

**Oregon State Public Health Laboratory
Instructions for Submitting Pandemic H1N1 Specimens**

Specimens will only be accepted for testing from patients that meet the approved testing guidelines, Sentinel Providers, and Study Sites. For current guidelines please go to <http://www.flu.oregon.gov> and click on “Health Care Providers”.

Acceptable Specimens are the following:

- Nasopharyngeal swabs- preferred specimen
- Nasal swabs
- Throat swabs
- Dual Nasopharyngeal swabs/throat swabs
- Nasal aspirates
- Cell Culture Isolates

Swab specimens should be collected using swabs with a Dacron polyester tip or flocked swabs on a plastic shaft (wooden shafts are not acceptable). These swabs are supplied in the OSPHL *Virus Isolation* Collection Kit. Swab specimens must be inserted into viral transport media and refrigerated after collection and shipped at 2-8°C. Dry swabs will not be tested. Use a cold pack for shipping. If shipping of the specimen cannot occur within 2 -3 days from date of collection, specimens may be frozen, preferably at -70°C, and shipped on dry ice at a later date. Be sure to package specimens properly for transport.

Complete all required fields on the Virology-Immunology test request form (Form 42). Both the test request form and the specimen container must be labeled with the patient name or unique identifier and/or other relevant information or the sample will not be tested. **Make sure to mark the “Other” box under the Virus Isolation section on the bottom left hand side of the form and write “R/O H1N1” for pandemic flu testing. Indicate patient hospitalization by writing “hospitalized” after “R/O H1N1”, the admission date, and that the patient tested positive for influenza by a preliminary method.**

It is important to indicate the actual specimen type being submitted so if it is not a nasopharyngeal swab please use the line for “other” in the Specimen Source box and write in the specimen source.

Unacceptable specimens include:

- **Nasal Washes-These specimens will be rejected and not tested.**
- Specimens collected with calcium alginate swabs and/or swabs with cotton tips or wooden shafts
- Specimens that are not refrigerated and received cold
- Specimens with insufficient volume (less than 0.8 mL)
- Specimens with incomplete/incorrect labeling or documentation
- Specimens that have dried out (swab not in transport media)

OSPHL Contact Information:

Oregon State Public Health Laboratory Virology/Immunology Section
3150 NW 229th Ave
Hillsboro, OR 97124-6536
For Additional Information: 503-693-4100

See NYC Health Dept. brochure below for nasopharyngeal swab specimen collection.

NASOPHARYNGEAL SPECIMEN COLLECTION FOR VIRAL RESPIRATORY PATHOGENS

A Guide For Providers

USE MASK, GLOVES, AND EYE PROTECTION

NASOPHARYNGEAL ASPIRATE METHOD (PREFERRED)

Materials:

- Suction apparatus (Luken's trap, syringe, or bulb)
- Sterile suction catheter (e.g., #8 French)
- Sterile saline
- Viral transport medium tube

1. Attach catheter to suction apparatus.
2. Instill several drops of sterile saline into each nostril.
3. Place catheter through nostril to posterior nasopharynx (same distance as from nostrils to external opening of ear).
4. Apply gentle suction. Using rotating motion, slowly withdraw catheter.
5. For an optimal sample, repeat procedure using other nostril.
6. With the viral transport medium, rinse secretions through the catheter into the collection container.

NASOPHARYNGEAL SWAB METHOD

Materials:

