

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

HIV Verification Algorithm Test Request Form

Tests	Specimen Requirement	Draw Tube
<input type="checkbox"/> HIV Algorithm	<input type="checkbox"/> 4 ml plasma (Cold Pack)	<input type="checkbox"/> PPT

SHIP FROZEN PLASMA IF SAMPLE WILL NOT BE RECEIVED AT HDRL WITHIN 48 HOURS.

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.

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

***Required**

TUBES DRAWN	SPECIMEN REQUIREMENT	INSTRUCTIONS
<input type="checkbox"/> 4 PPTs	Aliquot PPL into NINE (9) cryovials - 2, 1.0 mL each - 2, 0.5 mL each - 1, 2mL - 2, 1.20 mL each - 1, 2 mL - 2, remaining volume	Freeze at -80°C or lower. Forward one vial of plasma at 1 ml to HDRL for confirmatory testing.
<input type="checkbox"/> 2 CPTs	Collect Cell Pellets and store into SEVEN (7) cryovials - 2, 5 million cells each - 5, 1 million cells each	Freeze at -80°C or lower

PROCESSING LABORATORY (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
Shipping Address: 508 Research Dr., Silver Spring, MD, 20910