

**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 HCV Qualitative/Quantitative Dx Test Request Form**

Test Requested	Specimen Requirement	Draw Tube	Shipping Conditions
<input type="checkbox"/> <b>Quant HCV</b> (Viral Load)	<input type="checkbox"/> 3 ml plasma (PPT or EDTA)	<p><b>PPT tubes</b> – Invert 8-10X. Spin tubes within 2 hrs. of collection. Centrifuge <math>\leq 1300</math> RCF for 10 minutes. Freeze plasma aliquot at less than <math>-20^{\circ}\text{C}</math>.</p> <p><b>EDTA tubes</b> – Store blood at <math>25^{\circ}\text{C}</math> until centrifuged. Centrifuge <math>\leq 1300</math> RCF for 10 minutes within 4 hours of blood collection. Freeze plasma aliquot at less than <math>-20^{\circ}\text{C}</math>.</p>	<p><b>Frozen <math>-20^{\circ}\text{C}</math></b> – Ship frozen <b>aliquoted</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>
<input type="checkbox"/> <b>Qual HCV</b>	<input type="checkbox"/> 3 ml serum	<p><b>SST tubes:</b> - Spin tubes within 2 hrs. of collection. Centrifuge <math>\leq 1300</math> RCF for 10 minutes. Freeze serum aliquot at less than <math>-20^{\circ}\text{C}</math>.</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>	
PROCESSING LABORATORY (For HDRL 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**