

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 Aptima/Qualitative Test Request Form

Test Requested	Specimen Requirement	Draw Tube	Shipping Conditions (Check one)
<input type="checkbox"/> APTIMA HIV-1 RNA Qualitative <input type="checkbox"/> APTIMA HCV RNA Qualitative	<input type="checkbox"/> 3 ml serum (SST Tubes)	<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 (g) in a swing bucket centrifuge.</p> <p>NOTE: Tubes MUST be allowed to clot for 30 minutes.</p>	<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 24 hours of collection.
	<input type="checkbox"/> 3 ml plasma (PPT preferred, EDTA)	<p>PPT Tubes: Invert 8-10X. Spin tubes within 2 hrs of collection. Centrifuge ≤1300 RCF for 10 minutes. Freeze plasma aliquot at -20°C.</p> <p>EDTA: Store blood at 25°C until centrifuged. Centrifuge ≤1300 RCF for 10 minutes within 4 hours of blood collection. Ship frozen if transport longer than overnight delivery.</p>	<input type="checkbox"/> Frozen -20°C – Ship frozen aliquoted specimen with dry ice if specimen will be received at HDRL after 24 hours of collection.
			<p>RECOMMENDED: Ship on 6 lbs. dry ice in case of shipment delay.</p>

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>_____</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 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