



Procedure number: Sample Request, Collection and Reporting
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Effective Date: March 1, 2011
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Key Function of Origin: PSMHS-TRCL
Procedure Approval Authority: N. Rodriguez, Y. Yamamura

Puerto Rico Clinical and Translational Research Consortium

Procedure Title: PSMHS-TRCL: Sample Request, Sample Collection and Report Release

Issuing Date: March 1, 2011

I. Overview/Procedure Description:

Please refer to section III A, below.

II. Area(s) of Responsibility:

Immunology Reference Laboratory
AIDS Research Program
Ponce School of Medicine
Ponce, Puerto Rico

Tel: 787-841-5150

Fax: 787-841-5150

e-mail: nrodriguez@psm.edu



III. Procedure Details:

III A. REQUEST STEP-BY-STEP

All sites or clinics must contact us to request our services. This can be done by telephone: 787-841-5150, 787-848-6617 or 787-317-2411. Our e-mail addresses are: nrodriguez@psm.edu or karroyo@psm.edu. Coordination for pick-up can be done through these contacts also.

Our laboratory request form has to be filled out and sent with samples. To get the latest updated form, you can visit our site: <http://aids.psm.edu>

This is an example of our laboratory request form:



Ponce School of Medicine & Health Sciences

IMMUNOLOGY REFERENCE LABORATORY, LIC. 819

P.O. BOX 7004

Ponce, PR 00732

Telephone: (787)841-5150 Fax: (787)841-5150

Patient ID: <input type="text"/>	Date Acquired: _____ Time Acquired: _____ ex: mm/dd/yyyy
Patient Name: _____	Collected by: _____
Provider: _____	
Physician: _____	
Select test:	
<input type="checkbox"/> Elisa HIV I-II	<input type="checkbox"/> Tropism DNA(In-House 50 clones)
<input type="checkbox"/> Western Blot	<input type="checkbox"/> Tropism RNA(In-House 50 clones)
<input type="checkbox"/> HIV Viral Load	<input type="checkbox"/> HCV Viral Load
<input type="checkbox"/> In-House HIV Viral Load Real Time	<input type="checkbox"/> HCV Qualitative
<input type="checkbox"/> HIV Genotype(Drug resistances)	<input type="checkbox"/> HCV Genotype
<input type="checkbox"/> In-House HIV Sequencing test	<input type="checkbox"/> CT/NG by PCR
<input type="checkbox"/> Immuno Profile (CD3,DC4,CD3, CD8, Ratio, CBC)	<input type="checkbox"/> HPV Genotype
	<input type="checkbox"/> Other: _____

Steps to access the form.

DNA Based Technology | Flow Cytometry | Drug Analysis | Data Core

Puerto Rico Clinical and Translational Research Consortium

The Ponce School of Medicine has an RCMI-funded Core Laboratory of over 2,000 sq. ft under the direction of Dr. Yasuhiro Yamamura that will integrate as a unit of the PRCTRC-CL (PRCTRC-CL-PSM). There are multiple collaborations between investigators at the UPR Medical Science Campus and the PSM that are ongoing. For example, ... [Read More](#)



PRCTRC Project

Immunology Reference Lab



1. Click on the Immunology Reference Lab Button.



HCV(Hepatitis)

1 • (Screening) Elisa	86803	\$10.00
2 • Confirmation (PCR Qualitative)	87521	\$50.00
3 • Genotype HCV (by sequencing In-House Protocol)	87902	\$100.00
4 • Viral Load HCV (quantitative)	87522	\$120.00

Other Tests - Otros exámenes

\$20.00

C. trachomatis / N. gonorrhoeae (PCR)

Note: This test samples should be taken always in a purple cap tube.

Nota: Para la toma de muestra de estas pruebas siempre sera en tubo de tapon lila.

