<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Collection Time</th>
<th>Collection Frequency</th>
<th>Collection Procedures</th>
<th>Transport Media</th>
<th>Shipping &amp; Handling (S&amp;H)**</th>
</tr>
</thead>
</table>
| Serum / Plasma* | NA | NA | Samples that are collected into anticoagulant tubes should be filled as indicated by labeling to avoid improper dilution. | NA. Please see transport device under S&H. | • Ship each specimen as obtained.  
• **Transport device:** Blood collection tubes and Plasma separation tubes.  
• **Rejection Criteria:** Please do not heat inactivate the serum/plasma specimen. Not following listed Transport Media and/or S&H Methods. Please see General Rejection Criteria below.  
• **Transport:** Ship cold (2-8°C) on ice packs. If previously frozen, ship on dry ice (to freeze specimen, see Storage instructions below).  
• **Storage:** If not able to ship immediately, hold no longer than 2 days at room temperature or 7 days at 2-8°C. May be frozen after removal from the clot, red blood cells or separator gel. |
| Oral fluid | | | Collect into OraSure HIV-1 Oral Specimen Collection Device. | NA. Please see transport device under S&H. | • Ship each specimen as obtained.  
• **Transport device:** OraSure collection kits.  
• **Rejection Criteria:** Not following listed Transport Media and/or S&H Methods. Please see General Rejection Criteria below.  
• **Transport:** Ship at room temperature.  
• **Storage:** Room temperature. Ship specimen as obtained. |

*Preferred specimen type, if applicable  **All specimens must be shipped meeting IATA, OSHA, and USPS requirements.  NA: Not Applicable  
Last Revised: March 2015
General Rejection Criteria (for additional details, see S&H)

- Unaccepted specimen type.
- Not refrigerated or frozen properly.
- Leaky specimen.
- Did not obtain approval from State STD Program.
- Failure to follow specific S&H requirements.

**NOTE:**
Specimens will not be processed until ALL of the following information are provided on requisition form:

- Patient name, patient’s county of residence, and second identifier.
- Two matching identifiers on both the tube and the laboratory requisition form.
- Specimen type, date of collection, and test requested.
- Submitter name, address, and telephone/FAX numbers.

Collection kit availability

OraSure HIV-1 Oral Specimen collection device may be ordered from the PHL.

Comments

- Ship each specimen as obtained.
- Do not use OraSure HIV-1 Oral Specimen collection kit for blood collection.