

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 HIV-1 Viral Load (Quant)/Drug Resistance Test Request Form

Test Requested	Specimen Requirement	Draw Tube	Shipping Conditions
<input type="checkbox"/> Quant HIV-1 (Viral Load)	<input type="checkbox"/> 3 ml plasma (PPT or EDTA)	<p>PPT tubes – Invert 8-10X. Spin tubes within 2 hrs. of collection. Centrifuge ≤ 1300 RCF for 10 minutes. Freeze plasma aliquot at less than -20°C.</p> <p>EDTA tubes – Store blood at 25°C until centrifuged. Centrifuge ≤ 1300 RCF for 10 minutes within 4 hours of blood collection. Freeze plasma aliquot at less than -20°C.</p>	<p>Frozen -20°C – Ship frozen aliquoted 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 additional 6 lbs. of dry ice is recommended in case of shipment delay.</p>
<input type="checkbox"/> Sentosa® SQ HIV-1 Genotyping/Integrase Assay	<input type="checkbox"/> 3 ml plasma (EDTA only) Viral load MUST BE ≥ 1000 Copies/ml and result must have been obtained within the past 30 days.	<p>EDTA: Invert 8-10 times. Store the tubes upright at room temperature, spin tubes within 2 hours of collection. Centrifuge at 1900 RCF for 10 minutes at 2 to 8°C to remove plasma. Freeze plasma aliquot at -20°C.</p> <p>Viral Load _____</p> <p>Date Performed _____</p>	

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

PATIENT IDENTIFICATION		CONTACT INFORMATION	
Patient identifiers <u>MUST INCLUDE</u>: Full Name _____ DoDID _____ OR 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 LABORATORY (For HDRL use only)			
<div style="text-align: center;">BARCODE</div>		<div style="text-align: center;">DATE RECEIVED</div>	<div style="text-align: center;">QUANTITY & TYPE RECEIVED / INITIALS</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 Drive, Silver Spring, MD 20910