

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

Molecular Viral Load (Quantitative)/Drug Resistance Test Request Form

Test Requested	Specimen Requirement	Draw Tube	Shipping Conditions (Check one)
<input type="checkbox"/> HIV-1 Viral Load <input type="checkbox"/> HCV Viral Load	<input type="checkbox"/> 3 ml plasma (EDTA only)	EDTA: Store blood at 25°C until centrifuged. Centrifuge ≤1300 RCF for 20 minutes within 4 hours of blood collection. Store refrigerated (2-8°C) overnight or for same day delivery.	<input type="checkbox"/> Frozen -70°C - Ship frozen aliquoted specimen with dry ice if specimen will be received at HDRL after 24 hours of collection. RECOMMENDED: Ship on 6 lbs. dry ice in case of shipment delay.
<input type="checkbox"/> HIV-1 Resistance Genotyping <input type="checkbox"/> HIV-1 Integrase Genotyping	<input type="checkbox"/> 2 ml plasma (EDTA or PPT) Viral load MUST BE ≥ 2000 Copies/ml and result must have been obtained within the past 30 days.	PPT Tubes: Invert 8-10X. Spin tubes within 2 hrs of collection. Centrifuge ≤1300 RCF for 10 minutes. Freeze plasma aliquot at -60 to -80°C. EDTA: Store blood at 25°C until centrifuged. Centrifuge ≤1300 RCF for 10 minutes within 4 hours of blood collection. Store at -70°C. Viral Load _____ Date Performed _____	<input type="checkbox"/> Refrigerated 2-8°C - Must be stored at 2-8°C post-centrifugation, shipped in cold box with ice packs and received at HDRL within 24 hours of collection. <input type="checkbox"/> Frozen - Ship frozen aliquoted specimen with dry ice if specimen will be received at HDRL after 24 hours of collection. RECOMMENDED: Ship on 6 lbs. dry ice in case of shipment delay.

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

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

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