

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 Qualitative/Quantitative Dx 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"/> Qual HIV-1	<input type="checkbox"/> 3 ml serum (SST)	SST tubes – Spin tubes within 2 hrs. of collection. Centrifuge ≤ 1300 RCF for 10 minutes. Freeze serum aliquot at less than -20°C .	

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

PATIENT IDENTIFICATION	CONTACT INFORMATION
<p>Patient identifiers <u>MUST INCLUDE:</u></p> <p>Full Name _____</p> <p>DoDID _____</p> <p style="text-align: center;">OR</p> <p>FMP/SSN _____</p> <p>DOB _____</p> <p>Specimen Draw Date / Time: _____</p> <p>Ship Date: _____</p>	<p>POC _____</p> <p>Physician Name _____</p> <p>Clinic / Center _____</p> <p>Center Address _____</p> <p>_____</p> <p>_____</p> <p>Telephone Number _____</p> <p>Fax Number _____</p> <p>(Commercial # only; please include area/country code)</p> <p>Alternate POC Name _____</p> <p>Alternate POC Phone _____</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 Drive, Silver Spring, MD 20910