

**PROCEDURES FOR SUBMITTING SPECIMENS TO
THE BLOODBORNE VIRUSES LABORATORY, WADSWORTH CENTER, NYSDOH**

Carefully follow all instructions provided below to ensure that testing can be performed. Please indicate what type of testing is being requested on Form DOH-49. Prior approval from the Bloodborne Viruses Laboratory is required for HIV genotyping or hepatitis C virus (HCV) testing. Please call laboratory at (518) 474-2163 for further information.

1. **Specimen mailing kit:** Specimen collection kits, which include requisition form DOH-49, collection tubes, and shipping supplies can be obtained through the NYSDOH Order Desk at (518) 474-4175
2. **Requisition form:** Complete the Bloodborne Viruses Laboratory Clinical Testing Requisition Form (DOH-49) supplied with the specimen kit. Although we request that all pertinent sections be completed, the following information is required:
 - a. Type of testing requested, including if it is for confirmation of a rapid reactive HIV test.
 - b. Patient's name, address at the time of testing, date of birth, gender, race and ethnicity.
Note: for transgender individuals, indicate the gender at the time of testing
 - c. Date and time of blood collection.
 - d. Full name, complete address, NYS license number and phone number of the person authorized to order the test.

Note: Please include other pertinent clinical information in the 'comments' section, for example if patient has previously been diagnosed with HIV or HCV, or if patient is currently taking anti-viral medications.

3. **Blood collection:** Specimen quality is of utmost importance, particularly if nucleic acid testing (NAT) will be performed. In order to ensure that all necessary testing can be performed, the laboratory should receive the specimen within 72 hrs of collection. Specimens received more than 72 hrs after collection may not be eligible for NAT, if it is warranted. The specimen should be shipped at room temperature. Do not freeze whole blood specimens or ship on ice or dry ice.
 - a. Collect blood in the sterile 10-ml plastic EDTA blood collection tube (lavender-top) provided in the specimen mailing kit. A full tube of blood is required to allow for all necessary testing to be performed.
 - b. The patient's complete name must be on the requisition form and the specimen tube. A unique identifying code may be used for anonymous HIV testing; however anonymous HIV testing may only be requested from NYSDOH-approved anonymous testing sites
 - c. Identifiers on the test requisition form and the specimen collection tube **MUST** match exactly.
 - d. Follow all directions supplied with the specimen mailing kit for packaging blood tubes.
4. **Shipping:** Send the shipping container with the specimen to the address on the yellow label:

BVL
David Axelrod Institute
Wadsworth Center
NYS Department of Health
PO Box 22002
Albany, NY 12201-2002