Specimen Submission Guidelines for Suspect Influenza Virus Infection
Maryland DHMH Laboratories Administration (March 14, 2016)

I. Preferred/Acceptable/Unacceptable Specimens

Preferred Respiratory Specimens for the CDC Flu rRT-PCR Dx Panel
The following should be collected as soon as possible after illness onset: nasopharyngeal swab, nasal aspirate or wash or a combined nasopharyngeal swab with oropharyngeal swab. If these specimens cannot be collected, a nasal swab or oropharyngeal swab is acceptable. For patients who are intubated, an endotracheal aspirate should also be collected. Bronchoalveolar lavage (BAL) and sputum specimens are also acceptable.

Acceptable Specimens for the CDC Flu rRT-PCR Dx Panel
- Upper Respiratory Specimens: NPS, PS, NS, TS, NA, NW
- Lower Respiratory Tract Specimens: BAL, BW, TA, sputum and lung tissue

Unacceptable Specimens (Specimens will be rejected for testing)
- Respiratory specimens in Rapid Test Lysis Buffer
- Less than 1 ml of Universal Transport Media or Viral Transport Media
- Calcium alginate swabs

II. Universal Transport Medium (UTM) Specimen Collection Kit Instructions

Local health department can order the UTM Specimen Collection Kit by called (443)681-3777 **or by faxing a completed request form (http://dhmh.maryland.gov/laboratories/docs/Request%20Form.pdf) at** (443)681-3950.

The UTM Specimen Collection Kit from the Maryland DHMH Laboratories Administration contains:
- **Clear plastic biohazard bag**
- **Flock swab for specimen collection**
- **Tube of universal transport medium**
- **DHMH 4676 Lab Infectious Agents: Culture/Detection Form**
  http://dhmh.maryland.gov/laboratories/docs/Infectious%20Agents%20Culture%20Detection.pdf

Upon receipt of the specimen collection kit:
1. Note the expiration date printed on the tube of universal transport medium (UTM). *Do not collect any specimens using this medium after the expiration date!*
2. Kit, including UTM, should be stored at room temperature.

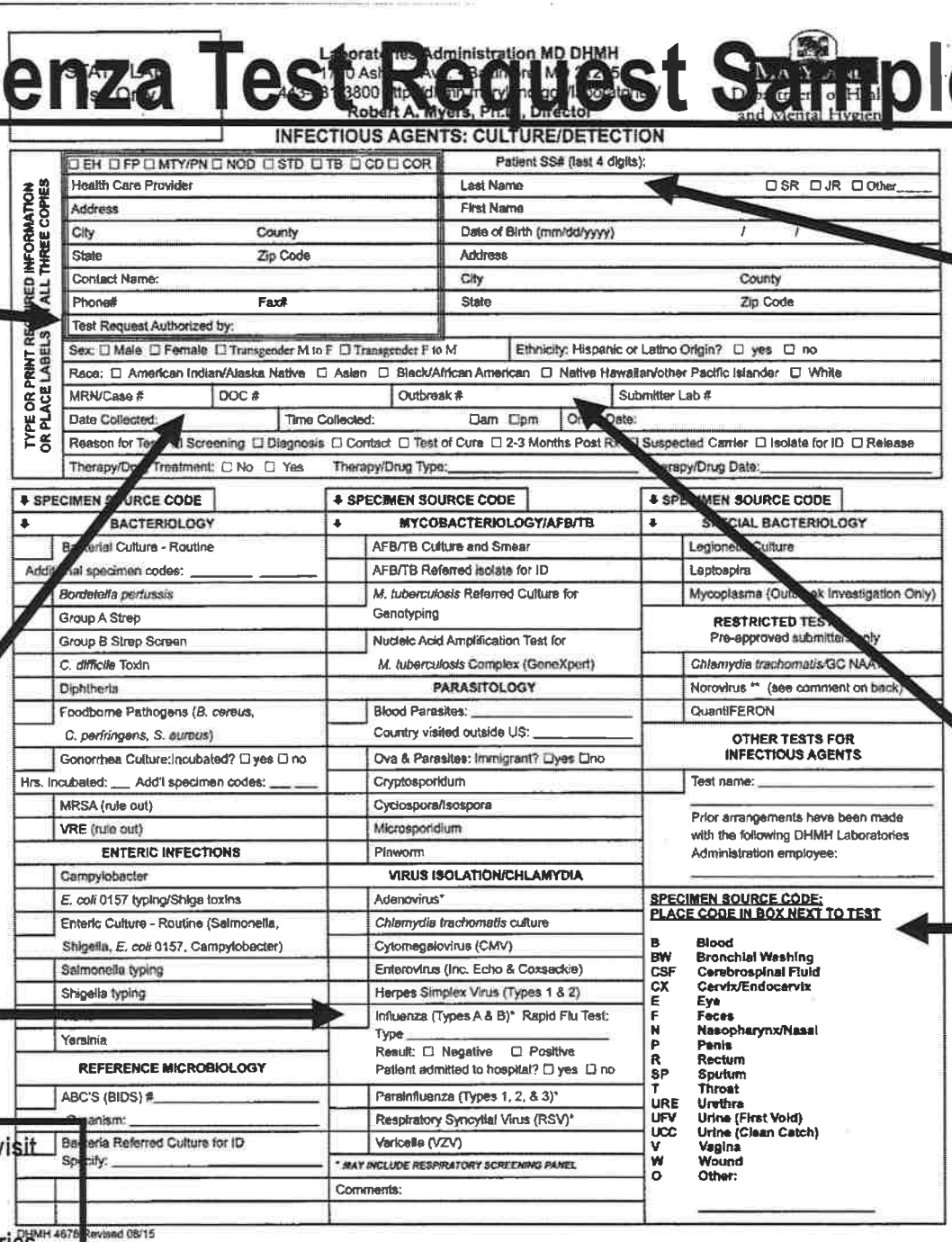
To collect swab specimens:
1. Collect specimen from patient using flock swab.
2. Place swab in UTM or Viral Transport Media (>2ml). *Do not collect any specimens using this medium after the expiration date!*
3. Break off swab on the snap point on its shaft so that the swab fits in tube. Close lid of UTM tube, making sure that it is securely screwed onto tube.
4. Label specimen tube with patient's name – exactly as it appears on the lab slip.
5. Place UTM tube in clear plastic biohazard bag.
6. Fill out lab slip as described below.
7. Place lab slip in secondary pouch on outside of clear plastic bag.
8. Place assembled collection kit in refrigerator or cooler with cold gel packs until transport to the laboratory.

