

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

Serology Clinical Test Request Form

Test Requested	Specimen Requirement	Draw Tube	Shipping Conditions (Check one)
<input type="checkbox"/> HIV Algorithm <input type="checkbox"/> Acute HIV Algorithm	<input type="checkbox"/> 4 ml serum (SST Tubes) or <input type="checkbox"/> 4 ml plasma (PPT preferred, EDTA, Na Heparin, Na Citrate, CPDA and ACD-1 plasma is acceptable.)	<p>SST Tubes – 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>NOTE: Tubes MUST be allowed to clot for 30 minutes.</p> <p>PPT tubes – 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>	<input type="checkbox"/> Ambient 15-30°C – SST tube must be received at HDRL within 2 days of collection. <input type="checkbox"/> Refrigerated 2-8°C – 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"/> Frozen -20°C – Ship frozen aliquoted specimen with dry ice if specimen will be received at HDRL after 7 days of collection.

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

PATIENT IDENTIFICATION	CONTACT INFORMATION
<p>Patient identifiers <u>MUST INCLUDE:</u></p> <p>Full Name _____</p> <p>DoDID _____</p> <p style="text-align: center;">OR</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>_____</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>

PROCESSING LABORATORY (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