**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](mailto: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.