

HIV Verification Algorithm Test Request Form 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"/> Frozen -20°C – Ship frozen aliquoted specimen with dry ice if specimen will be received at HDRL after 24 hours of collection. RECOMMENDED: Ship on 6 lbs. dry ice in case of shipment delay.
	<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>	

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>DoD# _____</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>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