## 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 (OCONUS)** 

Test Requested	Specimen Requirement	Draw Tube	Draw Tube Shipping Conditions (Check one)			
☐ HIV Algorithm	☐ 4 ml serum (SST Tubes)  or  ☐ 4 ml plasma (PPT preferred. EDTA, Na Heparin, Na Citrate, CPDA and ACD-1 plasma is acceptable.)	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.  NOTE: Tubes MUST be allowed to clot for 30 minutes.  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.	☐ Frozen -20°C — Ship frozen aliquoted specimen with dry ice if specimen will be received at HDRL after 7 days of collection.  RECOMMENDED: Ship on 6 lbs. dry ice in case of shipment delay.			
Please fill the request form completely to ensure timely specimen processing.						

PATIENT IDENTIFICATION	1	CONTACT INFORMATION			
Patient identifiers MUST INCLUDE:		POC			
Full NameOR FMP/SSN		Physician Name  Clinic / Center  Center Address			
Specimen Draw Date / Time:  Ship Date:		Telephone Number  Fax Number  (Commercial # only; please include area/country code)  Alternate POC Name  Alternate POC Phone			
PROCESSING LAB (For HDRL use only)					
BARCODE DA		TE RECEIVED	QUANTITY & TYPE RECEIVED / INITIALS		
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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

Form # TR HIVVER Version June 2023