

PF-PTD-179

## **HIV Proviral DNA**

**Synonyms** 

**Clinical Indication** 

Please give detailed clinical information including date of onset/contact with the suspected infection.

Used to establish vertical transmission of HIV infection from mother to baby. A sample should also be sent from the mother to ensure that the primers used are able to amplify maternal nucleic acid. Please cross reference the mother and baby's sample.

Part of Profile / See Also

**Request Form** 

ICE order comms form (Handwritten request – only if order comms not available).

Availability / Frequency of

**Analysis** 

Referred to VRD, Colindale for testing (8825).

Samples MUST be taken during the morning and sent to Microbiology by 12:00 to allow time for processing before being sent to the Reference laboratory on the same day.

**Turnaround Time** 

**10** days.

**Patient Preparation** 

**Sample Requirements** 

Specimen Type

Whole Blood

Volume

6ml

Container



Purple top (EDTA) tube



Paediatric Lavendar top (EDTA) tube

Samples should be transported to laboratory immediately.

**Reference Range & Units** 

Interferences

**Interpretation & Clinical** 

**Decision Value (if applicable)** 

Interpretive comments are added to the final report if applicable.



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## References

Test code

HIVB

**Lab Handling** 

Send whole blood to VRD. Do NOT separate.



8825

Accredited to ISO 15189:2022