THE OREGON STATE PUBLIC HEALTH LABORATORY

COURIER SYSTEM HANDBOOK

Updated October 2015
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TRANSPORTING MOST SPECIMENS USING THE OSPHL COURIER SERVICE

OBJECTIVE: To ensure that laboratory specimens shipped using the OSPHL courier service are appropriately prepared and transported from your facility to the OSPHL.

1. Preparation of specimens
2. Preparation of requisitions
3. Preparation of transport manifest
4. Preparation of transport container

This section applies to specimens classified as Category B. For more information about Category A specimen transport, please see Additional Transport Requirements.

NOTE: For locations sending orders using an electronic interface, steps marked with an asterisk (*) may be different for you. Please refer to your location’s internal procedures for additional information.

PREPARATION OF SPECIMEN

1. Collect and label your specimens. Each specimen must be clearly labeled with **two** unique identifiers. Acceptable identifiers are:
   a. Full patient name
   b. Specimen bar code label from the test requisition form
   c. Patient ID/chart number
   d. Date of birth

   You may use your own label or use the bar code label from the bottom of the test requisition form and write in the second patient identifier (PT ID).

2. Be sure to **leave a window** so that the expiration date and contents can be seen.
E.g.: Areas outlined below on Chlamydia/Gonorrhea (CT/GC) tubes must remain uncovered.

When using the urine CT/GC transport tube, the black fill lines must be left visible.

3. Complete the appropriate test requisition form filling in all required fields (see Attachments 1 A-C for examples of all requisitions).*
4. Maintain at the appropriate temperature for the specimen type until the specimen will be packaged and transported. Information is available at the OSPHL website http://www.healthoregon.org/labtests.

**PREPARE THE TRANSPORT MANIFEST**

5. Create one manifest for each day of shipping*. If you need more than one manifest sheet per day, number each page in the space provided at the bottom of the manifest and staple together (see Attachment 2 for example).

6. Write the shipping date.

7. Place one of the site ID bar codes in the space labeled “Facility Name” of each manifest sheet.

8. Write the name and phone number of a contact person should the OSPHL have any questions about the shipment.

9. Place one bar code from the bottom of each test requisition on the lines provided in the “Item Bar Code” columns.
PREPARE SPECIMENS FOR SHIPPING

10. Place the primary leak-proof specimen container(s) associated with a single test requisition* in the provided leak-proof specimen transport bag containing a biohazard symbol along with sufficient absorbent.

11. Fold the test requisition for the specimen(s) in half and place it in the outer pocket specimen transport bag with the barcode facing out.*
PREPARATION OF TRANSPORT CONTAINER

12. Check the handling instructions for each specimen, especially the transport temperature. Information is available at the OSPHL website http://www.healthoregon.org/labtests. Include the necessary supplies to ensure your specimens ship at the proper temperature (ice packs, etc).

Note: The pre-printed labels on the red exterior of the box help your organization comply with sending specimens only classified as Category B to the OSPHL.

For room temperature specimens:
   a. Place the room temperature specimens in the inner compartment. No special packaging is required.

For refrigerated specimens:
   a. Add 2-3 fully frozen large gel packs to the inner compartment. Please note, when experiencing abnormally hot temperatures, additional gel packs may be necessary.
   b. Place 4-6 paper towels on top of the gel packs.
   c. Place the refrigerated specimens on top of the paper towels.

For frozen specimens:
   a. Place the completely frozen specimens in the inner compartment.
   b. Add enough dry ice for your transport time (5 lbs is normally sufficient).
   c. Label the front of container as shown. Write in the amount of included dry ice in kg. Please contact the OSPHL should you require labels.
There are two different styles of transport coolers. Single insulated coolers can be used for one temperature range, while each side of double insulated coolers can be used for different temperature ranges. This allows you to transport specimens with different transport temperatures within one box, e.g. blood tubes which require 2-8°C (35.6-46.4°F) and QuantiFERON® (QFT) tubes which require room temperature 17-27°C (63-81°F).

13. When all the specimens have been prepared as detailed above, put the lid on the insulated inner container.

14. Place the transport manifest on top of the Styrofoam cooler lid. Close the cardboard flaps on top of the manifest.

15. Close the red external transport container. The Velcro will keep it closed during transport.

16. Remove the address card from the shipping sleeve on the transport container. Reverse the address card so that the address for the OSPHL is displayed and place the card back in the sleeve.
ADDITIONAL TRANSPORT REQUIREMENTS

FOR CATEGORY A SPECIMENS
To ship specimens known or suspected to be classified as Category A with the OSPHL courier, you must have current Division 6.2 infectious substance shipping training in accordance with DOT and IATA regulations and requirements. A list of organisms indicative of Category A substances can be found on table 3.6.D here:

Use an appropriately labeled and UN certified Category A shipping container and include all proper documentation. Your site’s normal red transport boxes marked for Category B (UN 3733) shipping cannot be used to transport known or suspected Category A specimens.

