

Drug Resistance Testing for PrEP Seroconverters

Instructions for Dried Blood Spot Collection with Venipuncture

JOB AID
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1

Upon confirmation of HIV infection with PrEP client, review consent for sample collection. If client consents, continue.

Initiate or refer the client for ART initiation as per national Test and Treat guidelines.



2

Complete the case report form (CRF) and Section A of the laboratory requisition form (LRF).

MOSAIC HIV DRUG RESISTANCE STUDY CASE REPORT FORM

By Site Clinician / Healthcare worker

Demographics	Client population classification (tick all that apply)
ID card / PrEP number: _____ Date of birth: ____/____/____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender/Male (TGM) <input type="checkbox"/> Transgender/Female (TFM) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Seroprevalence survey <input type="checkbox"/> PrEP trial <input type="checkbox"/> Female sex worker <input type="checkbox"/> Blood donor <input type="checkbox"/> Transgender <input type="checkbox"/> Sex worker <input type="checkbox"/> Adolescent girl or young woman (AGYW) <input type="checkbox"/> Men who have sex with men (MSM) <input type="checkbox"/> Men who have sex with men (MSM) <input type="checkbox"/> Intravenous drug user <input type="checkbox"/> Other: _____
Interventions and information	Tick all HIV tests used for HIV POS diagnosis
Date of test: ____/____/____ Time of day: ____:____ Location: _____ Other: _____	<input type="checkbox"/> Determinate <input type="checkbox"/> EIA/PCR <input type="checkbox"/> Indeterminate <input type="checkbox"/> EIA/PCR <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

3

Add the participant's PrEP identifier number or barcode sticker to:

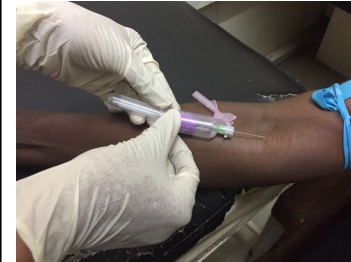
- DBS cards—write the number in the 'name' field
- CRF/LRF
- Blood collection tube
- Client's medical file

Do NOT write the client's name on the study materials.

CONFIDENTIAL

4

Collect blood per standard operating procedures and according to universal blood collection procedures.



5

Gently invert the blood collection tube 2–4 times, and then open the stopper carefully.



6

Aspirate whole venous blood to the line closest to the bulb on a transfer pipette, avoiding air bubbles (approximately 50 µl).



7

Transfer 1–2 drops of blood to the center of each of 5 circles (on each of the 2 cards) without touching the filter paper directly with the tip of the pipette. Try to fully saturate the circle.



8

If DBS card has a flap, bend the flap behind the card, with blood spots facing up, and dry the DBS card at room temperature overnight, or for a minimum of 3 hours. Dispose of used and leftover materials per local protocol, including remaining blood.



9

The cards will be dry once the color of the blood changes from bright red to dark red. After the DBS card dries, insert it into the sealable plastic bag with the desiccant and humidity indicator card.



10

Insert the sealed plastic DBS bag, the CRF, and the LRF in the envelope provided and mail the envelope immediately, or within 3 days.

