

## SPECIMEN SUBMISSION GUIDELINE

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-1 TNA PCR, HIV-2 TNA PCR Test Request Form

Test Requested (Check one)	Specimen Requirement	Draw Tube	Shipping Conditions (Check one)
<input type="checkbox"/> <b>HIV-1 TNA PCR</b>  <input type="checkbox"/> <b>HIV-2 TNA PCR</b>	<input type="checkbox"/> 18 ml whole blood (EDTA only)  <input type="checkbox"/> 18 ml whole blood (EDTA only)	<b>EDTA:</b> Store at room temperature for overnight or same day delivery.	<input type="checkbox"/> <b>Ambient</b> - Ship ambient within 24 hours of collection.

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

PATIENT IDENTIFICATION	CONTACT INFORMATION
<b>Patient identifiers <u>MUST INCLUDE:</u></b>  Full Name _____  DoDID _____ <p style="text-align: center;">OR</p> FMP/SSN _____  DOB _____  Specimen Draw Date / Time: _____ Ship Date: _____	POC _____ Physician Name _____ Clinic / Center _____ Center Address _____ _____ Telephone Number _____ Fax Number _____ (Commercial # only; please include area/country code) Alternate POC Name _____ Alternate POC Phone _____

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 20910