

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

Vaccine Induced Sero-Reactivity Test Request Form

TEST REQUESTED	SPECIMEN REQUIREMENT	DRAW TUBE
<input type="checkbox"/> VISR Algorithm	3 ml SERUM	1 SST
	3 ml PLASMA	1 PPT
	15 ml whole Blood	3 x 5 ml EDTA tubes
Vaccine Construct if known: _____		

Please ship within 24 hours of collection at ambient temperature. If deviation required, contact HDRL for instruction on specimen processing, storage and shipping.

PATIENT IDENTIFICATION	CONTACT INFORMATION
Patient Stamp <u>must include</u>: Full Name*, FMP*/SSN*, DOB* Specimen Draw Date / Time*: _____ Ship Date: _____ Sample Storage (circle): Frozen / Refrig / Ambient Sample Shipping (circle): Dry Ice / Cold Pack	POC* _____ Physician Name* _____ Clinic / Center* _____ Center Address* _____ _____ _____ _____ _____ Telephone Number _____ Fax Number _____ (Commercial # only; please include area/country code) Alternate POC Name _____ Alternate POC Phone _____

***Required**

PROCESSING LAB (For internal 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