Examples of appropriate packaging labeling of specimens classified as Category A can be found on the OSPHL website:
http://public.health.oregon.gov/LaboratoryServices/SubmittingSamples/Pages/ShippingTransport.aspx.

Please contact the OSPHL for more information at 503-693-4100.

FOR KNOWN AND SUSPECTED SELECT AGENTS
Please notify the OSPHL before shipping when submitting suspected or known select agents. The OSPHL cannot accept some known select agents. The list of select agents can be found here:
http://www.selectagents.gov/SelectAgentsandToxinsList.html

FOR QFT SPECIMENS
Please notify the OSPHL before shipping, even if you have a scheduled pickup. If you need an additional pickup to maintain the 16 hour viability window, please contact the OSPHL, ideally 1 day before drawing the specimen.
FOR RABIES SPECIMENS

Please notify the OSPHL before shipping. Please do not use the regular transport container. Use a separate insulated container and follow the direction as stated in the OSPHL Lab Test Menu at http://www.healthoregon.org/labtests. The direct link to the Rabies listing is: http://public.health.oregon.gov/LaboratoryServices/Pages/test.aspx?TestID=432.

FOR ADDITIONAL INFORMATION

Please call the OSPHL at 503-693-4100.

LABORATORY CLOSURES

Each site will be contacted via fax prior to the OSPHL closures. Routine pickups on days that the OSPHL is closed will be cancelled and not automatically rescheduled. Some specimens may not be accepted the day before a holiday closure. This information will be included on closure notices. Should you need an additional pickup or have any questions, please contact us at 503-693-4100.
FREQUENTLY ASKED QUESTIONS
Q: How do I transport a specimen for _________ testing?
A: Check our website at http://www.healthoregon.org/labtests. If you are still unsure, please contact us at 503-693-4100.

Q: I have specimens that need to be picked up. How do I arrange this?
A: Please contact us at 503-693-4100 and we will arrange for courier service. Requests for specimen pick up need to be made to the OSPHL, not directly to the courier.

Q: Can I use the same virology request form to order multiple tests for the same patient?
A: Multiple blood tests can be ordered on one virology requisition. Only one type of Chlamydia/gonorrhea specimen source can be ordered per request form. Please use a different request form for each Chlamydia/gonorrhea specimen source.

Q: I don't have any transport boxes at my site and I have specimens to send.
A: Please contact us at 503-693-4100 and we will have the courier bring you a box. Do not send specimens without a transport box.

Q: How can I send specimens which require different temperature ranges?
A: You can send two insulated boxes with the courier. If you only have one box, please contact us at 503-693-4100. If your site often sends specimens that require different temperatures, we can set your site up with a double insulated cooler. Each side can be used for a different temperature range.

Q: Our courier hasn't come yet and we are closing soon.
A: Please contact us at 503-693-4100 and we can let you know an estimated time that they will be arriving.

Q: How can I change the days of our regular pickups?
A: Please contact us at 503-693-4100 and we can work with your site to find an ideal schedule.

Q: How do I get trained to properly package and ship specimens?
A: Free, online training is available from the CDC at www.cdc.gov/labtraining. Just register for a free CDC TRAIN account. In addition, the OSPHL provides ongoing, regional, in-person training courses. To inquire, please contact the OSPHL LRN Coordinator at (503) 693-4123.
ATTACHMENT 1A – VIROLOGY REQUEST FORM

Use to label specimen container.

Use for manifest.
ATTACHMENT 1B – GENERAL MICROBIOLOGY REQUEST FORM

GENERAL MICROBIOLOGY REQUEST
Oregon State Public Health Laboratory (OSPHL)
P.O. Box 275, Portland, OR 97207-0275
Information: 503-693-4100

PATIENT INFORMATION
Patient last name, first, middle initial:
Date of birth (mm/dd/yyyy):
Gender: [ ] Female [ ] Male
Race: [ ] American Indian or Alaska Native [ ] Asian
[ ] Black or African American [ ] Native Hawaiian or Other Pacific Islander [ ] White
[ ] Multi-race [ ] Other [ ] Unknown [ ] Declined
Ethnicity: [ ] Hispanic or Latino [ ] Not Hispanic or Latino [ ] Unknown [ ] Declined

Ordering clinician:
Contact number:

PATIENT INSURANCE INFORMATION
Insurance/Health plan name:
Policy no./Member ID:
Group ID:
Diagnosis/ICD-9 code for test:

PATIENT STREET ADDRESS:
City: [ ] State: [ ] ZIP:
County of residence:

Date of collection: [ ] Outbreak number: [ ] Study:

SPECIMEN INFORMATION
Specimen source:
[ ] Blood [ ] CSF [ ] Sputum [ ] Stool [ ] Urine [ ] Wound [ ] Other:
Illness onset (mm/dd/yyyy):

TESTS REQUESTED
CULTURE
[ ] BOR: Bordetella pertussis/parapertussis culture and PCR
[ ] EITC: Entero Pathogen Culture (Salmonella, Shigella, Campylobacter, STEC)
[ ] STEC: Escherichia coli, Shiga toxin producing
[ ] SALC: Salmonella
[ ] Other culture – Specify:

MYCOBACTERIUM
[ ] AFB: Smear/Culture
[ ] AFSPROBE: DNA probe; isolate
[ ] Date culture positive:
[ ] AFBSusc: M. tuberculosis complex susceptibility testing
[ ] MDT: Mycobacterium tuberculosis Direct, NAAT
[ ] QT: Quantiferon® testing. Must be received within 16 hours of collection, Mon–Fri, before 5 p.m. SEE COLLECTION INSTRUCTIONS ON BACK.

