



Maryland

DEPARTMENT OF HEALTH


Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

Laboratories Administration

Robert A. Myers, Ph.D., Director
1770 Ashland Avenue
Baltimore, Maryland 21205

Date: November 12, 2020

To: Health Officers, Medical Laboratory Directors and Healthcare Providers

From: Robert A. Myers, Ph.D. 
Director, Laboratories Administration

Re: **Combination SARS-CoV-2/Influenza Multiplex RT-PCR Testing**

Beginning Monday, November 16, 2020, the Maryland Department of Health (MDH) Laboratories Administration will begin utilizing an FDA Emergency Use Authorized combination SARS-CoV-2/Influenza Multiplex RT-PCR assay that was developed by the CDC. All specimens received from symptomatic individuals will be tested on this assay regardless of whether SARS-CoV-2 or Influenza A/B PCR is ordered. This includes all specimens received for influenza surveillance, diagnostic influenza testing, and diagnostic COVID-19 testing for **symptomatic** individuals. All specimens received for COVID-19 screening of asymptomatic individuals will be tested for SARS-CoV-2 only.

This change is a response to CDC recommendations to test all respiratory specimens received from patients presenting with Influenza-like or COVID-like illness for both Influenza and COVID-19 during the influenza transmission season when both viruses can be co-circulating. As a result of this change, MDH Laboratories Administration will require all submitters to include additional information for all symptomatic individuals. This includes:

- Indication that patient is symptomatic
- Symptom onset date
- Indicate whether testing is diagnostic or surveillance
- Hospitalization status (for Influenza and or COVID-19)
- Rapid flu test results
- Previous COVID-19 testing results

The above information must be included in the Infectious Agents Culture Detection test requisition form. We've included an annotated example which is also available on our website:

<https://health.maryland.gov/laboratories/docs/InfectiousAgents%20submission%20instructions%2011062020%20Lab%20Form%20Flu%20Covid%2011-2020.pdf>. We are also launching Ask-at-Order-Entry questions in the Lab-Web Portal for submitters to include this information.

Please contact us with any questions at 443-681-3800.

cc: Dr. Jilene Chan
Dr. David Blythe
Dr. Monique DuWell
Ruth Thompson
Brian Bachaus

STATE LAB
Use Only

Approved
RMG
11/05/2020

Laboratories Administration MDH
1770 Ashland Ave • Baltimore, MD 21205
443-681-3800 <http://health.maryland.gov/laboratories/>
Robert A. Myers, Ph.D., Director



MARYLAND
Department of Health

INFECTIOUS AGENTS: CULTURE/DETECTION

TYPE OR PRINT REQUIRED INFORMATION OR PLACE LABELS ON BOTH COPIES

EH FP MTY/PN NOD STD TB CD COR Patient SS # (last 4 digits):

Health Care Provider: **MANDATORY - complete the entire Health Care Provider (Facility) section.** Last Name: **Complete patient's first, last name and DOB (REQUIRED), and other information**

Address: **Test results will be mailed to the address and fax listed here. Facility can use pre-printed labels for HCP and TRAB** First Name:

City: Date of Birth (mm/dd/yyyy)

State: Address:

Contact Name: City: County:

Phone #: State: Zip Code:

Test Request Authorized by: **MANDATORY - add name and credentials of ordering provider**

Sex: Male Female **Complete patient's sex, ethnicity, and race fields** Ethnicity: Hispanic or Latino Origin? Yes No

Race: American Indian/Alaska Native Native Hawaiian/Other Pacific Islander White

MRN/Case #: DOC #: Outbreak #: Submitter Lab #

Date Collected: **MANDATORY** Time Collected: **MANDATORY** p.m. Onset Date: **Onset date: For SYMPTOMATIC patients**

Reason for Test: Screening Diagnosis Contact Test of Cure 2-3 Months Post Rx Suspected Carrier

Therapy/Drug Treatment: No Yes Therapy/Drug Type: _____

SPECIMEN SOURCE CODE	SPECIMEN SOURCE CODE	SPECIMEN SOURCE CODE
BACTERIOLOGY	MYCOBACTERIOLOGY/AFB/TB	SPECIAL BACTERIOLOGY
Bacterial Culture - Routine	AFB/TB Culture and Smear	Legionella Culture
Add'l Specimen Codes: _____	AFB/TB Referred Isolate for ID	Leptospira
<i>Bordetella pertussis</i>	<i>M. tuberculosis</i> referred Isolate for genotyping	Mycoplasma (Outbreak Investigation Only)
Group A Strep	Nuclear Acid Amplification Test for	RESTRICTED TESTS
Group B Strep Screen	<i>M. tuberculosis</i> Complex (GeneXpert)	Pre-approved submitters only
<i>C. difficile</i> Toxin	PARASITOLOGY	<i>Chlamydia trachomatis</i> /GC NAAT
Diphtheria	Blood Parasites: _____	**Norovirus (See comment on reverse)
Foodborne Pathogens	Country visited outside US: _____	QUANTIFERON
(<i>B. cereus</i> , <i>C. perfringens</i> , <i>S. aureus</i>)	Ova & Parasites	Incubation: Time began: _____ a.m./p.m.
Gonorrhea Culture	Immigrant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Time ended: _____ a.m./p.m.
Gonorrhea Culture	Cry _____	OTHER TESTS FOR INFECTIOUS AGENTS
Incubated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cyc _____	N For COVID-19 and or COVID-19/FLU testing - must indicate SYMPTOMATIC or ASYMPTOMATIC. Indicate priority level if known.
Hours Incubated: _____	Mic _____	Note Name of Lab Personnel or Epidemiologist Here
Hours Incubated: _____	Pim _____	SPECIMEN SOURCE CODES
Add'l Specimen Codes: _____	Ad _____	PLACE CODE IN BOX NEXT TO TEST
MRSA (rule out)	<i>Chlamydia trachomatis</i> culture	B Blood SP Spulum
	Cytomegalovirus (CMV)	BW Bronchial Washing T Throat
	Enterovirus (Includes Echo & Coxsackie)	CSF Cerebrospinal Fluid URE Urethra
	Herpes Simplex Virus (Types 1 & 2)	CX Cervix/Endocervix UFV Urine (1 st Void)
	Influenza (Types A & B)* Rapid Flu Test:	E Eye UCC Urine (Clean Catch)
	Type: _____	F Feces V Vagina
	Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive	N Nasopharynx/Nasal W Wound
	Patient admitted to hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No	P Penis O Other: _____
	Parainfluenza (Types 1, 2 & 3)*	R Rectum
	Respiratory Syncytial Virus (RSV)*	
	VARICELLA (VZV)	
	*MAY INCLUDE RESPIRATORY SCREENING PANEL	
	Comments: COMMENT section	

For FLU testing: Complete influenza questions for symptomatic patients. Indicate **DIAGNOSTICS** or **SURVEILLANCE** under "Comments" section below. Flu specimens for **DIAGNOSTICS** will be tested for COVID-19 and **REPORTED**. Surveillance does not receive any reports.

Indicate if patient previously positive for COVID-19 by **NAAT** or **PCR** test