

HIV DIAGNOSTICS AND REFERENCE LABORATORY

HIV Diagnostic Laboratory
13 Taft Court, Suite 100
Rockville, MD 20850

ARMY/MEPS SUPPLEMENTAL TESTING REQUEST FORM

1. TEST (S) REQUESTED:

SPECIMEN REQUIREMENT

Procleix HIV-1 RNA PCR	EDTA Plasma (spin w/in 2 hrs)	Frozen
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2. PATIENT IDENTIFICATION:

(Two identifier, i.e. name and SSN, must match that on the tube or sample will be rejected)

<p>MANDATORY: OIC: _____ Draw Date: _____ Initials of person preparing this form: _____</p>

3. CONTACT INFORMATION:

POC/ALTERNATE	
EMAIL ADDRESS	
FACILITY ADDRESS	
PHONE (commercial only)	
FAX (commercial only)	

4. SHIP SAMPLE TO:

HIV Diagnostic and Reference Laboratory
13 Taft Court, Suite 100
Rockville, MD 20850

5. WRAIR will forward sample to:

Robertson Blood Center
761st Tank Battalion Ave
Building 2250
FT. Hood, TX 76544

Date Shipped: _____

Tech initials: _____

PROCESSING LAB (For internal use only):

BARCODE	DATE RECEIVED	QUANTITY & TYPE RECEIVED/INITIALS