III. Laboratory Test Request Slip (Infectious Agents: Culture/Detection) Instructions (See Influenza [Types A & B] Test Request Sample Form)
1. Please complete the submitter information box.
2. Include patient name, date of birth, and address.
3. Indicate specimen source using the key code located at the bottom right of the form.
4. Indicate date patient became ill (date of onset), and date this specimen was collected (collection date).

IV. Packaging and Shipping
1. Within 72 hours after collection, specimens should be refrigerated (4 C) and transported with cold gel packs to the laboratory as soon as possible.
2. Please deliver all specimens to the MD DHMH Laboratories Administration at 1770 Ashland Avenue, Baltimore, Maryland 21205 as clinical diagnostic specimens. Alternatively, please deliver to your local health department for shipment to the MD DHMH Laboratories Administration.

For questions, please contact the Division of Molecular Biology Laboratory at (443)681-3923 or (443)681-3924.

Influenza Test Request Sample Form



Laboratories Administration MD DHMH
Robert A. Myers, Ph.D., Director

INFECTIOUS AGENTS: CULTURE/DETECTION

TYPE OR PRINT REQUIRED INFORMATION OR PLACE LABELS ALL THREE COPIES

☐ EH ☐ FP ☐ MTY/PN ☐ NOD ☐ STD ☐ TB ☐ CD ☐ COR

Health Care Provider
Address
City County
State Zip Code
Contact Name:
Phone# Fax#
Test Request Authorized by:

Patient SS# (last 4 digits):
Last Name ☐ SR ☐ JR ☐ Other
First Name
Date of Birth (mm/dd/yyyy) / /
Address
City County
State Zip Code

Sex: ☐ Male ☐ Female ☐ Transgender M to F ☐ Transgender F to M
Ethnicity: Hispanic or Latino Origin? ☐ yes ☐ no
Race: ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/other Pacific Islander ☐ White

MRN/Case # DOC # Outbreak # Submitter Lab #
Date Collected: Time Collected: ☐am ☐pm Onset Date:
Reason for Test: ☐ Screening ☐ Diagnosis ☐ Contact ☐ Test of Cure ☐ 2-3 Months Post R ☐ Suspected Carrier ☐ Isolate for ID ☐ Release
Therapy/Drug Treatment: ☐ No ☐ Yes Therapy/Drug Type: Therapy/Drug Date:

