THE OREGON STATE PUBLIC HEALTH LABORATORY

COURIER SYSTEM HANDBOOK

Updated June 2018
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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.

- Preparation of specimens
- Preparation of requisitions
- Preparation of transport manifest
- Preparation of transport container

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

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. When possible, please use opaque labels. Each specimen must be clearly labeled with two unique patient identifiers. Acceptable identifiers are:
   a. Full patient name
   b. Patient ID/MRN/chart number
   c. Date of birth
   d. Patient specific barcode
2. Be sure to **leave a window** so that the expiration date and contents can be seen.

When using Multitest CT/GC or Unisex CT/GC transport tubes, the areas outlined on the tube must remain uncovered.

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

When using the blood transport tube, the areas outlined on the tube must remain uncovered.

3. Complete the appropriate Test Request Form, filling in all required fields (see Attachments 1 A-C for examples of all Forms).

4. Maintain at the appropriate temperature for the specimen type until the specimen will be packaged and transported. Information about proper storage for each test is available at the OSPHL website at:  
http://www.healthoregon.org/labtests.
PREPARE THE TRANSPORT MANIFEST

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

6. Write the shipping date.

7. Select your order method, Electronic (order from your EHR) or Paper Test Request Forms.

8. Place one of the site ID bar codes in the space labeled “Facility Name” of each manifest sheet. If you do not have a label, write your facility name in this field. If your organization has multiple locations, specify your location.

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

10. Place one patient label from your electronic health record or handwrite each patient identifier on the lines provided in the “Patient Specific Identifier” column.

   a. HIV Test Request Form: continue to utilize the barcode labels from the yellow HIV Test Request Form. Place a barcode label on each specimen and one number label on the manifest.

   b. General Microbiology Request Form: if you have a supply of forms with barcodes, place one barcode from the bottom of each test requisition or one patient label from your electronic health record on the lines provided in the “Patient Specific Identifier” columns.
PREPARE SPECIMENS FOR SHIPPING
11. Place the primary leak-proof specimen container(s) associated with a single Test Request Form* in the provided leak-proof specimen transport bag containing a biohazard symbol along with sufficient absorbent material.
(Note: A culture plate is not a sealed, primary container. You will need to use an additional layer of leak proof material as the primary container.)
12. Fold the Test Request Form for the specimen(s) in half and place it in the outer pocket of the specimen transport bag with the submitting facility name facing out.*

PREPARATION OF TRANSPORT CONTAINER
13. Check the handling instructions for each specimen, especially the required 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 classified as Category B only to the OSPHL.
For room or ambient 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, during summer months when outdoor temperatures are unusually warm, 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. Cover specimens with cushioning material.
   b. Add enough dry ice for your transport time (5 lbs or 2.27 kg per 24 hours is normally sufficient).
   c. Label the front of the container as shown. Write in the amount of included dry ice in kg. Please contact the OSPHL if you need labels.
There are two different styles of transport coolers. Smaller, single insulated coolers can be used for one temperature range, while each side of large, 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).)

14. When all the specimens have been prepared as detailed above, place the lid on the insulated inner container.
15. Place the transport manifest on top of the insulated inner container lid. Close the cardboard flaps on top of the manifest.
16. Close the red external transport container. The Velcro will keep it closed during transport.
17. 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.
18. Ensure the blue tape has been removed from the exterior closure of the box before handing the box to the driver. The absence of this tape tells courier staff that the box contains specimens.
ADDITIONAL TRANSPORT REQUIREMENTS

FOR CATEGORY A SPECIMENS

Please notify the OSPHL before shipping when submitting suspected or known Category A specimens. To ship specimens 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: http://www.iata.org/whatwedo/cargo/dgr/Documents/infectious-substance-classification-DGR56-en.pdf. This list is subject to change.

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 package labeling for specimens classified as Category A can be found on the OSPHL website: www.bitly.com/phl-shipping.

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 if you have a scheduled pickup. This ensures we open your box first. If you need an additional pickup to maintain the 16 hour viability window, please contact Senvoy at 503-234-7722, ideally at least 1 day before collecting the specimen.
FOR RABIES SPECIMENS

Please notify the OSPHL before shipping if you have a scheduled pick up.
Please ship rabies specimen independent of other specimens. Use a separate insulated container and follow directions as stated in the OSPHL Lab Test Menu at [http://www.healthoregon.org/labtests](http://www.healthoregon.org/labtests). If you are using an OSPHL single or double sided red transport cooler, place a notification between the inner insulated container and outer red transport container indicating rabies specimen are inside.

