

**SPECIMEN SUBMISSION GUIDELINES**  
HIV Diagnostics and Reference Laboratory, Diagnostics and Countermeasures Branch  
Center for Infectious Disease Research Walter Reed Army Institute of Research  
508 Research Dr., Silver Spring, MD, 20910

**Molecular Aptima HIV-1 Quantitative Dx in CSF Test Request Form**

**This test has not been cleared or approved by the FDA for quantitative detection of HIV-1 RNA in CSF samples.**

**Consultation with the Laboratory Director is required before ordering CSF HIV RNA (301) 319 -3123**

Test Requested	Specimen Requirement	Draw Tube	Shipping Conditions
<input type="checkbox"/> <b>Quant HIV-1 (Viral Load)</b>	<input type="checkbox"/> 2 ml CSF	Collect 2 mL CSF in a sterile screw-capped container. <b>Ship CSF frozen.</b>	<p><b><u>Frozen -80°C</u></b> – Ship frozen <b><u>aliquoted</u></b> specimen with dry ice if specimen will be received at HDRL after 24 hours of collection.</p> <p>When shipping frozen, use 2+ lbs. dry ice per day of transport. Shipment with an <b>additional 6 lbs. of dry ice is recommended</b> in case of shipment delay.</p>

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

PATIENT IDENTIFICATION	CONTACT INFORMATION
<p><b>Patient identifiers <u>MUST INCLUDE</u>:</b></p> <p><b>Full Name</b> _____</p> <p><b>DoDID</b> _____</p> <p style="text-align: center;">OR</p> <p><b>FMP/SSN</b> _____</p> <p><b>DOB</b> _____</p> <p><b>Specimen Draw Date / Time:</b> _____</p> <p><b>Ship Date:</b> _____</p>	<p><b>POC</b> _____</p> <p><b>Physician Name</b> _____</p> <p><b>Clinic / Center</b> _____</p> <p><b>Center Address</b> _____</p> <p>_____</p> <p>_____</p> <p><b>Telephone Number</b> _____</p> <p><b>Fax Number</b> _____</p> <p>(Commercial # only; please include area/country code)</p> <p><b>Alternate POC Name</b> _____</p> <p><b>Alternate POC Phone</b> _____</p>
<b>PROCESSING LABORATORY (For HDRL use only)</b>	
<b>BARCODE</b>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;"><b>DATE RECEIVED</b></div> <div style="width: 45%; text-align: center;"><b>QUANTITY &amp; TYPE RECEIVED / INITIALS</b></div> </div>

**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**  
**Shipping Address: 508 Research Dr., Silver Spring, MD, 20910**