

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

Molecular Send Out Test Request Form

Test Requested (Check one)	Specimen Requirement	Draw Tube	Shipping Conditions (Check one)
<input type="checkbox"/> HIV-1 Phenosense Note: Patients on antiretroviral drug therapy should remain on drug regimen when blood collected.	<input type="checkbox"/> 4 ml plasma (EDTA or PPT) Viral load MUST BE \geq 500 Copies/ml and result must have been obtained within the past 30 days.	PPT Tubes: Invert 8-10X. Spin tubes within 2 hrs of collection. Centrifuge 1000-1200 X g for 10-15 minutes. Freeze plasma aliquot at -20 to -80°C. EDTA: Store blood at 25°C until centrifuged. Centrifuge 1000-1200 X g for 10-15 minutes within 4 hours of blood collection. Store at -20 to -80°C. Viral Load _____ Date Performed _____	<input type="checkbox"/> Frozen - 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"/> HIV-1 Trofile	<input type="checkbox"/> 4 ml plasma (EDTA or PPT) Viral load MUST BE \geq 1000 Copies/ml and result must have been obtained within the past 14 days.	PPT Tubes: Invert 8-10X. Spin tubes within 30 minutes of collection. Centrifuge 1000-1200 X g for 10-15 minutes. Freeze plasma aliquot at -20°C. EDTA: Store blood at 25°C until centrifuged. Centrifuge 1000-1200 X g for 10-15 minutes within 30 minutes of blood collection. Store at -20°C. Viral Load _____ Date Performed _____	<input type="checkbox"/> Frozen - 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"/> HIV-1 DNA PCR <input type="checkbox"/> HIV-2 DNA PCR	<input type="checkbox"/> 3 ml whole blood (EDTA only)	EDTA: Store at room temperature for overnight or same day delivery.	<input type="checkbox"/> Ambient - Ship ambient within 24 hours of collection.

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

PATIENT IDENTIFICATION	CONTACT INFORMATION
Patient identifiers <u>MUST INCLUDE:</u> 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