Ministry of Health
Center of Infectiology Laos – Christoph Merieux
Contact laboratories
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HIV-1 Drug Resistance (DR) Genotyping Results for Form [name of hospital]

Date of send: __/__/____

No	Patient Code	Sampling date	Date received sample

Hospital staff

Date: __/__/____ Time: ____ :_____

Name: ……

Signature: ……..

CILM staff

Date: __/__/____

Name: ……

Signature: ……