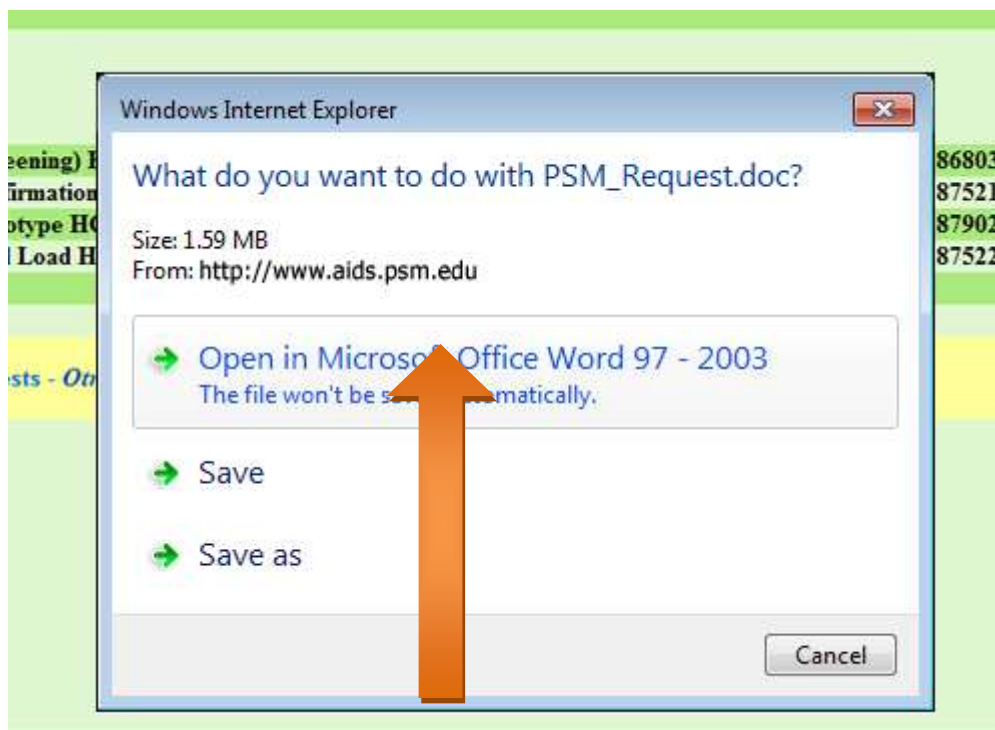
***Researchers will get tests prices's by agreement .**

Specifications

Request Form

Services Info

2. When the pop-up window opens, scroll-down to the page bottom to reach and press the "Request Form" button.



3. Open the file directly in Microsoft Office Word or save it on your hard drive.



Ponce School of Medicine & Health Sciences

IMMUNOLOGY REFERENCE LABORATORY, LIC. 819

P.O. BOX 7004

Ponce, PR 00732

Telephone: (787)841-5150 Fax: (787)841-5150

Patient ID: _____

Date Acquired: _____ Time Acquired: _____

ex. mm/dd/yyyy

Patient Name: _____

Provider: _____

Physician: _____

Collected by: _____

Select test:

- Elisa HIV I-II
- Western Blot
- HIV Viral Load
- In-House HIV Viral Load Real Time
- HIV Genotype(Drug resistances)
- In-House HIV Sequencing test
- Immuno Profile (CD3,DC4,CD3, CD8, Ratio, CBC)

- Tropism DNA(In-House 50 clones)
- Tropism RNA(In-House 50 clones)
- HCV Viral Load
- HCV Qualitative
- HCV Genotype
- CT/NG by PCR
- HPV Genotype
- Other: _____

Fill the blanks and print.

