

### 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"/> <b>HIV Algorithm</b>	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><b>Patient Stamp <u>must include</u>: Full Name*, FMP*/SSN* or DoDID*, DOB*</b></p>          <p><b>Specimen Draw Date / Time*:</b> _____</p> <p>Ship Date: _____</p> <p>Sample Storage (circle): <b>Frozen / Refrig / Ambient</b></p> <p>Sample Shipping (circle): <b>Dry Ice / Cold Pack</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>_____</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"/> <b>4 PPT s</b>	Aliquot PPL into NINE (9) cryovials <ul style="list-style-type: none"> <li>- 2, 1.0 mL each</li> <li>- 2, 0.5 mL each</li> <li>- 1, 2mL</li> <li>- 2, 1.20 mL each</li> <li>- 1, 2 mL</li> <li>- 2, remaining volume</li> </ul>	Freeze at -80°C or lower  Forward one vial of plasma  at 1 ml to HDRL for confirmatory
<input type="checkbox"/> <b>2 CPTs</b>	Collect Cell Pellets and store into SEVEN (7) cryovials <ul style="list-style-type: none"> <li>- 2, 5 million cells each</li> <li>- 5, 1 million cells each</li> </ul>	Freeze at -80°C or lower