

SPECIMEN SUBMISSION GUIDELINES

HIV Diagnostics and Reference Laboratory, Diagnostics and Countermeasures Branch
 Center for Infectious Disease Research, Walter Reed Army Institute of Research
 508 Research Drive, Silver Spring, MD 20910

HIV Verification Algorithm Test Request Form

TESTS	SPECIMEN REQUIREMENT	DRAW TUBE
<input type="checkbox"/> HIV Algorithm	4 ml plasma (Cold Pack)	PPT

SHIP FROZEN PLASMA IF SAMPLE WILL NOT BE RECEIVED AT HDRL WITHIN 72 HOURS.

PATIENT IDENTIFICATION	CONTACT INFORMATION
<p>Patient Stamp <u>must include</u>: Full Name*, FMP*/SSN*, DOB*</p> <p>Specimen Draw Date / Time*: _____</p> <p>Ship Date: _____</p> <p>Sample Storage (circle): Frozen / Refrig / Ambient</p> <p>Sample Shipping (circle): Dry Ice / Cold Pack</p>	<p>POC* _____</p> <p>Physician Name* _____</p> <p>Clinic/Center* _____</p> <p>Center Address* _____</p> <p>_____</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>

***Required**

PROCESSING LABORATORY (For internal use only)		
BARCODE	DATE RECEIVED	QUANTITY & TYPE RECEIVED/INITIALS

TUBES DRAWN	SPECIMEN REQUIREMENT	INSTRUCTIONS
<input type="checkbox"/> 4 PPT s	Aliquot PPL into NINE (9) cryovials - 2, 1.0 mL each - 2, 0.5 mL each - 1, 2mL - 2, 1.20 mL each - 1, 2 mL - 2, remaining volume	Freeze at -80°C or lower Forward one vial of plasma at 1 ml to HDRL for confirmatory
<input type="checkbox"/> 2 CPTs	Collect Cell Pellets and store into SEVEN (7) cryovials - 2, 5 million cells each - 5, 1 million cells each	Freeze at -80°C or lower