| HIV PCR | |
|---------------|---|
| Test | Qualitative nucleic acid assay for the detection of HIV-1 RNA in human blood. |
| Description | Qualitative nucleic acid assay for the detection of fiv-1 kiva in numan blood. |
| 2000.1600. | As an aid in the diagnosis of infection with HIV-1 when the HIV combination EIA |
| Test Use | is reactive and the HIV antibody differentiation assay is negative or |
| | indeterminate. |
| Test | Virology |
| Department | Phone: (860) 920-6662, FAX (860) 920-6661 |
| Methodology | Nucleic acid amplification test (NAAT) |
| Availability | Specimens referred to Florida State Public Health Laboratory |
| _ | 1 mL plasma (preferred) or serum. |
| Specimen | Acceptable anticoagulants include K ₂ EDTA, K ₃ EDTA, ACD, or sodium citrate. |
| Requirements | Specimens must be repeatedly reactive using a 3 rd or 4 th generation |
| | HIV-1/HIV-2 immune assay and nonreactive or indeterminate using a |
| | supplemental assay. |
| Collection | Notify Virology Laboratory prior to specimen submission. Category B shipping box |
| Kit/Container | To obtain collection kit, refer to Collection Kit Ordering Information. |
| Collection | Standard venipuncture |
| Instructions | Standard Vernpaneture |
| Specimen | Store specimen at 2-8° C. Specimens must be received within 72 hours of |
| Handling & | collection. |
| Transport | Transport with an ice pack coolant. |
| Unacceptable | Unlabeled specimens |
| Conditions | Specimens that have leaked or containers that have broken in transit |
| | Specimens received after acceptable holding time |
| Requisition | Clinical test requisition (in the Test, Agent, or Disease Not Listed (specify): box, |
| Form | write HIV PCR) |
| | Name and address of submitter (and/or Horizon profile #) |
| Required | Patient name or identifier, town of residence (city, state, zip), date of birth |
| Information | Specimen type or source, date collected, test requested |
| | Please ensure patient name on the requisition matches that on the specimen. |
| Limitations | Specimens are referred to the Florida Department of Public Health, Bureau of |
| A ddit: | Laboratories for testing. |
| Additional | Contact the Virology Laboratory prior to specimen submission. |
| Comments | |

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