**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 Ampliprep/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:**
   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.
<table>
<thead>
<tr>
<th>SITE CODE:</th>
<th>TEST CODE</th>
<th>TEST NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] 6021</td>
<td>CULTURE, CC</td>
<td></td>
</tr>
<tr>
<td>[ ] 4557</td>
<td>HCV RLQ 0.5 x RLQ 0.5</td>
<td></td>
</tr>
<tr>
<td>[ ] 7393</td>
<td>HEP D CONC A RLQ 2 x</td>
<td></td>
</tr>
<tr>
<td>[ ] 10857</td>
<td>HEP D SURFACE Agx2, CL PROF</td>
<td></td>
</tr>
<tr>
<td>[ ] 3650</td>
<td>HIV-2 BY PCK, DUAL</td>
<td></td>
</tr>
<tr>
<td>[ ] 3954</td>
<td>HIV-1 NUCLEIC ACID AMP TEST</td>
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**TRANSPORT TEMP**
- ROOM TEMP
- HI

**CENTRIFUGE**
- YES
- NO

**FAX RESULTS TO:**
- 617 20148 8.4.19 8.4.19
- Patient Name: [Redacted]
- Date of Birth: [Redacted]
- Physician: [Redacted]
- Medicare Account: [Redacted]
- Medicaid Patient: [Redacted]
- Lab ID: [Redacted]
- Specimen Type: [Redacted]
- Transport Temp: [Redacted]
- Centrifuge: [Redacted]

**Additional Information:**
- Fax Number: 617-20148-8.4.19
- Patient Name: [Redacted]
- Date of Birth: [Redacted]
- Physician: [Redacted]
- Medicare Account: [Redacted]
- Medicaid Patient: [Redacted]
- Lab ID: [Redacted]
- Specimen Type: [Redacted]
- Transport Temp: [Redacted]
- Centrifuge: [Redacted]