



Biomnis

Clinical Information Form
Anti-retroviral medicines

INTERNATIONAL DIVISION

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PATIENT DETAILS

First name(s): Surname:

Date of birth: | | | | | | | | | |

Plasma creatinine: $\mu\text{mol/L}$

Weight: Height:

ASSOCIATED TREATMENTS

Other anti-HIV treatments (*please specify*):

Other (*please specify*):

REASON BEHIND THE REQUEST

Inefficacy of the anti-viral treatment:

Suspected non-compliance

Digestive malabsorption

Viral resistance

Drug interactions (*please specify*):

If side effects have been experienced (*please specify*):

Modifications to the dosage regimen (*please specify*):

Please complete the back of this form so that the results may be interpreted



*Do not put a cross in the "Time of sampling" boxes, but note the exact time. Therapeutic monitoring of these molecules is recommended by measuring residual levels (sample taken BEFORE the next dose), after steady state has been reached. If other times, note the time of sampling in box T+...

PROTEASE INHIBITOR "PI"					Serum (dry tube without gel)	
Name of PI	Dosage regimen per day	Date treatment started	Last administration Date and time	Sample date	Residual rate	T +...
					Darunavir (PREZISTA®) x .....mg/d
Ritonavir (NORVIR®) Caution must be prescribed with another PI	..... x .....mg/d					

ANTI INTEGRASE					Serum (dry tube without gel)	
Name	Dosage regimen per day	Date treatment started	Last administration Date and time	Sample date	Sample collection times*	
					Residual rate	T +...
Bictégravir (BIKTARVY)	..... x .....mg/j					
Cabotégravir (VOCABRIA®)	..... x .....mg/j					
Dolutégravir (TIVICAY®, TRIUMEQ®, JULUCA®)	..... x .....mg/j					

NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTIS)					EDTA Plasma - 1 tube per sample time, regardless of the number of molecules	
Name	Dosage regimen per day	Date treatment started	Last administration Date and time	Sample date	Sample collection times*	
					Residual rate	T +...
Lamivudine (3tc) (EPIVIR®, COMBIVIR®, KIVEXA®, TRIZIVIR®)	..... x .....mg/d					
Abacavir (ABC) (ZIAGEN®, KIVEXA®, TRIZIVIR®)	..... x .....mg/d					
Tenofovir (VIREAD®, TRUVADA®, ATRIPLA®, EVIPLERA®)	..... x .....mg/d					
Emtricitabine (EMTRIVA®, TRUVADA®, ATRIPLA®, EVIPLERA®)	..... x .....mg/d					

NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (INNRT)					Serum (dry tube without gel)	
Name	Dosage regimen per day	Date treatment started	Last administration Date and time	Sample date	Sample collection times*	
					Residual rate	T +...
Rilpivirine (EDURANT®, EVIPLERA®, ODEFSEY®, JULUCA®)	..... x .....mg/j					
Doravirine (PIFELTRO®, DELSTRIGO®)	..... x .....mg/j					

ANTI-HEPATITIS TREATMENTS - HEPATITIS B					Plasma EDTA	
Name	Dosage regimen per day	Date treatment started	Last administration Date and time	Sample date	Sample collection times*	
					Residual rate	T +...
Lamivudine (3tc) (EPIVIR®, COMBIVIR®, KIVEXA®, TRIZIVIR®)	..... x .....mg/j					
Tenofovir (VIREAD®, TRUVADA®, ATRIPLA®, EVIPLERA®)	..... x .....mg/j					

OTHER INHIBITORS					Heparinised plasma	
Name	Dosage regimen per day	Date treatment started	Last administration Date and time	Sample date	Sample collection times*	
					Residual rate	T +...
Ganciclovir (CYMEVAN®)	..... x .....mg/j					