

**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 Dr., Silver Spring, MD

**Molecular Aptima HIV-1 and HCV Qualitative/Quantitative Dx Test Request Form**

Test Requested	Specimen Requirement	Draw Tube	Shipping Conditions (Check one)
<input type="checkbox"/> <b>Qual / Quant HIV-1</b> (Viral Load)	<input type="checkbox"/> 3 ml plasma (PPT or EDTA)	<p><b><u>PPT tubes</u></b> – Invert 8-10X. Spin tubes within 2 hrs of collection. Centrifuge <math>\leq 1300</math> RCF for 10 minutes. Freeze plasma aliquot at less than <math>-20^{\circ}\text{C}</math>.</p>	<input type="checkbox"/> <b><u>Frozen <math>-20^{\circ}\text{C}</math></u></b> – Ship frozen <b>aliquoted</b> specimen with dry ice if specimen will be received at HDRL after 24 hours of collection.  <b>RECOMMENDED:</b> Ship on 6 lbs. dry ice in case of shipment delay.
<input type="checkbox"/> <b>Qual / Quant HCV</b> (Viral Load)		<p><b><u>EDTA tubes</u></b> – Store blood at <math>25^{\circ}\text{C}</math> until centrifuged. Centrifuge <math>\leq 1300</math> RCF for 10 minutes within 4 hours of blood collection. Freeze plasma aliquot at less than <math>-20^{\circ}\text{C}</math>.</p>	

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

PATIENT IDENTIFICATION	CONTACT INFORMATION
<p><b>Patient identifiers <u>MUST INCLUDE:</u></b></p> <p><b>Full Name</b> _____</p> <p><b>DoDID</b> _____</p> <p style="text-align: center;">OR</p> <p><b>FMP/SSN</b> _____</p> <p><b>DOB</b> _____</p> <p><b>Specimen Draw Date / Time:</b> _____</p> <p><b>Ship Date:</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>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 20910**