The direct link to the Rabies instructions is: [www.bitly.com/or-rabies](http://www.bitly.com/or-rabies).

FOR ADDITIONAL INFORMATION

Please call the OSPHL at 503-693-4100.

LABORATORY CLOSURES

Each site will be contacted via fax prior to planned 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, contact our courier at 503-234-7722. If you have any questions, please contact us at 503-693-4100.
FREQUENTLY ASKED QUESTIONS

Q: How do I collect, store, or 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 our courier at 503-234-7722 between 7:00am and 6:00pm to arrange for service. If you require same day pick up, please call before 2:00pm. A staff person will ask you a few questions in order to facilitate your pick-up.
   1. Your site name
   2. A contact person at your site
   3. Your phone number
   4. What type of test(s) do you want performed on the specimen?
   5. Are the specimen ready now? When will they be ready?
   6. Do you have a red shipping cooler? Do you need a replacement shipping cooler?
   7. What are your site hours?
   8. Do you have special instructions for the driver?

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 our courier at 503-234-7722 and they will have the driver 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 our courier at 503-234-7722. If your site often sends specimens that require different temperatures, we can set your site up with a large transport box that contains two insulated coolers. 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 our courier at 503-234-7722 and they 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

**VIROLOGY/IMMUNOLOGY REQUEST**

Oregon State Public Health Laboratory (OSPHL)
7202 NE Evergreen Pkwy, Suite 100, Hillsboro, OR 97124
Information: 503-893-4100

### PATIENT INFORMATION

- **Patient last name, first, middle initial:**
- **Date of birth (mm/dd/yyyy):**
- **Sex/gender:**
  - Female
  - Male
- **Race:**
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - White
  - Native Hawaiian or Other Pacific Islander
  - Multirace
  - Other
  - Unknown
  - Declined
- **Ethnicity:**
  - Hispanic or Latino
  - Not Hispanic or Latino
  - Unknown
  - Declined
- **Patient street address:**
  - City:
  - State:
  - ZIP:
- **County of Residence:**
- **Outbreak number:**
- **Study:**
- **Submitting facility:**
- **Ordering clinician:**
- **Contact number:**
- **Copy results to:**
  - County of Residence
  - State Public Health
  - Other Public Health:

### PATIENT INSURANCE INFORMATION

- **Insurance/health plan name:**
  - None
  - Confidential
  - Policy no.
  - Group ID:

### SPECIMEN INFORMATION

- **Date of collection:**
- **Time of collection (A#M):**
  - AM
  - PM
- **Hospitalized?**
  - Yes
  - No
- **Pregnant?**
  - Yes
  - No
  - Unknown
- **Illness onset date:**
  - Acute
  - Convalescent
- **Specimen source:**
  - Blood
  - Vomit
  - Urine
  - Swab
  - Stool
  - Serum
  - Other:

### TESTS REQUESTED

**HEPATITIS**
- HAV: Hepatitis A IgG Antibody
- HAV: Hepatitis A IgG Antibody
- HBsAG: Hepatitis B Surface Antigen
- HBsAb: Hepatitis B Surface Antibody
- HBCt: Hepatitis B Core Antibody
- HBCM: Hepatitis B Core MAb Antibody
- HEPB Carrier: Hepatitis B Carrier Panel
- HEPB Contact: Hepatitis B Contact Panel
- HCV: Hepatitis C Antibody

**SYPHILIS**
- RPR
  - FTA-ABS (5)

**CT/COG**
- CT/COG: Chlamydia/Gonorrhea by NAAT (Nucleic Acid Amplification Testing)
  - Vaginal/Rectal
  - Vaginal/Rectal
  - Rectal
  - Rectal
  - Genital
  - Genital
  - Urine
  - Urine

**HIV**
- HIV-1/HIV-2 Antibody/Antigen Screen
- Previous Rapid HIV testing:
  - Positive
  - Negative
  - No test
  - Unknown

