

HIV DIAGNOSTICS AND REFERENCE LABORATORY  
13 Taft Court, Suite 100  
Rockville, MD 20850  
(shipping address)

**POINT OF CONTACT FORM**

In order to maintain the integrity of our database and services, we need new or updated information from your site. The information below is what is currently on file. Please review for correctness and completion and/or put new information.

This information pertains to the delivery of **(please check ALL applicable reports):**

- Serology Reports  
(HIV /HTLV ELISA  
and/or Western Blot, HCV)
- Donor Center Reports
- Viral Load Reports (HIV)
- Viral Resistance Genotyping
- Other \_\_\_\_\_

**Primary POC:**

**Address:**

**Email address:**

**Secondary POC:**

**Phone:**

**Fax:**

**(Commercial)**

**Is the fax line secure (in a private office)?**

yes      no

**Reason for POC change: (e.g. new account, previous POC moved, different testing, yearly update, etc.)**

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Primary POC authorizing signature

OIC or Dept. Manager authorizing signature

We need at least 2 POCs, a full address, telephone and fax numbers. *Signatures of the primary POC and Officer in Charge or Department Manager are required to update this information.*

Due to the sensitive nature of our reports, the POCs will be the only persons we will send results to. We also may contact them if questions arise concerning samples. They are also responsible for posting the results, as well as distributing any other mailings they may receive from our department.

If the reports need to go through a central data processing/shipping area before delivery to the laboratory or clinician, please list the processing POC as the primary POC. List the lab/clinic POC as the secondary POC, placing their phone and fax numbers underneath their name.

Please fax this updated information to (301) 294-2186.

Thank you for assisting us in serving you better.

Dennis Lucas  
Data Management