ISOLATE IDENTIFICATION
Notify OSPHL at 503-693-4100 if expedited handling is indicated.
[ ] Haemophilus influenzae serotype
[ ] NEIS: Neisseria meningitidis serogroup
[ ] Other Isolate Identification – suspect organism information:

FOOD/ENVIRONMENTAL TESTING (FOCCEN/TEST)
[ ] Specimen:
[ ] Organism:

MISCELLANEOUS
[ ] BOTOX: C. botulinum toxin
[ ] PFGE, PFGE Organism:
[ ] CRE:
[ ] EIIP: Emerging Infections Program Studies – Organism:
[ ] Other – Specify:

PARASITOLOGY
[ ] O&P: Ova and Parasite
[ ] CK/CTC: Cryptosporidium/Cytospora screen
[ ] BLRAP: Blood smear for parasites
[ ] AUIP: Adult parasite identification
[ ] Other:

COMMENTS

Use to label specimen container.

Use for manifest
**ATTACHMENT 1C – HIV REQUEST FORM**

*Only applicable to some sites*

<table>
<thead>
<tr>
<th>Date of collection (mm/dd/yyyy):</th>
<th></th>
</tr>
</thead>
</table>

### Patient Information

- **Name (Last, First):**
- **Date of birth (mm/dd/yyyy):**
- **Client record number:**
- **County:**
- **State:**
- **ZIP:**
- **Sex:**
  - Male
  - Female
  - Declined
- **Gender at birth:**
  - Male
  - Female
  - Declined
- **Race (self-report):**
  - White
  - Asian
  - NH/PI
  - Don’t know
  - Black
  - ALAN
  - Declined
- **Do you identify as Hispanic/Latino? (self-report):**
  - Yes
  - No
  - Don’t know
  - Not asked
- **Other (specify):**

### Test History

- **Previous HIV testing:**
  - Yes
  - No
  - Declined
  - Don’t know
  - Didn’t ask
- **If yes, last test was? (skip if not previously tested):**
  - Negative
  - Don’t know
  - Declined to answer
  - Tested positive (home)
  - Preliminary positive (home test)
  - Preliminary positive (clinician test)
- **Month of last test (mm):**
- **Year (yyyy):**

If two rapid tests performed at a single visit, write other test form ID number here:

### Specimen Information

- **Specimen source:**
  - Blood
  - Plasma
  - Serum
  - Other (specify):
- **Test requested:**
  - Screen
  - Confirmation of preliminary positive rapid test (write form ID number from preliminary reactive rapid test here)
  - Follow-up of invalid rapid test
- **Other (specify):**

### Risk/Exposures

<table>
<thead>
<tr>
<th>Local use only</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sex partners:</td>
</tr>
<tr>
<td>2. In the past 12 months:</td>
</tr>
<tr>
<td>If yes, diagnosed:</td>
</tr>
<tr>
<td>If female, had vaginal or anal sex with a person who you know is a man who also has sex with other men?</td>
</tr>
<tr>
<td>If yes, exchanged sex for money or something you needed?</td>
</tr>
<tr>
<td>If yes, had vaginal or anal sex with a person who has HIV positive?</td>
</tr>
<tr>
<td>If yes, had vaginal or anal sex with a person who uses injection drugs?</td>
</tr>
<tr>
<td>If yes, shared injection equipment?</td>
</tr>
<tr>
<td>3. Client referred to PrEP?</td>
</tr>
<tr>
<td>4. Client referred to PEP?</td>
</tr>
</tbody>
</table>

**Use to label specimen container.**

**Use for manifest.**

**Required for lab testing.**

**Reporting to State HIV Program required, if applicable.**
ATTACHMENT 2 – TRANSPORT MANIFEST

[Diagram of Transport Manifest]

- Enter date your shipping container will be picked up.
- Place your site label here. It is OK to cover container #.
- Place one bar code for each specimen being shipped from each individual in request form. In this case, different specimens are being shipped.
- Enter name of your site’s contact person and their phone #.
- Oregon State Public Health Laboratory Specimen Transport Manifest
- OSPHL ONLY
- Rec'd Date
- Initial
- Barcode
- Phone#: 503-123-4567
- Item Bar Code
- Item Bar Code

Questions? Call us at 503-693-4100
10/2015