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 - NOTIFICATION AND FOLLOW-UP

In order to ensure proper follow-up on reported HIV positive test results, we need information from your site. The Primary POC should be the Provider responsible for discussing the result with the patient. This is to ensure compliance with CAP regulations for report of HIV test results.

Primary POC:	Secondary POC:
Phone Number:	Phone Number:
(Commercial Only)	(Commercial Only)
Fax Number:	Fax Number:
Is this fax secure (in a private office)?	Is this fax secure (in a private office)?
□ Yes □ No	□ Yes □ No
Email Address:	Email Address:
Mailing Address:	Mailing Address:
Printed name and position title:	(T:41a)
(Pfinic	ed name) (Title)
Signature authorizing designation of POCs:	
Signature authorizing designation of 1 Ocs.	(Signature) (Date)
HDRL requires at least two (2) POCs, full addresses	s, and telephone and fax numbers.
Due to the sensitive nature of HDRL's reports, the follow-up information. HDRL may also contact the	POCs will be the only persons HDRL will consult for POCs if questions arise concerning specimens.

Result reports will continue to go through the current mechanisms, but NLT 10 working days post reporting a positive result, HDRL will conduct a follow-up with the primary POC to ensure notification.

Please fax this information to (301) 319-3502. Additionally, keep this form on file and update HDRL with any changes regarding the POCs, addresses, or phone numbers.

For questions, please contact client services supervisor @ (301) 319-3010.

Form# POC NF Version: July 2025