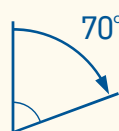
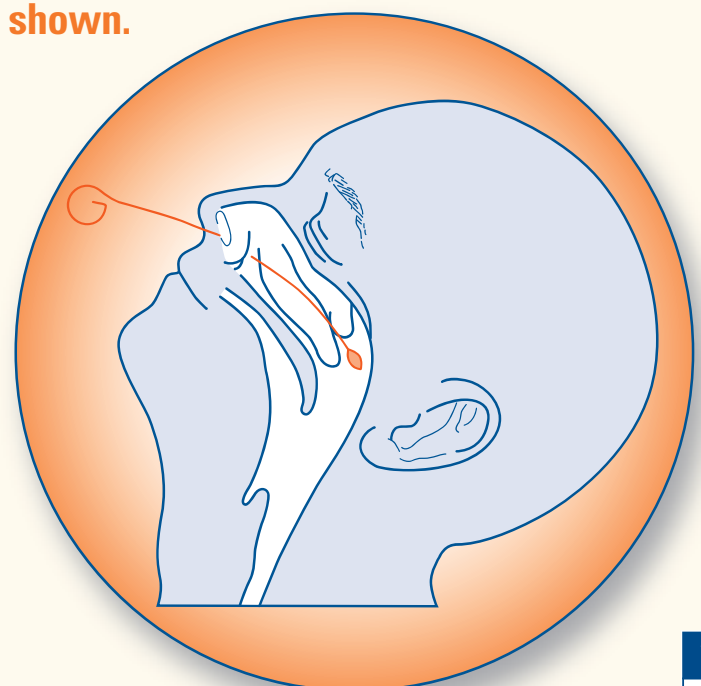
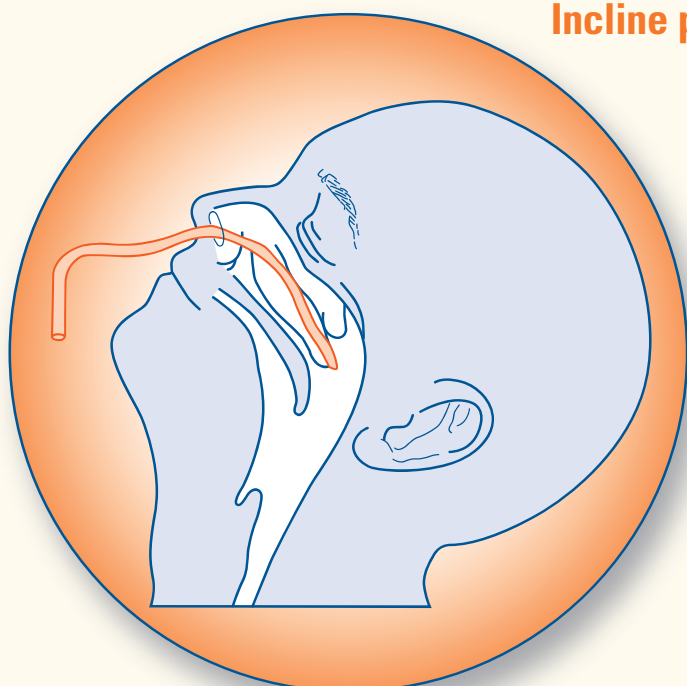
- Nasopharyngeal swab (flexible shaft) with rayon tip
- Viral transport medium tube

1. Bend shaft to follow curve of nasopharynx.
2. Insert swab through nostril to posterior nasopharynx (same distance as from nostrils to external opening of ear).
3. Rotate swab a few times to obtain infected cells.
4. For an optimal sample, repeat procedure using other nostril.
5. Place swab in transport medium.
6. Bend or cut shaft to completely seal transport tube.

TRANSPORT & STORAGE

1. Send specimen to lab immediately (testing sensitivity decreases over time).
2. Cool specimen to 2° - 4°C (36° - 40°F) during storage and transport.

Incline patient's head as shown.



NYC
Health
nyc.gov/health

THE NEW YORK CITY DEPARTMENT of HEALTH and MENTAL HYGIENE

Michael R. Bloomberg, Mayor
Thomas R. Frieden, MD, MPH, Commissioner



0806000041



VIROLOGY/IMMUNOLOGY REQUEST FORM

Oregon State Public Health Laboratory
PO Box 275 – Portland, OR 97207-0275
Information: 503-693-4100

For OSPL Use Only

PATIENT INFORMATION

Patient Name (Last, First, MI) or Unique Identifier		
Date of Birth (mm/dd/yyyy)	County of Residence	Zip Code
Date of Collection (mm/dd/yyyy)	Time	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Patient ID/Chart Number	Health Plan Name/Patient ID Number	
Patient Medicaid Number	SSN (if Medicaid Eligible)	
ICD-9 Code	Referring Physician's Medicaid Provider Number	

SUBMITTER INFORMATION

Submitter Code
Return Results To: (Must Provide Complete Address)
Authorized Ordering Physician/Clinician
Contact Phone Number AND Name
NPI#

SPECIMEN INFORMATION

Specimen Source <input type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> NP <input type="checkbox"/> Stool <input type="checkbox"/> Serum <input type="checkbox"/> Other	Illness Onset (mm/dd/yyyy)	Outbreak/Study ID
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TESTS REQUESTED

HEPATITIS

- HEPATITIS A IGM ANTIBODY (Anti-HAV Igm)
- HEPATITIS A TOTAL ANTIBODY (Anti-HAV Total)
- HEPATITIS B SURFACE ANTIGEN (HBsAg)
- HEPATITIS B CORE ANTIBODY (Anti-HBc)
- HEPATITIS B CORE IGM ANTIBODY (Anti-HBc Igm)
- HEPATITIS B SURFACE ANTIBODY (Anti-HBs)
- HEPATITIS C ANTIBODY – SCREEN ONLY (Anti-HCV)