III B. SPECIMEN COLLECTION INFORMATION

The specimen must be collected as follows:

Test	Collection tube	Comments	Specifications
Elisa HIV I/II	1 plain tube- (red top) (Plasma) or 1 EDTA tube (lavender top) (plasma)	Mix well, if EDTA tube	Spin and separate serum or plasma and freeze.
Western Blot	1 plain tube- (red top) (Plasma) or 1 EDTA tube (lavender top) (plasma)	Mix well, if EDTA tube	Spin and separate serum or plasma and freeze.
HIV Viral Load Real Time	2 EDTA tubes (lavender top) (Plasma)	Mix well	Spin and separate plasma in a period no longer than 5 hours and freeze.
In-House HIV Real Time PCR	1 EDTA tube (lavender top) (Plasma)	Mix well	Spin and separate plasma in a period no longer than 5 hours and freeze.
HIV RNA-Tropism (In-House 50 clones)	1 EDTA tube (lavender top) (Plasma)	Mix well	Spin and separate plasma in a period no longer than 5 hours and freeze.
HIV DNA-Tropism (In-House 50 clones)	1 EDTA tube (lavender top)	No preparation	Whole blood is needed
Immunoprofile (CD3/CD4,CD3/CD8, Ratio, CBC)	1 EDTA tube (lavender top)	No preparation	Whole blood is needed
HIV Genotype (Drug Resistances)	1 EDTA tube (lavender top) (Plasma)	Mix well	Spin and separate plasma in a period no longer than 5 hours and freeze.
In-House HIV Sequencing test (Drug Resistance)	1 EDTA tube (lavender top) (Plasma)	Mix well	Spin and separate plasma in a period no longer than 5 hours and freeze.
HCV Elisa	1 plain tube- (red top) (Plasma) or 1 EDTA tube (lavender top) (plasma)	Mix well, if EDTA tube	Spin and separate serum or plasma and freeze.
HCV Qualitative	1 EDTA tube (lavender top)	Mix well	Spin and separate plasma in a period no longer than 5 hours and freeze.
HCV Viral Load	2 EDTA tube (lavender top)	Mix well	Spin and separate plasma in a period no longer than 5 hours and freeze.
HCV Genotype	1 EDTA tube (lavender top)	Mix well	Spin and separate plasma in a period no longer than 5 hours and freeze.
CT/NG by PCR	Transport media or urine	NA	NA
HPV Genotype	Cervical sample	NA	NA

The specimen received must correspond to the test requested. If it does not, take appropriate action. (See SOP 2: Criteria for Rejecting Laboratory Specimens.)

III C. PROCEDURE

- A. Ensure the laboratory request form accompanying any sample received in the laboratory has been properly completed.
- B. Ensure all laboratory requests contain the following minimum information: patient's name, age, and gender; attending physician; site or clinic; tests requested; date and time specimen was collected; and pertinent clinical information.
- C. Determine if the specimen should be rejected. See SOP 2: Criteria for Rejecting Laboratory Specimens.
- D. Enter the sample(s) in the system, indicating patient's name, IP/OP number, sex, clinic, and all tests requested for that sample. Our system automatically gives each sample a unique barcode number. From that moment on, the sample will not have any other identification other than the barcode. In our system, information about the position of storage of all samples will be recorded and saved.
- E. Note the specimen condition on the requisition slip according to the following:
 - Hemolysed—Red-tinged
 - Lipemic—Lactescent or "milky"
 - Icteric—Yellow-green or "jaundiced"
 - Clotted samples
- F. All reports generated will be reviewed and initialed by the technologist performing the analysis. Date stamp when report is completed prior to release of results.
- G. All final reports are reviewed at the end of each day by the section supervisor for clerical errors, assays requested vs. assays performed, and reliability of reported results.
- H. Laboratory reports will be hand delivered by our carrier to each site and a logbook will be signed by the person who receives them at each site.

IV. References:

APPROVAL

The signature below constitutes the approval of this SOP for use in the laboratory.

Laboratory

Supervisor Signed: _____ Date: _____

Full name. _____

Designation: _____

Section

Supervisor _____ Date: _____

V. Help Page:

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Please refer to policy on Sample Rejection Criteria for additional guidance.

Our laboratory request form has to be filled out and sent with samples. To get the latest updated form, you can visit our site: <http://aids.psm.edu>