

**Illinois Department of Public Health
Division of Laboratories**

HIV Rapid Screening Test Positive Submission Instructions – Serum

*Patients that test positive for HIV using a rapid test **must** have a specimen submitted for supplemental testing.*

1. Collect at least 5 mL of whole blood in the Autosep™ tube provided.
2. Attach the Illinois Department of Public Health provided barcode label lengthwise on the specimen tube. The specimen must be labeled with the patient’s full name and date of birth and/or the Illinois Department of Public Health provided barcode.
3. Place the matching Illinois Department of Public Health provided barcode label on the requisition form; look for the instruction “Place testing facility barcode label in the box below.”
4. **Using a pink highlighter, highlight the barcode on the submission form and the barcode on the specimen.** Write “RT” adjacent to the barcode.
5. Allow the blood to clot at room temperature. Centrifuge at 2,000-3,000 rpm for 10 minutes.
6. Complete all information on the test requisition. Bubble in the appropriate test request and the appropriate source field (venous). Bubble in “rapid test positive” to indicate that the initial test was performed using a rapid test. The patient’s identifier on the test requisition must match the identifier on the specimen. If both name and barcode label are placed on the specimen, they both must match the test requisition.
7. **Messenger/Courier by ground transport** Wrap specimen(s) individually in absorbent material. Place wrapped specimen(s) into biohazard labeled bag and seal securely. Place the test requisition(s) on the outside of the biohazard labeled bag. Place the sealed biohazard bag and test requisition(s) inside the shipping container. The shipping container must be rigid, such as a cooler, and labeled with the UN 3373 Biological Substance Category B marking. Close securely.
8. **Commercial carrier by ground/air transport** Wrap specimen(s) individually in absorbent material. Place the wrapped specimen(s) inside a biohazard labeled 95 kPa bag and seal following the instructions on the bag. Place the test requisition(s) on the outside of the 95 kPa bag. Place the sealed 95 kPa bag and completed requisition(s) inside the outer shipping container and close securely. Label the **rigid** outer shipping container with the appropriate Illinois Department of Public Health laboratory address. Complete the return address section to include the name of the person shipping the package, business name and address and a business phone number. The shipping container must include the UN 3373 Biological Substance Category B marking.
9. If the specimen(s) cannot be transported immediately, store at 2 C to 8 C (refrigerator).
10. **Specimens for HIV must reach the laboratory within 10 days of collection.**

Ship to:

Illinois Department of Public
Health Laboratory
1155 S. Oakland Ave.
P.O. Box 2797
Carbondale, IL 62902-2797
Phone 618-457-5131
Fax 618-457-6995

Illinois Department of Public
Health Laboratory
2121 W. Taylor St.
Chicago, IL 60612-7260
Phone 312-793-4760
Fax 312-793-1322