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 professional : _____ License No. : _____

Clinic – Hospital : _____ Telephone No. : _____

Mailing address : _____ Fax No. : _____

PATIENT INFORMATION:

Weight: _____kg Height: _____m

Indication (check all that apply):

- ☐ Control
- ☐ Drug interaction: _____
- ☐ Virologic failure
- ☐ Toxicity / adverse reaction: _____
- ☐ Low viral load
- ☐ Hepatic impairment
- ☐ Pregnancy: ____weeks
- ☐ Off-label dosing
- ☐ Pediatrics
- ☐ Validation after dosage adjustment
- ☐ Newborn: gestational age at birth: ____weeks
- ☐ Other: _____

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

_____
_____
_____
_____
_____
_____
_____

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 ☐

_____
_____
_____
_____

If on Cabenuva:

Regimen:

☐ q 1 month ☐ q 2 months

Date of first IM injection (YYYY/MM/DD)**:** ____/___/___

Oral lead-in received:

☐ Yes ☐ No

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 taken** Date (MM/DD)	Time (00:00)	with meal?
☐ Atazanavir	_____	_____	_____/_____	_____:_____	☐ Yes ☐ No
☐ Bictegravir	_____	_____	_____/_____	_____:_____	☐ Yes ☐ No
☐ Cabotegravir	_____	_____	_____/_____	_____:_____	☐ Yes ☐ No
☐ Darunavir	_____	_____	_____/_____	_____:_____	☐ Yes ☐ No
☐ Dolutegravir	_____	_____	_____/_____	_____:_____	☐ Yes ☐ No
☐ Doravirine	_____	_____	_____/_____	_____:_____	☐ Yes ☐ No
☐ Efavirenz	_____	_____	_____/_____	_____:_____	☐ Yes ☐ No
☐ Elvitegravir	_____	_____	_____/_____	_____:_____	☐ Yes ☐ No
☐ Etravirine	_____	_____	_____/_____	_____:_____	☐ Yes ☐ No
☐ Maraviroc	_____	_____	_____/_____	_____:_____	☐ 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** will limit the capacity to interpret the results.

Adherence
No. of doses missed of antiretroviral to be analyzed over the last…
2 days: _____
7 days: _____

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

QUEBEC ANTIRETROVIRAL THERAPEUTIC DRUG MONITORING PROGRAM

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

Blood drawing
Blood should be drawn just prior to the next dose (pre-dose). If this is not possible, blood drawing should be done between 6 and 14 hours postdose for ARVs administered twice daily or between 12 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
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. **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.** If a patient is receiving long acting IM cabotegravir/rilpivirine, indicate the date of the first intramuscular injection (loading dose) and if the patient received an oral lead-in of cabotegravir/rilpivirine. Forward the white and yellow copies (or 2 copies) of the requisition with the plasma specimen.

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 sample 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, send the sample on dry ice following appropriate safety measures.

CENTRALIZED LAB RECEPTION – Room E04.1044
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 receiving the sample. Please indicate the full mailing address on the requisition form.

Contact information
You may contact a member of the Québec Antiretroviral Therapeutic Drug Monitoring Program from Monday to Friday, 9:00 to 16:00.

Québec Antiretroviral Therapeutic Drug Monitoring Program
McGill University Health Centre
Tel.: (514) 934-1934, ext. 32169 Fax: (514) 843-2828
vih.pharmacometrie@muhc.mcgill.ca
www.muhc.ca/quebec_tdm