### COMMENTS

*Complete as many fields as possible. Required fields that will cause testing delays if not completed are marked with an asterisk (*).*

<table>
<thead>
<tr>
<th>Required for all tests</th>
<th>Required if OSPHL will bill payer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required if applicable</td>
<td>Required for public health program tests</td>
</tr>
</tbody>
</table>

Questions? Call us at 503-693-4100 June 2018
ATTACHMENT 1B – GENERAL MICROBIOLOGY REQUEST FORM

### PATIENT INFORMATION

- **Patient last name, first, middle initial:**
- **Date of birth (mm/dd/yyyy):**
- **Sex/gender:**
  - Female
  - Male
- **Race:**
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - Multi-race
  - Other
- **Ethnicity:**
  - Hispanic or Latino
  - Not Hispanic or Latino
- **Patient street address:**
- **City:**
- **State:**
- **ZIP:**
- **County of Residence:**
- **Outbreak number:**

### PATIENT INSURANCE INFORMATION

- **Insurance/Health plan name:**
- **Policy no/Member ID:**
- **Group ID:**
- **Diagnosis/ICD-10 code for test:**

### SPECIMEN / ISOLATE INFORMATION

- **Date of collection:**
- **Time of collection (AM/PM):**
- **Illness onset date:**
- **Specimen submitted in (list media/preservative):**
  - [ ] AM
  - [ ] PM

### TESTS REQUESTED

**ENTERICs — CULTURE OR ISOLATE IDENTIFICATION**

- **Organism name:**
  - Aeromonas spp.
  - Campylobacter spp.
  - E. coli O157
- **Isolate:**
  - ID (AER10)
  - ID (CAM12)

**PESIZOMONAS GLIGEOTOXES**

- **Culture (PTEC):**
  - ID (PTE12)

**Salmonella spp.**

- **Culture (SALC):**
  - ID (SAL12)

**Shiga toxin producing E. coli**

- **Culture (STECCUL):**
  - ID (STE12)

**Streptococcus spp.**

- **Culture (SHIC):**
  - ID (SHIG12)

**Vibrio spp.**

- **Culture (VIBC):**
  - ID (VIB12)

**Yersinia spp. (non-Y. pestis)**

- **Culture (YEC):**
  - ID (YER12)

### MISCELLANEOUS TESTING

- **Organism name:**
  - Bordetella spp. Culture and PCR
  - B. pertussis, B. parapertussis, B. holmehill
  - CPE: Carboxypeptidase E Testing
  - Enterobacteriaceae
  - Pseudomonas Aenuginosa
- **Susceptibilities results required:**

**CRYP1: Cryptococcus ID**

**DIPHT: Corynebacterium diphtheriae culture**

**LISID: Listeria monocytogenes ID**

**Other (specify):**

### REFERAL TESTING / SEND-OUTS

**CDC Referrals**

- Requires completed CDC form at: http://bby.com/or-cdc-testing
- Write in:

### MICROBIAL PATHOLOGY

**Culture:**

- Stool, sputum, or other specimen

**Date culture positive:**

**Date culture positive:**

**OSDQFT: QuantiferON testing:**

**Time of collection (mandatory):**

**SEROTYPING**

- Haemophilus influenzae serotype
- N. meningitidis serogroup

### COMMENTS / ADDITIONAL INFORMATION

**Complete as many fields as possible. Required fields that will cause testing delays if not completed are marked with an asterisk (°).**

**Required for all tests**

**Required if OSPHL will bill payer**
ATTACHMENT 1C – HIV REQUEST FORM

*Only applicable to some sites

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Oregon State Public Health Laboratory
P.O. Box 275, Portland OR 97207-0275
Information: 503-693-4100

HIV Test Request Form

**Date of collection (mm/dd/yyyy):**

**Patient Information**

- **Name (Last, First):**
- **Date of birth (mm/dd/yyyy):**
- **Client record number:**
- **County:**
- **State:**
- **ZIP:**
- **Current gender:**
  - [ ] Male
  - [ ] Female
  - [ ] Declined
- **Sex at birth:**
  - [ ] Male
  - [ ] Female
  - [ ] Declined
- **Trans (male to female):**
  - [ ] Yes
  - [ ] No
  - [ ] Declined
- **Trans (female to male):**
  - [ ] Yes
  - [ ] No
  - [ ] Declined
- **Trans (unspecified):**
  - [ ] Yes
  - [ ] No
  - [ ] Declined
- **Not asked:**
  - [ ] Yes
  - [ ] No
  - [ ] Declined
- **Other (specific):**

