

## HIV-1 Nucleic Acid Amplification Test

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

### 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:

- a. Label three (3) lavender-top **EDTA tubes** with the following:

- Patient's Name
- Date of Collection
- Your Initials



- b. Draw the patient's blood into labeled EDTA tubes. The tube should be full.
- c. Gently, invert the tube five (5) times.
- d. Drawing 3 Lavender top-top EDTA tubes allows for enough plasma for testing

6. Prepare the specimen for courier pick-up as follows:

- a. Place the EDTA tube in a leak-proof "Specimen" bag.
- b. Fold the test requisition form, and slide it into the outer pocket of the bag.
- c. Mark the outside of the bag "24 Hour Handling Required".
- d. Store the bagged specimen in the refrigerator (do not freeze) until pick-up by the courier.



CLINICAL PATHOLOGY LABORATORIES

D0141223

Clinical Acsn Label

Patient Name - Last, First, M.I., Patient I.D., Room #, Daytime Phone/Add'l ID, Date of Birth, Sex, Date Collected, Time Collected, Requesting Physician, Fasting, Urine Volume, STAT CALL Same Day

55997 HMO 071916 405 271 9444 OK STATE DEPT OF HLTH: HIV-HEPATITIS-STD 1000 HE 10TH ST OKLAHOMA CITY, OK 73117 KHODES 605.00

BILL TO: MEDICARE ACCOUNT, MEDICAID PATIENT, HMO PPO / POS

ST GY PE U UC SC OP, L GR SE CU SW VT F, B PR Froz AP OT

920 Venipuncture CPL, 925 Finger / Heel Stick, 919 Venipuncture, 922 Ur Vol Meas, 997 Verbal Diagnosis, 996 Standing Order, 9999 Verbal Order, ABN Attachments, 989 Pt Decline, 998 Multiple Orders

PLEASE COMPLETE INFORMATION BELOW

Policy Holder Name, Address, City, State, Zip, Evering Phone, Medicare Number, Medicaid Number, State, Ordering Physician NPI, Primary Insurance Name, Member I.D., Group, Date of Injury or Onset of Illness, Primary Insurance Address, City, State, Zip, Phone, Authorization #, Secondary Insurance Name, Member I.D., Group, Secondary Insurance Address, City, State, Zip, Phone

Table with 9 columns: ICD Code, ICD Code

Physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of the patient. \*Reflex testing may be performed with additional charge (see reverse for details) # Medicare Limited Coverage # Medicare Frequency Limit + Not Covered by Medicare - More than one CPT code will be billed

SITE CODE:

Table with 6 columns: TEST CODE, TEST NAME, TUBE TYPE, SPECIMEN TYPE, TRANSPORT TEMP, CENTRIFUGE. Rows include: 6031 CULTURE, GC; 4557 HCV RFLX QNT, RFLX GENI \*(QNT)1000; 2730 HEP B CORE Ab RFLX IgM \*; 10037 HEP B SURFACE Ag&Ab, QL PROFILE \*00; 3650 HIV-2 BY PCR, QUAL @; 3954 HIV-1 NUCLEIC ACID ANP TEST @

FAX RESULTS TO:

5375 QUAD Scrn @ > ST, 2617 AFP-NTD @ / ST, Patient DOB, Donor DOB, Maternal Weight, Testing: Initial Repeat, NTD History: Yes No, Pre-existing Insulin Dependent DM: Yes No, Race: CAU H AA Asian Other, Current Smoker: Yes No, Number of Fetuses, If Twins: Dichorionic Monochorionic, Gestational Age (G.A.) Determined by (check): Sonogram Date of Sonogram, G.A. at Sonogram wks days, LMP, Family History of Down Syndrome: Yes No

AP-APTIMA B-BLUE TOP TUBE BUBBLED CULTURE DUPLICATE BUBBLED FROM DOCUMENTED. ALL SPECIMENS MUST BE LABELED WITH PATIENT'S NAME AND SECOND IDENTIFIER.

OF-DNA AND PARASITE PRESERVATIVE. SO-STOOL CULTURE PRESERVATIVE. SP-SPUTUM. ST-SERUM SEPARATOR TUBE. SW-SWAB. U-URINE TUBE. UO-URINE CULTURE TUBE. V-VEN. TRANSF. MOST RECOMM. MUST BE HERBIC. AYED. F. INDICAT. CRITIC. FROZEN. INDIC. IS CRIT. X. ROOM. WMP. C. CK. WWW. PLASS. TM FOR. TAILS.