SPECIMEN SUBMISSION GUIDELINES
HIV Diagnostics and Reference Laboratory
US Military HIV Research Program, Walter Reed Army Institute of Research
9100 Brookville Road, BLDG 508, Silver Spring, MD 20910

Hepatitis B Surface Antigen Test Request Form

Test Requested	Specimen Requirement	Draw Tube	Shipping Conditions (Check one)
☐ **HBsAg Confirmatory**	☐ 3 ml serum (SST Tubes) or ☐ 3 ml plasma (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. Stable at RT up to 6 hrs. Centrifuge in swing-out rotor centrifuge at 1100 RCF for a minimum of 10 min. Freeze plasma aliquot at -20°C.	☐ **Ambient 15-30°C** – SST tube must be received at HDRL within 7 days of collection. ☐ **Refrigerated 2-8°C** – SST tube must be shipped in cold box with ice packs and received at HDRL within 7 days of collection. ☐ **Frozen -20°C** – Ship frozen **aliquoted** plasma with dry ice if specimen will be received at HDRL after 7 days of collection.

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

PATIENT IDENTIFICATION	CONTACT INFORMATION
Patient identifiers MUST INCLUDE: **Full Name** _____ **DoD#** _____ **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 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