**To:**

Nafn og heimilisfang viðtakanda (fyrirtækis/rannsóknastofu)

**Contact person:**
Nafn tengiaðila sem hjá viðtakanda

Tel: + XX XXX-XXXXXX (beint símanúmer)
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**From:**

Department of XXXX

Landspitali University Hospital

Heimilisfang

XXX Reykjavík

ICELAND

**Contact person:**

Nafn læknis, eða annars tengiaðila hjá sendanda

Mobile: + 354 XXX-XXXX

e-mail: xxxx@landspitali.is

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**Contents:** (Dæmi frá Veirufræðideild)

* Approximately 17 mL of EDTA plasma and serum for
	+ HIV-1 typing (Therapieresistenz)
	+ HBV DNA, quantitativ
	+ Anti-HDV
	+ HDV-RNA

 in 13 sample tubes.

* Approximately 12 mL of HIV positive EDTA blood for
	+ HLA –B5701 Allel Typisierung

in 3 tubes.