SPECIMEN SOURCE CODE

BACTERIOLOGY

- ☐ Bacterial Culture - Routine
- Additional specimen codes: _____ _____
- ☐ *Bordetella pertussis*
- ☐ Group A Strep
- ☐ Group B Strep Screen
- ☐ *C. difficile* Toxin
- ☐ Diphtheria
- ☐ Foodborne Pathogens (*B. cereus, C. perfringens, S. aureus*)
- ☐ Gonorrhea Culture: Incubated? ☐ yes ☐ no
- Hrs. Incubated: ___ Add'l specimen codes: ___ ___
- ☐ MRSA (rule out)
- ☐ VRE (rule out)

ENTERIC INFECTIONS

- ☐ Campylobacter
- ☐ *E. coli* 0157 typing/Shiga toxins
- ☐ Enteric Culture - Routine (Salmonella, Shigella, *E. coli* 0157, Campylobacter)
- ☐ Salmonella typing
- ☐ Shigella typing
- ☐ Vibrio
- ☐ Yersinia

REFERENCE MICROBIOLOGY

- ☐ ABC'S (BIDS) #_____
- Organism: _____
- ☐ Bacteria Referred Culture for ID
- Specify: _____

SPECIMEN SOURCE CODE

MYCOBACTERIOLOGY/AFB/TB

- ☐ AFB/TB Culture and Smear
- ☐ AFB/TB Referred isolate for ID
- ☐ *M. tuberculosis* Referred Culture for Genotyping
- ☐ Nucleic Acid Amplification Test for *M. tuberculosis* Complex (GeneXpert)

PARASITOLOGY

- ☐ Blood Parasites: _____
- Country visited outside US: _____
- ☐ Ova & Parasites: Immigrant? ☐yes ☐no
- ☐ Cryptosporidium
- ☐ Cyclospora/Isospora
- ☐ Microsporidium
- ☐ Pinworm

VIRUS ISOLATION/CHLAMYDIA

- ☐ Adenovirus*
- ☐ *Chlamydia trachomatis* culture
- ☐ Cytomegalovirus (CMV)
- ☐ Enterovirus (Inc. Echo & Coxsackie)
- ☐ Herpes Simplex Virus (Types 1 & 2)
- ☐ Influenza (Types A & B)* Rapid Flu Test: Type _____
  Result: ☐ Negative ☐ Positive
  Patient admitted to hospital? ☐ yes ☐ no
- ☐ Parainfluenza (Types 1, 2, & 3)*
- ☐ Respiratory Syncytial Virus (RSV)*
- ☐ Varicella (VZV)

* MAY INCLUDE RESPIRATORY SCREENING PANEL

Comments:

SPECIMEN SOURCE CODE

SPECIAL BACTERIOLOGY

- ☐ Legionella Culture
- ☐ Leptospira
- ☐ Mycoplasma (Outbreak Investigation Only)

RESTRICTED TESTS
Pre-approved submitters only

- ☐ *Chlamydia trachomatis*/GC NAA
- ☐ Norovirus ** (see comment on back)
- ☐ QuantiFERON

OTHER TESTS FOR INFECTIOUS AGENTS

- ☐ Test name: _____

Prior arrangements have been made with the following DHMH Laboratories Administration employee:

SPECIMEN SOURCE CODE: PLACE CODE IN BOX NEXT TO TEST

B	Blood
BW	Bronchial Washing
CSF	Cerebrospinal Fluid
CX	Cervix/Endocervix
E	Eye
F	Feces
N	Nasopharynx/Nasal
P	Penis
R	Rectum
SP	Sputum
T	Throat
URE	Urethra
UFV	Urine (First Void)
UCC	Urine (Clean Catch)
V	Vagina
W	Wound
O	Other:

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Original

Must complete submitter information and include the name of the authorized person requesting the test.

Patient's first and last names must be on the specimen container and match exactly to the lab slip.

Fill in the date specimen was collected.

If applicable, complete the outbreak number field.

Indicate the specimen source next to the Influenza test requested.

Use only these codes to provide the source of the specimen.

For additional information, call or visit us at:
(443)681-3923/3924
www.dhmh.maryland.gov/laboratories