2010 Chlamydia Testing Allocation System Guidance

Maryland DHMH
Laboratories Administration
January 2010

DHMH Laboratories Administration

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UPGRADE Chlamydia NAA Test Effective <u>February 1, 2010</u>

Chlamydia trachomatis (CT)/Neisseria gonorrhoeae (GC) BD Qx Amplified DNA Assay
A Nucleic Acid Amplification Test (NAAT)

- The acceptable specimens for the UPGRADED Chlamydia NAA test are:
  - **Urine (male and female)**
  - **Cervical/Endocervical Swab (female) - NEW**
  - **Urethral Swab (male) - NEW**

Swabs REQUIRE a **NEW specimen collection kit** effective February 1, 2010

Contact the DHMH Laboratories Administration, Specimen Mailing Assemblies (Outfit Room) at **410-767-6120 or 410-767-6121**

Chlamydia Testing Allocation System for Chlamydia NAAT

Chlamydia Testing Allocation Stickers

- **Distribution of 2010 stickers to the County's "Sticker Steward"**
- **Acknowledgement of Receipt**
  - 2010 Allocation stickers are yellow.
  - There is only **one** of each serial number.
  - Affix the **one** sticker to the original lab slip.
  - Yellow stickers are valid from Jan 1, 2010 to Dec. 31, 2010.

P.O. FY 2010 (July 2009 – June 2010)

- **Please contact Mr. Kenneth Keys at keysk@dhmh.state.md.us.**
- **Please list the submitter names/sites on the P.O. request.**
- **If you do not have an established MOU by February 15, 2010, specimens without stickers will be rejected.**

2010 Chlamydia Allocation Sticker

10CT26001 EXPIRATION DATE: 12/31/2010	10CT26014 EXPIRATION DATE: 12/31/2010	10CT26027 EXPIRATION DATE: 12/31/2010	10CT26040 EXPIRATION DATE: 12/31/2010
10CT26002 EXPIRATION DATE: 12/31/2010	10CT26015 EXPIRATION DATE: 12/31/2010	10CT26028 EXPIRATION DATE: 12/31/2010	10CT26041 EXPIRATION DATE: 12/31/2010
10CT26003 EXPIRATION DATE: 12/31/2010	10CT26016 EXPIRATION DATE: 12/31/2010	10CT26029 EXPIRATION DATE: 12/31/2010	10CT26042 EXPIRATION DATE: 12/31/2010
10CT26004 EXPIRATION DATE: 12/31/2010	10CT26017 EXPIRATION DATE: 12/31/2010	10CT26030 EXPIRATION DATE: 12/31/2010	10CT26043 EXPIRATION DATE: 12/31/2010
10CT26005 EXPIRATION DATE: 12/31/2010	10CT26018 EXPIRATION DATE: 12/31/2010	10CT26031 EXPIRATION DATE: 12/31/2010	10CT26044 EXPIRATION DATE: 12/31/2010
10CT26006 EXPIRATION DATE: 12/31/2010	10CT26019 EXPIRATION DATE: 12/31/2010	10CT26032 EXPIRATION DATE: 12/31/2010	10CT26045 EXPIRATION DATE: 12/31/2010
10CT26007 EXPIRATION DATE: 12/31/2010	10CT26020 EXPIRATION DATE: 12/31/2010	10CT26033 EXPIRATION DATE: 12/31/2010	10CT26046 EXPIRATION DATE: 12/31/2010
10CT26008 EXPIRATION DATE: 12/31/2010	10CT26021 EXPIRATION DATE: 12/31/2010	10CT26034 EXPIRATION DATE: 12/31/2010	10CT26047 EXPIRATION DATE: 12/31/2010
10CT26009 EXPIRATION DATE: 12/31/2010	10CT26022 EXPIRATION DATE: 12/31/2010	10CT26035 EXPIRATION DATE: 12/31/2010	10CT26048 EXPIRATION DATE: 12/31/2010
10CT26010 EXPIRATION DATE: 12/31/2010	10CT26023 EXPIRATION DATE: 12/31/2010	10CT26036 EXPIRATION DATE: 12/31/2010	10CT26049 EXPIRATION DATE: 12/31/2010
10CT26011 EXPIRATION DATE: 12/31/2010	10CT26024 EXPIRATION DATE: 12/31/2010	10CT26037 EXPIRATION DATE: 12/31/2010	10CT26050 EXPIRATION DATE: 12/31/2010
10CT26012 EXPIRATION DATE: 12/31/2010	10CT26025 EXPIRATION DATE: 12/31/2010	10CT26038 EXPIRATION DATE: 12/31/2010	10CT26051 EXPIRATION DATE: 12/31/2010
10CT26013 EXPIRATION DATE: 12/31/2010	10CT26026 EXPIRATION DATE: 12/31/2010	10CT26039 EXPIRATION DATE: 12/31/2010	10CT26052 EXPIRATION DATE: 12/31/2010

