

HIV DIAGNOSTICS AND REFERENCE LABORATORY  
13 Taft Court, Suite 100  
Rockville, MD 20850  
(Shipping address)

**NOTIFICATION & FOLLOW-UP POINT OF CONTACT FORM**

In order to ensure proper follow-up on reported positive results, we need information from your site. The Primary POC should be the Provider responsible for discussing the result with the patient. This is to ensure compliance with CAP regulations for reporting of HIV results.

Primary POC: _____	Alternate POC: _____
Phone Number: _____ (Commercial Only)	Phone Number: _____ (Commercial Only)
Fax Number: _____	Fax Number: _____
Is this fax secure (in a private office)? Yes No	Is this fax secure (in a private office)? Yes No
Email Address: _____	Email address: _____
Mailing Address: _____ _____ _____	Mailing Address: _____ _____ _____

\_\_\_\_\_  
Primary POC authorizing signature

\_\_\_\_\_  
Laboratory Manager authorizing signature

We need at least 2 POCs, a full addresses, telephone and fax numbers. *Signatures of the primary POC and Laboratory Manager are required to confirm this information.*

Due to the sensitive nature of our reports, the POCs will be the only persons we will consult for follow-up information. We also may contact them if questions arise concerning samples.

Result reports will continue to go through the current mechanisms, but NLT 10 working days post reporting a positive result, the HIV Diagnostics and Reference Laboratory will conduct a follow-up with the primary POC to ensure notification.

Please fax this information to (301) 294-2186. Also please keep this form on file and update the HIV Diagnostics and Reference Laboratory upon any changes in the POCs, addresses, or phone numbers.

You can contact the HIV Diagnostics and Reference Laboratory (HDRL) Laboratory Manager at 301-251-5003 or 301-251-8382.

KURT N. MARTIN  
CPT, MS  
HDRL, Laboratory Manager