## HIV-1 Nucleic Acid Amplification Test

<table>
<thead>
<tr>
<th>Ordering Mnemonic:</th>
<th>3954, HIV-1 Nucleic Acid Amp Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methodology:</td>
<td>Polymerase chain reaction by COBAS Amplicon/TaqMan v2.0</td>
</tr>
<tr>
<td>Preferred Specimen:</td>
<td>EDTA (Lavender top) (Draw 3 Lavender-top EDTA tubes)</td>
</tr>
<tr>
<td>Minimum Specimen Volume:</td>
<td>5.0 mL plasma</td>
</tr>
<tr>
<td>Transport:</td>
<td>Refrigerated, to arrive within 24 hours from collection</td>
</tr>
<tr>
<td>Reject Due to:</td>
<td>Sample received frozen in EDTA tube; heparinized plasma; serum; plasma not separated within 24 hours</td>
</tr>
</tbody>
</table>

### When to order the **HIV-1 Nucleic Acid Amplification Test**:

- The initial HIV-1/HIV-2 test results are:
  - HIV EIA Screen: **Reactive**
  - HIV-1/HIV-2 Differentiation Test: **Non-reactive**
    - Interpretation: Inconclusive. Reactive HIV-1/HIV-2 screen result could not be confirmed by the differentiation test; may be due to acute or early infection or false positive screen. Recommend repeat HIV antigen/antibody testing and HIV-1 RNA testing.

**OR**

- The initial HIV-1/HIV-2 test results are:
  - HIV EIA Screen: **Reactive**
  - HIV-1/HIV-2 Differentiation Test: **HIV-1 Indeterminate, HIV-2 Indeterminate, or HIV Indeterminate**
    - Interpretation: Inconclusive. Reactive HIV-1/HIV-2 screen result could not be confirmed by the differentiation test; may be due to acute or early HIV-1 infection or false positive screen. Recommend repeat HIV antigen/antibody testing and HIV-1 RNA testing.

**OR**

- The initial HIV-1/HIV-2 test results are:
  - HIV EIA Screen: **Reactive**
  - HIV-1/HIV-2 Differentiation Test: **HIV-1 and HIV-2 Reactive, Undifferentiated**
    - Interpretation: Evidence of HIV infection is present but unable to differentiate antibodies as HIV-1 or HIV-2; recommend referral testing for HIV-1 RNA and HIV-2 RNA or DNA to verify or rule-out dual infection.

**OR**

- The initial HIV-1/HIV-2 test results are:
  - HIV EIA Screen: **Non-reactive**
  - **AND** acute HIV infection is suspected.

**OR**

- Determined as appropriate by the HIV/STD Division.
1. HIV-1 Nucleic Acid Amplification test requires pre-approval by the HIV/STD Division.

2. If testing is found to be appropriate, the HIV/STD Division will provide you with a test requisition form for the OSDH-contracted referral laboratory - Clinical Pathology Laboratories (CPL).

3. Schedule CPL Courier Service pick-up on the day prior to the patient’s scheduled appointment.
   
   **Note: blood drawn for HIV testing must arrive at CPL within 24 hours of collection; therefore, the patient’s appointment time should be carefully scheduled (preferably in the early morning) to allow for pick-up by the courier and timely delivery to the testing laboratory.**

   Call the CPL Courier Service the day before the scheduled appointment to ask for specimen pick-up on the next day: Tulsa area: 1-800-891-2917 OKC area: 1-405-943-4616

   **If you are at one of 14 sites that rely solely on the SureXpress Courier Service, ensure that the patient’s specimen is drawn and packaged prior to the regularly scheduled pick-up time.**

4. Fill-out (print) the following mandatory fields on the CPL Test Requisition Form (see next page pink highlighted areas):
   - Left-side of form:
     - Date Collected
     - Patient Name (Last, First, Middle)
     - Sex
     - Date of Birth (mm/dd/year)
     - Time of Collection
     - AM or PM
   - Right-side of the form:
     - Circle: Rhoades, Edd 60500 ordering Physician
   - Middle of form:
     - Site Code
     - Test Name; mark 3954 HIV 1 Nucleic Acid AMP test

5. Specimen Collection:
   - Label three (3) lavender-top EDTA tubes with the following:
     - Patient’s Name
     - Date of Collection
     - Your Initials
   - Draw the patient's blood into labeled EDTA tubes. The tube should be full.
   - Gently, invert the tube five (5) times.
   - Drawing 3 Lavender top-top EDTA tubes allows for enough plasma for testing

6. Prepare the specimen for courier pick-up as follows:
   - Place the EDTA tube in a leak-proof “Specimen” bag.
   - Fold the test requisition form, and slide it into the outer pocket of the bag.
   - Mark the outside of the bag “24 Hour Handling Required”.
   - Store the bagged specimen in the refrigerator (do not freeze) until pick-up by the courier.
###-site-code-

