

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

POINT OF CONTACT FORM – NOTIFICATION AND FOLLOW-UP

In order to ensure proper follow-up on reported HIV positive test results, we need information from your site. The Primary POC should be the Provider responsible for discussing the result with the patient. This is to ensure compliance with CAP regulations for report of HIV test results.

Primary POC: _____ Phone Number: _____ (Commercial Only) Fax Number: _____ Is this fax secure (in a private office)? Yes No Email Address: _____ Mailing Address: _____ _____ _____	Secondary POC: _____ Phone Number: _____ (Commercial Only) Fax Number: _____ Is this fax secure (in a private office)? Yes No Email Address: _____ Mailing Address: _____ _____ _____
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Printed name and position title: _____
(Printed name) (Title)

Signature authorizing designation of POCs: _____
(Signature) (Date)

HDRL requires at least two (2) POCs, full addresses, and telephone and fax numbers.

Due to the sensitive nature of HDRL’s reports, the POCs will be the only persons HDRL will consult for follow-up information. HDRL may also contact the POCs if questions arise concerning specimens.

Result reports will continue to go through the current mechanisms, but NLT 10 working days post reporting a positive result, HDRL will conduct a follow-up with the primary POC to ensure notification.

Please fax this information to (301) 319-3502. Additionally, keep this form on file and update HDRL with any changes regarding the POCs, addresses, or phone numbers.

For questions, please contact the HDRL Associate Laboratory Director @ 301-319-9938