STATE OF NEW YORK
DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

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Commissioner

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REQUIREMENTS FOR SUBMITTING SPECIMENS FOR **CONFIDENTIAL HIV ANTIBODY TESTING** TO THE DEPARTMENT OF HEALTH WADSWORTH CENTER DIAGNOSTIC HIV TESTING LABORATORY UNDER REVISED PART 63 REGULATION

- **BACKGROUND:** Subdivision 63.3(a) of the revised regulation requires providers to supply the laboratory with all necessary information: "A physician or other person authorized pursuant to law to order an HIV-related test to be used for patient care shall provide to the laboratory the **name and address of the person who is the source of the specimen** and other such information as specified by the commissioner". The HIV Antibody Test Requisition (DOH-49 (1/99)) provides fields for recording patient name, address, and other demographic information.

- HIV ANTIBODY TEST REQUISITION: **LEGIBLY PRINT** patient name (Last, First, Middle Initial) address, demographic information, date of specimen collection, and indicate Originating Facility. **COMPLETE** name and license number of authorized person and **COMPLETE** submitter address MUST be supplied. Incomplete requisitions will result in testing delays. Submit original top copy and maintain bottom (yellow) copy for your records.

- **SPECIMEN IDENTIFICATION:** Every specimen *MUST* be labeled with the COMPLETE AND LEGIBLE patient name as it appears on the requisition! DO NOT place additional information such as numbers, codes, dates, or initials on the specimen. Unidentified, misidentified, partially or illegibly identified specimens are unsatisfactory and **WILL NOT BE TESTED**.

- **SAFETY:** Blood specimens *MUST* be submitted in the PLASTIC Vacutainer® collection tube (provided in each HIV (DOH-49(M)) specimen mailer) OR an equivalent PLASTIC tube. Specimens submitted in GLASS tubes **WILL NOT BE TESTED**. **ALSO NOTE:** Plastic tubes have a limited shelf life (shorter expiration dates); be sure to order HIV mailer kits on a monthly basis.

- **SPECIMEN QUANTITY:** A MINIMUM of 2mL of whole blood must be submitted.

- **SPECIMEN QUALITY:** Specimens should be sent to the laboratory AS SOON AS POSSIBLE! Results on blood specimens tested more than seven (7) days from date of collection may not be valid as per test manufacturer.

Detailed specimen collection, mailer packaging and submission instructions are provided with each shipment of HIV test mailers. If you have any questions regarding the correct submission of specimens for HIV antibody testing, please contact the Retroviral Immunology Laboratory at (518) 474-2163.
For HIV mailer fax-able order forms, call (518) 474-3002.