<table>
<thead>
<tr>
<th>Test Code</th>
<th>Test Name</th>
<th>Type</th>
<th>Specimen Type</th>
<th>Transport Temp</th>
<th>Centrifuge</th>
</tr>
</thead>
<tbody>
<tr>
<td>6021</td>
<td>Culture, CC</td>
<td>SBH</td>
<td>Source</td>
<td>Room Temp</td>
<td>YES</td>
</tr>
<tr>
<td>4957</td>
<td>HCV RFLX OMT, RFLX GENH (w/HIV1/2)</td>
<td>ST</td>
<td>Serum</td>
<td>Refrig</td>
<td>YES</td>
</tr>
<tr>
<td>7370</td>
<td>HEP-2 CONC A RFLX IgG x</td>
<td>ST</td>
<td>Serum</td>
<td>Refrig</td>
<td>YES</td>
</tr>
<tr>
<td>3008</td>
<td>HIV-2 SURFACE Ag/Ab, GL PROFILE MOD</td>
<td>L</td>
<td>Whole Blood</td>
<td>Room Temp</td>
<td>NO</td>
</tr>
<tr>
<td>3650</td>
<td>HIV-2 BY PCK, QUAD O</td>
<td>L</td>
<td>Plasma</td>
<td>Refrig</td>
<td>YES</td>
</tr>
</tbody>
</table>

### Fax Results To:

- Fax Results Dependent DMM: 3 PM YES NO
- Blood Group: ABO, O, Rh+D YES NO
- Rh Factor: KELLEY, WELTON YES NO
- Note: MUST ADD DATE OF CONSENT
- Specimen Date: CAU 30 Mar, 2007
- Date of Test: 30 Mar, 2007
- Date of Birth: 30 Mar, 2007
- Sex: Male
- Race: Caucasian
- Other: Other
- Number of Follow-Up Numbers: 3
- Twin: Other
- Diagnoses: Other
- Medical History: Other
- Family History: Other
- Systolic BP: Other
- Diastolic BP: Other
- Pulse Rate: Other
- Temperature: Other
- Weight: Other
- Height: Other
- Body Mass Index: Other
- Marital Status: Single
- Gender: Male
- Other: Other

### Physician's Signature

[Signature]

### Date

- Date of Test: 30 Mar, 2007
- Date of Birth: 30 Mar, 2007
- Sex: Male
- Race: Caucasian
- Other: Other
- Number of Follow-Up Numbers: 3
- Twin: Other
- Diagnoses: Other
- Medical History: Other
- Family History: Other
- Systolic BP: Other
- Diastolic BP: Other
- Pulse Rate: Other
- Temperature: Other
- Weight: Other
- Height: Other
- Body Mass Index: Other
- Marital Status: Single
- Gender: Male
- Other: Other

### Patient Name

- First Name: Other
- Last Name: Other
- Middle Name: Other
- Date of Birth: 30 Mar, 2007
- Sex: Male
- Race: Caucasian
- Other: Other
- Number of Follow-Up Numbers: 3
- Twin: Other
- Diagnoses: Other
- Medical History: Other
- Family History: Other
- Systolic BP: Other
- Diastolic BP: Other
- Pulse Rate: Other
- Temperature: Other
- Weight: Other
- Height: Other
- Body Mass Index: Other
- Marital Status: Single
- Gender: Male
- Other: Other

### Physician Name

- First Name: Other
- Last Name: Other
- Middle Name: Other
- Date of Test: 30 Mar, 2007
- Date of Birth: 30 Mar, 2007
- Sex: Male
- Race: Caucasian
- Other: Other
- Number of Follow-Up Numbers: 3
- Twin: Other
- Diagnoses: Other
- Medical History: Other
- Family History: Other
- Systolic BP: Other
- Diastolic BP: Other
- Pulse Rate: Other
- Temperature: Other
- Weight: Other
- Height: Other
- Body Mass Index: Other
- Marital Status: Single
- Gender: Male
- Other: Other

### Ordering Physician

- First Name: Other
- Last Name: Other
- Middle Name: Other
- Date of Test: 30 Mar, 2007
- Date of Birth: 30 Mar, 2007
- Sex: Male
- Race: Caucasian
- Other: Other
- Number of Follow-Up Numbers: 3
- Twin: Other
- Diagnoses: Other
- Medical History: Other
- Family History: Other
- Systolic BP: Other
- Diastolic BP: Other
- Pulse Rate: Other
- Temperature: Other
- Weight: Other
- Height: Other
- Body Mass Index: Other
- Marital Status: Single
- Gender: Male
- Other: Other