

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

Mycoplasma genitalium Test Request Form

Test Requested	Specimen Requirement	Transport Tube	Storage & Shipping Conditions
<input type="checkbox"/> M. gen	<input type="checkbox"/> 2 mL Urine (between black fill lines) <input type="checkbox"/> 1 swab/collection site <input type="checkbox"/> Pharyngeal <input type="checkbox"/> Rectal <input type="checkbox"/> Endocervical <input type="checkbox"/> Vaginal	<p>Urine specimen transport tube: Transfer 2 mL of first-catch urine into urine specimen transport tube from 20-30 mL in preservative free urine collection cup (within 24 of collection). Patient should not have urinated for at least 1 hour prior to collection.</p> <p>Unisex collection swab: Refer to Hologic website https://www.hologic.com/sites/default/files/2018-01/AW-16968_001_01_0.pdf</p>	<p>Refrigerated 2-8° C – Store & ship specimens at 2-8° C. Specimens must be shipped in cold box with ice packs and received at HDRL next day.</p> <p>Ambient 15-30° C – Store & ship specimens at 15-30° C.</p> <p>RECOMMENDED: Ship at refrigerated temperature in case of shipment delay.</p>

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

PATIENT IDENTIFICATION	CONTACT INFORMATION
<p>Patient identifiers <u>MUST INCLUDE:</u></p> <p>Study # _____ (If Applicable)</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>Telephone Number _____</p> <p>Fax Number _____ (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