

Genotypic ARV Resistance Report

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Patient Information

Our Ref. ID: VCI-20851

Name:	♂ เจษฎาวัฒน์ ใจเจริญ	Your Ref. ID:	P21-03865
Hospital/Site:	PRIBTA	Study/Visit:	
Risk Factor:	No Information	Collection Date:	25-Sep-2021
Clinical Staging:	No Information	CDC Staging:	No Information
		Genotyping Date:	06-Oct-2021

Lab Information

Current CD4:	No Information	Current Antiretroviral:	Unknown
Current VL:	697 copies/ml (25-Sep-2021)		

Summary Data

Subtype and % similarity to closest reference isolate:	CRF01_AE (95.9%)
Sequence includes RT: condons:	20 - 264

Resistance Report (RT)

RT TAMs: -
RT NRTIs: -
RT NNRTIs: -
RT Other: V35T, T39K, K43E, K122E, D123S, Q174R, D177E, T200E, I202V, Q207A, R211S, V245E

Antiretroviral	High-level resistance	Intermediate resistance	Low-level resistance	Potential low-level resistance	Susceptible
NRTI					
zidovudine (AZT)					
tenofovir (TDF)					
stavudine (D4T)					
lamivudine (3TC)					
emtricitabine (FTC)					
didanosine (DDI)					
abacavir (ABC)					
NNRTI					
rilpivirine (RPV)					
nevirapine (NVP)					
etravirine (ETR)					
efavirenz (EFV)					
doravirine (DOR)					
ConsensusR#20851RT.txt					

Remark: 1. Although the mutation is not found, it does not mean that one is fully susceptible to the treatment since the resistant virus may be minor population which cannot be detected by the assay (detectable limit = viral load 1,000 copies/ml).
2. The accumulation of TAMs (M41L, D67N, K70R, L210W, T215Y/F, K219Q/E) increases resistance to tenofovir. Mutations M41L and L210W, contribute more than others
3. References: Stanford dBase system (<http://hivdb.stanford.edu/>)

Reported by: _____ Date: 6/10/2021

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