☐ : _____

Indication (check all that apply):

☐ Control
☐ Virologic failure
☐ Low viral load
☐ Pregnancy
☐ Pediatrics
☐ Other: _____
☐ Drug interaction
☐ Toxicity / Adverse reaction: _____
☐ Hepatic impairment
☐ Off-label dosing
☐ Validation post-dosage adjustment

Current medications (prescribed, over the counter, natural health products) OR see attached list of medications ☐

_____
_____
_____
_____

Previous virologic failure to	**Yes**	**No**
Nucleoside reverse transcriptase inhibitor	☐	☐
Non-nucleoside reverse transcriptase inhibitor	☐	☐
Protease inhibitor	☐	☐
Integrase inhibitor	☐	☐
Other class: _____	☐	☐

Cumulative list of mutations

OR see attached all genotypes ☐

_____
_____
_____
_____

IC_{50} fold-change for: (if antiretroviral to be analyzed)

Darunavir: _____
Dolutegravir: _____
Etravirine: _____
Rilpivirine: _____
Tipranavir: _____

Last HIV viral load : _____ cop/mL **Date of viral load** (YYYY/MM/DD) : _____/___/___

SAMPLE PROCUREMENT **taken on** (YYYY/MM/DD) : ___/___/___ Time (00:00): ____ :____

Test requested: (see back)	**Dose (mg)**	**No. doses / day**	**LAST DOSE Date (MM/DD)**	**Time (00:00)**	**With meal?**
☐ Atazanavir	_____	_____	___/___	___:___	☐ Yes ☐ No
☐ Darunavir	_____	_____	___/___	___:___	☐ Yes ☐ No
☐ Dolutegravir	_____	_____	___/___	___:___	☐ Yes ☐ No
☐ Efavirenz	_____	_____	___/___	___:___	☐ Yes ☐ No
☐ Elvitegravir	_____	_____	___/___	___:___	☐ Yes ☐ No
☐ Etravirine	_____	_____	___/___	___:___	☐ Yes ☐ No
☐ Lopinavir	_____	_____	___/___	___:___	☐ Yes ☐ No
☐ Nevirapine	_____	_____	___/___	___:___	☐ Yes ☐ No
☐ Raltegravir	_____	_____	___/___	___:___	☐ Yes ☐ No
☐ Rilpivirine	_____	_____	___/___	___:___	☐ Yes ☐ No
☐ Ritonavir	_____	_____	___/___	___:___	☐ Yes ☐ No
☐ Other: _____	_____	_____	___/___	___:___	☐ Yes ☐ No

IMPORTANT
Failure to provide **date AND time of sample procurement AND last dose** may limit the capacity to interpret the results.

Adherence

No.of doses missed over the last…
48 hours: _____
7 days: _____

Original and yellow copy - *McGill University Health Centre central laboratory reception* **Pink copy** – *Sender*

QUEBEC ANTIRETROVIRAL THERAPEUTIC DRUG MONITORING PROGRAM

Tests available
In addition to the antiretrovirals (ARV) mentioned on the front page, the program if requested can analyse the plasma concentrations of amprenavir (fosamprenavir), indinavir, maraviroc, nelfinavir, saquinavir and tipranavir. The program does not analyse the plasma or intracellular concentrations of nucleoside reverse transcriptase inhibitors, enfuvirtide or cobicistat.

Blood drawing
Blood should be drawn just prior to the next dose. If this is not possible, blood drawing should be done between 6 hours and 14 hours postdose for ARVs administered twice daily or between 12 hours and 26 hours postdose for ARVs administered once daily. Samples taken to measure efavirenz concentrations should be drawn greater than or equal to 10 hours postdose. If malabsorption is suspected, the sample should be drawn at the time expected for the maximum concentration (Tmax).

Tube type
One heparinized (green-top, non gel) tube should be used. One tube is sufficient, even if the request is for more than one ARV.

Data collection form
Please complete the requisition in its entirety as all of the information is essential to the individualization of the pharmacological advice, which will accompany the results. Forward the white and yellow copies (1 and 2) of the requisition with the plasma specimen. **Please do not forget to indicate the ARVs to be tested, the dose, the date and time of the last intake of the ARV to be tested, and the date and time the blood sample was drawn.**

Specimen handling and storage
Centrifuge the specimen (3000 x *g* for 5 minutes) within 6 hours of procurement, and forward the recovered plasma to the Québec Antiretroviral Therapeutic Drug Monitoring Program Laboratory. For adults, send 1 mL of plasma per specimen in a cryotube (1.5 mL size or greater). For children, a 200 mcL plasma specimen is sufficient.

Plasma shipped the same day as it is drawn should be kept at 4ºC. Otherwise, the plasma should be stored frozen at less than or equal to -20ºC until it is sent.

Specimen transport
Samples should be sent only Monday to Wednesday, inclusively, to ensure reception before the weekend. Send the specimen at room temperature (no dry ice) to the Centralized Lab Reception of the McGill University Health Centre (Glen site) at the address indicated below, in accordance with guidelines for shipping infectious materials. If you foresee that shipping will exceed 48 hours, include dry ice in the shipping box and use appropriate safety measures for the use of dry ice.

CENTRALIZED LAB RECEPTION – Room E05.3028
McGill University Health Centre
1001 Decarie Blvd.
Montreal, Quebec H4A 3J1

Results and interpretations
Results and interpretation reports will be sent by mail 2 to 3 weeks after we have received the sample. Please remember to indicate your full mailing address on the requisition form.

Contact information
If you have any questions, you may contact the Québec Antiretroviral Therapeutic Drug Monitoring Program from Monday to Friday, 9:00 to 16:00 ET.

Québec Antiretroviral Therapeutic Drug Monitoring Program
McGill University Health Centre
Tel.: (514) 934-1934, ext. 32168
www.muhc.ca/quebec_tdm