OTHER _____

HIV

- SCREEN
- WESTERN BLOT ONLY
- CONFIRMATION OF PRELIMINARY POSITIVE RAPID
- FOLLOW UP OF INVALID RAPID TEST

OTHER _____

Previous HIV Testing (Including Rapid Tests Done Today)

- Yes No Declined Don't Know Didn't Ask

If YES, Last Test Result Was:

- NEG POS Prelim Pos Indeterminate
- Declined Don't Know Didn't Ask

Month of Last Test: _____

VIRUS ISOLATION

- RULE-OUT INFLUENZA
- VIRUS ISOLATION: Suspected Agent _____
- ISOLATE IDENTIFICATION: Suspected Agent _____
- OTHER _____

BILLING INFORMATION ONLY – DONOT USE FOR TEST ORDER

- HBV CONTACT STATUS
- PRE-VACCINE SCREEN FOR HBV
- HBV CONTACT
- POST-VACCINE SCREEN FOR HBV
- INFANT OF HBV+ MOM
- REFUGEE/IMMIGRANT SCREEN
- PRENATAL SCREEN
- TRAVEL REQUIREMENT
- INMATE

MISCELLANEOUS SEROLOGY

- BRUCELLOSIS
- HANTAVIRUS
- LEPTOSPIROSIS
- PARVOVIRUS
- RICKETTSIAL BATTERY (RMSF, Murine typhus, Q fever)
- RUBELLA IGG
- TULAREMIA
- VARICELLA IGG
- WEST NILE VIRUS

OTHER _____

OTHER SEND OUT FOR: _____

(REQUIRES COMPLETED CDC FORM 50-34)

SYPHILIS

- RPR
- FTA-ABS (DS)
- OTHER _____

Premarital: YES NO

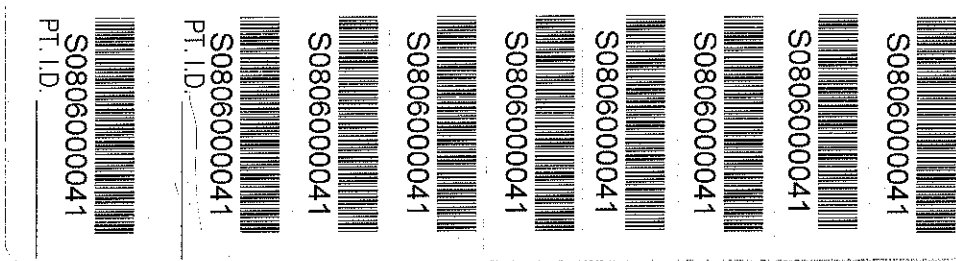
OTHER

- CHLAMYDIA/GONORRHEA BY NAAT (Nucleic Acid Amplification Testing)
- NOROVIRUS (Requires an Outbreak Number)
- AVIAN INFLUENZA (With Epidemiology Approval Only)
- INFLUENZA ISOLATE SUBMITTED FOR CDC/WHO SURVEILLANCE
- HAV RNA SEQUENCING (Required Specimens Only)
- HBV DNA SEQUENCING (Required Specimens Only)

OTHER _____

COMMENTS

[Link here to order this form](#)



GENERAL INSTRUCTIONS

- Please use a separate request form for each specimen type (i.e. serum, spinal fluid, throat swab, etc.)
- Submit each specimen with a completed request form. **PLEASE PRINT LEGIBLY.**
- Please fill out the request form **COMPLETELY** or delays in processing and testing the specimen may occur.
- Additional information beyond that on the test request form may be required (such as a CDC form), depending on the examination requested, to assure accurate and timely testing and reporting of results.
- Both the test request form and the specimen container label must have the same patient name or unique identifier and/or other relevant information or the sample will not be tested. **If specimen identity differs from that on the test request form, testing will not be performed!**
- Specimens will be rejected if they are of insufficient quantity, insufficient quality, excessive age for the examination requested, received with either specimen container unlabeled or test request form incomplete or mismatched, submitted in an inappropriate manner, or leaking. Every attempt will be made to salvage leaking or improperly submitted samples of cerebrospinal fluid, biopsy tissues, aspirates, and other specimens obtained surgically providing that the safety of the laboratory worker is not compromised.

