Genotypic ARV Resistance Report

Patient Information

Our Ref. ID: VCI-21208

Name:	♂ โอชา ไชยโสดา			**Your Ref. ID:**	P22-06581
Hospital/Site:	PRIBTA			**Study/Visit:**	
Risk Factor:	No Information			**Collection Date:**	21-Feb-2022
Clinical Staging:	No Information	**CDC Staging:**	No Information	**Genotyping Date:**	07-Mar-2022

Lab Information

Current CD4:	No Information	**Current Antiretroviral:**	Unknown
Current VL:	395000 copies/ml (21-Feb-2022)		

Summary Data

Subtype and % similarity to closest reference isolate: CRF01_AE (98%)

Sequence includes PR: condons: 1 - 99

Resistance Report (PR)

PR Major: -

PR Accessory: -

PR Other: I13V, G16A, E35D, M36I, R41K, I62V, H69K, K70R, L89M

Antiretroviral	High-level resistance	Intermediate resistance	Low-level resistance	Potential low-level resistance	Susceptible
PI					
tipranavir/r (TPV/r)					
saquinavir/r (SQV/r)					
nelfinavir (NFV)					
lopinavir/r (LPV/r)					
indinavir/r (IDV/r)					
fosamprenavir/r (FPV/r)					
darunavir/r (DRV/r)					
atazanavir/r (ATV/r)					
ConsensusR#21208Pr.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: 7/3/2022

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