- **Race (self-report; may select more than one):**
  - [ ] White
  - [ ] Black
  - [ ] Asian
  - [ ] African American
  - [ ] Native Hawaiian or other Pacific Islander
  - [ ] Don’t know
  - [ ] Other (specific):

- **Do you identify as Hispanic/Latino? (self-report):**
  - [ ] Yes
  - [ ] No
  - [ ] Don’t know
  - [ ] Other (specific):

---

**Non-Rapid Test Specimen Information**

- **Specimen source:**
  - [ ] Blood
  - [ ] Plasma
  - [ ] Serum
  - [ ] Other (specific):

- **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 (specific):

---

**Rapid Testing #1 (complete this section only if testing done today)**

- **Specimen type:**
  - [ ] Oral
  - [ ] Finger stick
  - [ ] Venous blood

- **Result provided to client:**
  - [ ] Yes
  - [ ] No, declined
  - [ ] No, referred elsewhere
  - [ ] No, client left
  - [ ] No, other (specific):

- **Results:**
  - [ ] Negative
  - [ ] Preliminary positive (specific:
    - [ ] Yes
    - [ ] No, other (specific):
  - [ ] Invalid

---

**Rapid Testing #2 (complete this section only if testing done today)**

- **Specimen type:**
  - [ ] Oral
  - [ ] Finger stick
  - [ ] Venous blood

- **Result provided to client:**
  - [ ] Yes
  - [ ] No, declined
  - [ ] No, referred elsewhere
  - [ ] No, client left
  - [ ] No, other (specific):

- **Results:**
  - [ ] Negative
  - [ ] Presumptive positive (specific:
    - [ ] Yes
    - [ ] No, other (specific):
  - [ ] Invalid

---

**Risk/Exposures**

1. **Sex partners:**
   - [ ] Male
   - [ ] Female
   - [ ] Transgender
   - [ ] Declined to answer
   - [ ] Not asked

2. **In the past 12 months:**
   - [ ] Had anal or vaginal sex?
     - [ ] Yes
     - [ ] No
     - [ ] Sometimes
     - [ ] Exchanged sex for drugs, money or something you needed?
     - [ ] If female, had vaginal or anal sex with a person who you know is a man who also has sex with other men?
     - [ ] Had vaginal or anal sex with a person who is HIV positive?
     - [ ] Had vaginal or anal sex with a person who uses injection drugs?
     - [ ] Used injection drugs? If yes, shared injection equipment?

3. **Client referred to PrEP?**
   - [ ] Yes
   - [ ] No
   - [ ] N/A currently taking PrEP

4. **Client referred to PEP?**
   - [ ] Yes
   - [ ] No
   - [ ] N/A currently taking PEP

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**Local use only**

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Questions? Call us at 503-693-4100

June 2018
ATTACHMENT 2 – TRANSPORT MANIFEST

Select order method:  
- Electronic
- Paper

Enter name of your facility contact person and their phone number.

Place your site label here, or write in your facility name and location if applicable.

Enter date your shipping container will be picked up.

Place one EHR label for each specimen being shipped, or handwrite a patient-specific identifier. If handwritten, an MRN or patient name are best options.

Enter page number if more than one page.

Page 1 of 2

Your facility, location
Your name
503-234-5678

Last Name, First Name, MI.
DOB: 01-01-1991
MRN: 12345

Last Name, First Name, MI.
DOB: 01-01-1991
MRN: 12345

06-01-2018
Provider: Full Name, credentials

Enter date your shipping container will be picked up.

Place one EHR label for each specimen being shipped, or handwrite a patient-specific identifier. If handwritten, an MRN or patient name are best options.

Enter page number if more than one page.

Your facility, location
Your name
503-234-5678

Last Name, First Name, MI.
DOB: 01-01-1991
MRN: 12345

Last Name, First Name, MI.
DOB: 01-01-1991
MRN: 12345

06-01-2018
Provider: Full Name, credentials