COLLECTION AND SHIPPING INSTRUCTIONS

Observe universal safety precautions in collection and handling of all specimens.

1. BLOOD SPECIMENS

- a. Perform venipuncture using proper technique to obtain 5-7 ml of blood.
- b. Collect the blood in the red-top vacutainer tube provided.
- c. Label the specimen tube **IMMEDIATELY** after collection with the patient's name and date of collection.
- d. Allow the blood to clot at room temperature.
- e. Place the specimen in a plastic bag containing enough absorbent material to absorb any fluid that may leak, seal the bag, and insert it into the primary (metal) container.
- f. Cap the primary container and wrap the request form around the **OUTSIDE**, then insert primary container with request form wrapped around it into the secondary (cardboard) mailing container.
- g. Ship specimen to the Public Health Laboratory as soon as possible in compliance with Federal shipping regulations (refer to the *Shipping and Transport* section of the Oregon State Public Health Laboratory's Guide to Services).
- h. Specimens which are not mailed within 8 hours of collection should be refrigerated (after clotting) until shipment. Please do not mail specimens over long weekends or holidays when the mail may be delayed. Long holding times can adversely affect test results in some cases so transport specimens to the lab as rapidly as possible.

2. SERUM SPECIMENS

- a. A minimum of 1 ml of serum is required for testing.
- b. If applicable, indicate in the SPECIMEN INFORMATION section of the request form the time and temperature of serum inactivation and/or the presence of any preservatives.
- c. Follow steps "e" through "h" under BLOOD SPECIMENS above.

3. PAIRED SERUM SPECIMENS

- a. The first (acute) specimen should be collected as soon after the onset of disease as possible **EXCEPT** for suspected cases of **PARVOVIRUS** where the first specimen should be collected at least 14 days after contact or exposure to avoid false negative results.
- b. The second (convalescent) specimen should be collected 10 to 20 days later. **IF ANTIBIOTICS HAVE BEEN GIVEN**, it may be necessary to collect a third specimen after treatment is finished because some antibiotics can affect antibody development. **RICKETTSIAL** specimens may require 4 to 8 weeks for an antibody response.

4. SPINAL FLUID SPECIMENS (Syphilis only)

- a. Aseptically collect a minimum of 2 ml of spinal fluid.
- b. Mark the VDRL (spinal fluid) box under **SYPHILIS** section on request form.
- c. Follow steps "e" through "h" under BLOOD SPECIMENS above.

5. SPECIMENS FOR VIRUS ISOLATION

COLLECT SPECIMENS AS SOON AS POSSIBLE AFTER THE ONSET OF SYMPTOMS AND SEND TO THE OSPHL AS SOON AS POSSIBLE. Specimens can be held for 24 hours at refrigerator temperature, and should be sent refrigerated using wet ice or cold packs. Wet ice must be in a separate, leakproof container. For longer storage, specimens should be frozen at -70°C and kept frozen using dry ice until delivered to the laboratory. SPECIMENS FOR VARICELLA ZOSTER OR CYTOMEGALOVIRUS SHOULD BE STORED AND SHIPPED COLD BUT NEVER FROZEN. LABEL EACH SPECIMEN WITH THE NAME AND DATE COLLECTED. **DO NOT GARGLE WITH VIRAL TRANSPORT MEDIA.**

- a. **LESION AND OTHER SWAB SPECIMENS** Swab the area thoroughly, break off the swab, and leave in the viral transport media tube. Screw cap on tightly and label the container with the patient name.
- b. **STOOL SPECIMENS SHOULD BE COLLECTED WITHIN 4 WEEKS OF ONSET FOR RECOVERY OF VIRUS.** Transfer a portion of the specimen (at least pea-size or one cc of liquid stool) to a screw-capped container, close tightly, and reseal with tape. Bacteria and parasite kits can not be used for stool specimens for virus isolation.
- c. **OTHER SPECIMEN TYPES.** Please call OSPHL for specific collection instructions.

CONSULT CURRENT POSTAL REGULATIONS FOR POSTAGE AND SHIPPING REQUIREMENTS. Specimens must be packaged with enough absorbent material to retain all of the liquid if the container leaks or breaks. Specimens with insufficient postage or which have broken or leaked in transit will not be accepted.

6. **FOR FURTHER INFORMATION, COLLECTION KITS, AND/OR REQUEST FORMS, PLEASE TURN THIS FORM OVER AND USE THE INFORMATION IN THE TOP LEFT CORNER TO CONTACT US.**