

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

Vaccine Induced Sero-Reactivity Test Request Form

Test Requested	Specimen Requirement	Draw Tube	Shipping Conditions
<input type="checkbox"/> VISR Algorithm	<input type="checkbox"/> 3 ml serum (SST Tubes) or <input type="checkbox"/> 3 ml plasma (EDTA, PPT preferred) or <input type="checkbox"/> 15 ml whole blood (3 x 5ml EDTA tubes)	<p><u>SST Tubes</u> – Invert 5X and allow to clot for 30 min (no more than 2 hrs.) post-collection. Centrifuge 10 minutes at 1000-1300 RCF in a swing bucket centrifuge.</p> <p>NOTE: Tubes MUST be allowed to clot for 30 minutes.</p> <p><u>PPT tubes</u> – Invert 8-10X. Spin tubes within 2 hrs. of collection. Centrifuge in swing-out rotor centrifuge at 1100 RCF for a minimum of 10 min. Freeze plasma aliquot at -20°C.</p> <p><u>EDTA tubes</u> – Store at room temperature for overnight or same day delivery; must be received within three (3) days of collection.</p>	<p><u>Ambient 15-30°C</u> – SST tube and EDTA tubes must be shipped ambient within 24 hours of collection and received within three (3) days of collection.</p> <p><u>Refrigerated 2-8°C</u> – SST tube must be immediately stored and shipped in cold box with ice packs and received at HDRL within two (2) days of collection.</p> <p><u>Frozen -20°C</u> – Ship frozen aliquoted specimen with dry ice if specimen will be received at HDRL after 24 hours of collection. 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>
Vaccine Construct if known: _____			

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 Dr., Silver Spring, MD, 20910