

Specimen Submission Guidelines for Suspect Influenza Virus Infection
Maryland Department of Health (MDH) Laboratories Administration (January 3, 2018)

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 be collected. Broncho alveolar 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 1ml 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 calling (443) 681-3777 or by faxing a completed request form (<http://maryland.gov/laboratories/docs>) to (443) 681-3950.

The UTM specimen Collection Kit from MDH Laboratories Administration contains:

- Clear plastic biohazard bag
- Flock swab for specimen collection
- Tube of universal transport medium
- MDH Form 4676 Infectious Agents: Culture Detection (paper version). An online fillable version of this is form (MDH 4676) is also available at: <http://health.maryland.gov/laboratories/docs>

Upon receipt of the specimen collection kit:

1. Note the expiration date printed on the tube of 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 of 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. An online fillable version of MDH Form 4676 is also available at: <http://health.maryland.gov/laboratories/docs>

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 refrigerator (4°C) and transported with cold gel packs to the laboratory as soon as possible.
2. Please deliver all specimens to the MDH 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 MDH 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

Laboratory Accreditation MCH
1770 Ashland Ave - Baltimore, MD 21205

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

Fill in the date specimen was collected.

Indicate the specimen source next to the influenza test requested.

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

TYPE OR PRINT REQUIRED INFORMATION OR PLACE LABELS ON BOTH COPIES			
Requester Information Name: _____ Title: _____ Department: _____ Organization: _____		Patient ID # _____ Patient Age # _____ Patient Race _____	
Address Street: _____ City: _____ State: _____ Zip: _____ Country: _____		First Name: _____ Last Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Country: _____	
Date Collected: _____ Reason for Test: <input type="checkbox"/> Screening <input type="checkbox"/> Diagnostic <input type="checkbox"/> Contact <input type="checkbox"/> Surveillance Transport: <input type="checkbox"/> No <input type="checkbox"/> Yes Therapeutic Trial: _____			
SPECIMEN SOURCE CODE BACTERIOLOGY Bacterial Culture - Routine AORT Specimen Code: _____ Brucella (pasteur) Group A Strep Group B Strep C. difficile Toxin Diphtheria Foodborne Pathogens (R. coryneb. C. perfringens, S. aureus) Genitourinary Culture Isolation? <input type="checkbox"/> Yes <input type="checkbox"/> No Hours Incubated: _____ Adult Specimen Code: _____ HPIIA (Hie a/d) VPE (vial out)			
SPECIMEN SOURCE CODE INVOLOCRUCTION/ARTIBS AFAPCS Culture and Stain AFAPCS Referral label for ID All Laboratory referral labels for genotyping Nucleic Acid Amplification Test for: M. tuberculosis/Complex (resistant)			
SPECIMEN SOURCE CODE PARASITOLOGY Blood Parasites Coxiella burnetii culture US Dm & Parasites Cryptosporidium Cyclospora Microsporidium Pneumonia			
SPECIMEN SOURCE CODE VIRICULTURE Adenovirus Chlamydia (pathogenic culture) Cryptosporidium (CMV) Enterovirus (Prokaryotic Echo & Coxsackie) Herpes Simplex Virus (Types 1 & 2) Tetanus (Types A & B) Rapid Flu Test			
SPECIMEN SOURCE CODE OTHER TESTS FOR INFECTIOUS AGENTS Pre-approved identifiers only OncoPrint Hepatitis "B" Serology on repeat Quasi-RT-PCR Isolation - Time begin: _____ am/pm Time end: _____ am/pm			
SPECIMEN SOURCE CODE B. A. CODE IN BOX NEXT TO TEST B Blood BF Bronchial Washing CBF Cerebrospinal Fluid CC Cervical Smear E Eye F Feces H Nasopharyngeal P Pus R Sputum T Tissue UR Urine VV Urine for Virus VV Vagina W Wound O Other			

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

If applicable, complete the outbreak number field.

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