

**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

**POINT OF CONTACT FORM – RESULT REPORTING**

To maintain the integrity of our database and services, the HIV Diagnostics and Reference Laboratory (HDRL) requests new or updated information from your site. Please review and enter any corrections.

This information pertains to the delivery of **(please check ALL applicable reports)**:

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Serology (HIV EIA, Geenius HIV1/2, Western Blot) | <input type="checkbox"/> SQ Sentosa® SQHIV-1 Genotyping | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Qual / Quant HIV-1 RNA                           | <input type="checkbox"/> Viral Load Sentosa®            |                                      |
| <input type="checkbox"/> Qual / Quant HCV RNA                             | <input type="checkbox"/> HIV Viral Load HCV             |                                      |

**All Fields are required for Primary POC. Please provide information for Secondary POC if applicable.**

<b>Primary POC:</b> _____ <b>Phone Number:</b> _____ (Commercial Only) <b>Fax Number:</b> _____ Is this fax secure (in a private office)? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Email Address:</b> _____	<b>Secondary POC:</b> _____ <b>Phone Number:</b> _____ (Commercial Only) <b>Fax Number:</b> _____ Is this fax secure (in a private office)? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Email Address:</b> _____
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**Mailing Address:** \_\_\_\_\_  
(Including organization name) \_\_\_\_\_  
\_\_\_\_\_

**Send Results By:**  
☐ Fax    ☐ Fed Ex    ☐ Both  
☐ Secure File Transfer

**Reason for POC change (if applicable):** \_\_\_\_\_  
(e.g., new account, POC moved, different testing, yearly update)

\_\_\_\_\_  
**Primary POC Authorizing Signature**

\_\_\_\_\_  
**OIC or Dept. Manager Authorizing Signature**

*Signatures of the primary POC and Officer in Charge or Department Manager are required to update this information.*

Due to the sensitive nature of HDRL's reports, only the designated POC (or alternate) can receive reports from HDRL. The facility POC is responsible for posting results and distributing any other mailings HDRL provides them.

HDRL may contact POCs if questions arise during the receipt and/or processing of specimens.

Fax completed forms to 301-319-3502. For questions, call 301-319-3010.