

SPECIMEN SUBMISSION GUIDELINES
HIV Diagnostics and Reference Laboratory
US Military HIV Research Program, Walter Reed Army Institute of Research
9100 Brookville Road, BLDG 508, Silver Spring, MD 20910

HIV Verification Algorithm Test Request Form (non-CONUS)

| Test Requested | Specimen Requirement | Draw Tube | Shipping Conditions (Check one) |
|---|---|--|---|
| <input type="checkbox"/> HIV Algorithm | <input type="checkbox"/> 4 ml serum (SST Tubes) or <input type="checkbox"/> 4 ml plasma (PPT preferred. EDTA, Na Heparin, Na Citrate, CPDA and ACD-1 plasma is acceptable.) | <p>SST Tubes – Invert 5X and allow to clot for 30 min (no more than 2 hrs) post-collection. Centrifuge 10 minutes at 1000-1300 RCF in a swing bucket centrifuge.</p> <p>NOTE: Tubes MUST be allowed to clot for 30 minutes.</p> <p>PPT tubes – Invert 8-10X. Spin tubes within 2 hrs of collection. Centrifuge in swing-out rotor centrifuge at 1100 RCF for a minimum of 10 min. Freeze plasma aliquot at -20°C.</p> | <input type="checkbox"/> Ambient 15-30°C – SST tube must be received at HDRL within 2 days of collection. <input type="checkbox"/> Refrigerated 2-8°C – SST tube must be immediately stored and shipped in cold box with ice packs and received at HDRL within 2-7 days of collection. <input type="checkbox"/> Frozen -20°C – Ship frozen aliquoted specimen with dry ice if specimen will be received at HDRL after 7 days of collection. |

Please fill the request form completely to ensure timely specimen processing.

| PATIENT IDENTIFICATION | CONTACT INFORMATION |
|---|--|
| <p>Patient identifiers <u>MUST INCLUDE</u>:</p> <p>Full Name _____</p> <p>DoD# _____</p> <p>FMP/SSN _____</p> <p>DOB _____</p> <p>Specimen Draw Date / Time: _____</p> <p>Ship Date: _____</p> | <p>POC _____</p> <p>Physician Name _____</p> <p>Clinic / Center _____</p> <p>Center Address _____</p> <p>_____</p> <p>Telephone Number _____</p> <p>Fax Number _____</p> <p>(Commercial # only; please include area/country code)</p> <p>Alternate POC Name _____</p> <p>Alternate POC Phone _____</p> |

PROCESSING LAB (For HDRL use only)

| BARCODE | DATE RECEIVED | QUANTITY & TYPE RECEIVED / INITIALS |
|---------|---------------|-------------------------------------|
| | | |

Fax/Email a FedEx tracking and/or invoice number to ensure all shipments sent to the HIV Diagnostics and Reference Laboratory are received, IAW CAP GEN.40530