

**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

## Vaccine Induced Sero-Reactivity Test Request Form

Test Requested	Specimen Requirement	Draw Tube	Shipping Conditions (Check one)
<input type="checkbox"/> <b>VISR Algorithm</b>	<input type="checkbox"/> 3 ml serum (SST Tubes)  or  <input type="checkbox"/> 3 ml plasma (PPT preferred)  or  <input type="checkbox"/> 15 ml whole blood (3 x 5ml EDTA tubes)	<p><b>SST Tubes</b> – 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><b>NOTE:</b> Tubes MUST be allowed to clot for 30 minutes.</p> <p><b>PPT tubes</b> – 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> <p><b>EDTA tubes</b> – Store at room temperature for overnight or same day delivery.</p>	<input type="checkbox"/> <b>Ambient 15-30°C</b> – SST tube and EDTA tubes must be shipped ambient within 24 hours of collection.  <input type="checkbox"/> <b>Refrigerated 2-8°C</b> – 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"/> <b>Frozen -20°C</b> – Ship frozen <b>aliquoted</b> specimen with dry ice if specimen will be received at HDRL after 24 hours of collection.  <p><b>RECOMMENDED:</b> Ship on 6 lbs. dry ice in case of shipment delay.</p>

**Vaccine Construct if known:** \_\_\_\_\_

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

PATIENT IDENTIFICATION	CONTACT INFORMATION
<p><b>Patient identifiers <u>MUST INCLUDE:</u></b></p> <p><b>Full Name</b> _____</p> <p><b>DoD#</b> _____</p> <p><b>FMP/SSN</b> _____</p> <p><b>DOB</b> _____</p> <p><b>Specimen Draw Date / Time:</b> _____</p> <p><b>Ship Date:</b> _____</p>	<p><b>POC</b> _____</p> <p><b>Physician Name</b> _____</p> <p><b>Clinic / Center</b> _____</p> <p><b>Center Address</b> _____</p> <p>_____</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>
<b>PROCESSING LAB (For HDRL use only)</b>	
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**