

## 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

### 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<br><br><input type="checkbox"/> HCV Viral Load                        | <input type="checkbox"/> 3 ml plasma (EDTA only)   | <b>EDTA:</b> 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"/> <b>Frozen -70°C</b> - Ship frozen <b>aliquoted</b> specimen with dry ice if specimen will be received at HDRL after 24 hours of collection.<br><br><b>RECOMMENDED:</b> Ship on 6 lbs. dry ice in case of shipment delay.   |
| <input type="checkbox"/> HIV-1 Resistance Genotyping<br><br><input type="checkbox"/> HIV-1 Integrase Genotyping | <input type="checkbox"/> 2 ml plasma (EDTA or PPT)<br><br>Viral load <b>MUST BE ≥ 2000</b> Copies/ml and result must have been obtained within the past 30 days. | <b>PPT Tubes:</b> Invert 8-10X. Spin tubes within 2 hrs of collection. Centrifuge ≤1300 RCF for 10 minutes. Freeze plasma aliquot at -60 to -80°C.<br><br><b>EDTA:</b> Store blood at 25°C until centrifuged. Centrifuge ≤1300 RCF for 10 minutes within 4 hours of blood collection. Store at -70°C.<br><br>Viral Load _____<br><br>Date Performed _____ | <input type="checkbox"/> <b>Refrigerated 2-8°C</b> - 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.<br><br><input type="checkbox"/> <b>Frozen</b> - Ship frozen <b>aliquoted</b> specimen with dry ice if specimen will be received at HDRL after 24 hours of collection.<br><br><b>RECOMMENDED:</b> 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   |
|--|---|
| <b>Patient identifiers <u>MUST INCLUDE:</u></b><br><br>Full Name _____<br><br>DoD# _____<br><br>FMP/SSN _____<br><br>DOB _____<br><br>Specimen Draw Date / Time: _____<br>Ship Date: _____ | POC _____<br><br>Physician Name _____<br><br>Clinic / Center _____<br><br>Center Address _____<br>_____<br>Telephone Number _____<br><br>Fax Number _____<br>(Commercial # only; please include area/country code)<br><br>Alternate POC Name _____<br><br>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

Shipping Address: 9100 Brookville Road, BLDG 508, Silver Spring, MD 20910