# Virology Quality Assurance (VQA) Participation Application

Please complete this form and email to Duke VQA (vqa@duke.edu)

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| --- | --- |
| Date Form Completed (dd/mm/yyyy): |  |
| Program to be Enrolled In: | HIV Quantitative RNA HIV Qualitative DNA  Genotyping DRM HCV |
| HID number and/ or LDMS Laboratory number | ­­­­­­­­­­­­­­­­­­­ |
| Institution: |  |
| Preferred Laboratory Name: |  |
| Program Affiliation: | ACTG IMPAACT HVTN HPTN WHO  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name and Title of Responsible Laboratory Personnel for PT program: |  |
| Primary Laboratory Personnel Contact Information (email & phone of above): |  |
| Primary Investigator of Site: |  |
| PI Contact Information (email & phone of above): |  |
| Laboratory Shipping Address: |  |
| Other Site Personnel (name & email): |  |
| Preferred Courier |  |
| Does your laboratory need to obtain an Import Permit to receive dangerous goods from the VQA? (**International sites only**, Yes or No) |  |
| Does your laboratory have a currently valid import permit? (Yes or No) |  |
| Does your import permit Have any specialized requirements that should be included in the commercial Invoice? If so, what? |  |
| HIV RNA assay specifics (i.e. Roche COBAS AmpliPrep/COBAS TaqMan version 2, Roche COBAS 4800/6800/8800, Hologic Panther, or Abbott RealTime) |  |
| HIV DNA assay specifics (i.e. Roche COBAS AmpliPrep/COBAS TaqMan HIV-1 Qual) |  |
| HIV GENO assay specifics (i.e. kit/assay used and instrument) |  |