

HIV-1 GENOTYPE REPORT

Patient Name:	Doe, John
Patient ID:	58056997
Physician:	Starsky
Client	10195
Drawn Date:	7/11/00
Viral Load:	Not provided
Report Date:	7/18/00

Protease Mutations

MUTATIONS DETECTED WITH CLINICAL SIGNIFICANCE	L90M	
REFERENCE RANGE:	NONE DETECTED	
PROTEASE INHIBITORS	Amprenavir (Agenerase)	SUSCEPTIBLE
	Indinavir (Crixivan)	SUSCEPTIBLE
	Nelfinavir (Viracept)	**RESISTANT**
	Ritonavir (Norvir)	SUSCEPTIBLE
	Saquinavir (Invirase, Fortovase)	**RESISTANT**

Reverse Transcriptase Mutations

MUTATIONS DETECTED WITH CLINICAL SIGNIFICANCE	Y181C, M184V, G190A, T215Y	
REFERENCE RANGE:	NONE DETECTED	
NON NUCLEOSIDE RT INHIBITORS	Delavirdine (Rescriptor)	**RESISTANT**
	Efavirenz (Sustiva)	**RESISTANT**
	Nevirapine (Viramune)	**RESISTANT**
NUCLEOSIDE RT INHIBITORS	Abacavir (Ziagen)	**RESISTANT**
	Didanosine (ddl, Videx)	SUSCEPTIBLE
	Lamivudine (3TC, Epivir)	**RESISTANT**
	Stavudine (d4T, Zerit)	SUSCEPTIBLE
	Zalcitabine (ddC, HIVID)	**RESISTANT**
	Zidovudine (AZT, Retrovir)	**RESISTANT**
ADDITIONAL COMMENTS:	NONE	



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Only Codons at the following positions were analyzed.

Protease	10, 20, 24, 30, 32, 33, 36, 46, 47, 48, 50, 54, 63, 71, 73, 77, 82, 84, 88, 90
Reverse Transcriptase	41, 44, 50, 62, 65, 67, 69, 70, 74, 75, 77, 98, 100, 101, 103, 106, 108, 115, 116, 118, 151, 181, 184, 188, 190, 210, 215, 219, 236

The results from this assay can be used to help determine if increasing viral loads are due to emerging HIV resistance in drug compliant patients. The test uses DNA sequencing technology to analyze the Protease and Reverse Transcriptase genes for mutations that have been reported to confer resistance to antiretroviral monotherapy. The algorithm used to convert clinically significant mutations and their subsequent codon changes to drug susceptibilities is based on the Consensus Statement recommendations of an International AIDS Society-USA Panel as published in JAMA 283:2417 (2000). Other factors can influence the patient's response to therapy, including combination therapies and drug-drug interactions, the patient's immune status, drug compliance, other novel DNA mutations and opportunistic infections. Results reported here should be used in conjunction with other clinical information, and should not be used as the only basis for patient therapeutic management. This test can only be reliably performed on patients with a viral load of greater than 1,000 copies/mL. Other factors, including sample hemolysis, lipemia and other traditional PCR inhibitors, can interfere with the performance of this assay, and prevent the generation of useful DNA sequence data.

PLEASE NOTE: This information has been disclosed to you from confidentiality records which are protected by state law. State law prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Any unauthorized further disclosure in violation of state law may result in a fine or jail sentence or both. A general authorization for the release of medical or other information is not, except in limited circumstances, sufficient authorization for further disclosure. Disclosure of confidential HIV information that occurs as a result of a general authorization for the release of medical or other information will be in violation of the state law and may result in a fine or a jail sentence or both.

This test is performed on an investigational basis only. The test has not been approved or cleared by the U.S. Food and Drug Administration (FDA). Performance characteristics have been internally validated and determined to meet AML's quality standards and requirements under the Clinical Laboratory Improvement Amendments of 1988.