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10CT26013 EXPIRATION DATE: 12/31/2010	10CT26026 EXPIRATION DATE: 12/31/2010	10CT26039 EXPIRATION DATE: 12/31/2010	10CT26052 EXPIRATION DATE: 12/31/2010

Affix ONE yellow sticker

10CT26052

EXPIRATION DATE 12/31/2010

DHMH
201
2355
labs

STATE LAB
Use Only

INFECTIOUS AGENTS: CULTURE/DETECTION

TYPE OR PRINT REQUIRED INFORMATION OR PLACE LABELS ON ALL FOUR COPIES

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

Pre-printed address labels with ID

Address
City
State Zip Code
Contact Name
Phone # Fax #

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

Ethnicity: ☐Hispanic/Latino ☐Not Hispanic/Latino ☐Unknown | Sex: ☐Male ☐Female ☐Transgender

Race: ☐White ☐African American ☐Asian/Pacific ☐American Indian/Alaska Native ☐Multiracial ☐Not Specified ☐Other

Case # | DOC# | Outbreak # | Submitter Lab #

Collect Date: | Collect Time: ☐am ☐pm | Onset Date:

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

Therapy/Drug Treatment: ☐No ☐Yes | Therapy/Drug Type: | Therapy/Drug Date:

SPECIMEN CODE

BACTERIOLOGY/MYCOLOGY
- 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*)
- Fungus Culture:
- Fungus Smear:
- Gonorrhea Culture:Incubated?☐yes ☐no
- Hrs. incubated: Add'l specimen codes:
- MRSA (rule out)
- VRE (rule out)

ENTERIC INFECTIONS
- Campylobacter
- *E. coli* O157 typing
- Enteric Culture - Routine (Salmonella, Shigella, *E. coli* O157, Campylobacter)
- Salmonella typing
- Shigella typing
- *V. parahaemolyticus*
- Yersinia

REFERENCE MICROBIOLOGY
- ABC'S (BIDS) #
- Organism:
- Aerobic Actinomycete for ID
- Bacteria Referred Culture for ID
- Specify:
- Mold for ID
- Yeast for ID

SPECIMEN CODE

SPECIAL BACTERIOLOGY
- Legionella Culture
- Leptospira
- Mycoplasma

MYCOBACTERIOLOGY/AFB/TB
- AFB/TB Culture and Smear
- AFB/TB Referred Culture for ID
- AFB/TB Referred Culture-Sensitivities
- *M. tuberculosis* Referred Culture for Genotyping
- Nucleic Acid Amplification Test for *M. tuberculosis* Complex (MTD)

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

VIRUS/CHLAMYDIA
- Adenovirus*
- Arbovirus Panel (WNV, EEEV, SLEV)
- *Chlamydia trachomatis*
- Cytomegalovirus (CMV)
- Enterovirus (inc. Echo & Coxsackie)
- Herpes Simplex Virus (Types 1 & 2)
- Influenza (Types A & B)*
- Parainfluenza (Types 1, 2 & 3)*
- Respiratory Syncytial Virus (RSV)*
- Varicella (VZV)

*MAY INCLUDE RESPIRATORY SCREENING PANEL

Comments:

SPECIMEN CODE

RESTRICTED TESTS
Pre-approved submitters only
- *Chlamydia trachomatis*/GC NAAT
- *Chlamydia trachomatis* only/NAAT
- Norovirus ** (see comment on back)

OTHER TESTS FOR INFECTIOUS AGENTS
- Test name:

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

SPECIMEN 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
- UR Urine
- V Vagina
- W Wound
- O Other:

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DHMH 4676 Revised 1/08

ORIGINAL

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Original

ALERT

This is **different** from 2009

Only <u>ONE</u> yellow sticker required per specimen.

Specimen Collection and Submission Guidelines

Urine

Specimen Collection and Transport Procedures for Chlamydia NAAT

Swab

Specimen Collection and Transport Procedures for Chlamydia NAAT

URINE	The specimen must be processed within **7** days of collection. It must reach the laboratory registration area by <u>no later than the 5th day</u> (except Friday) to be tested within the 7 day allowance.
SWABS *endocervical* *cervical* *male urethral*	The specimen must be processed within **30** days of collection. It must reach the laboratory registration area by <u>no later than the 25th day</u> (except Friday) to be tested within the 7 day allowance.

Specimens received on a Friday will not be tested until Monday (Tuesday, if Monday is a holiday.)

Specimen Transport

Transport to the laboratory in

insulated containers with **cold packs** (2-8C)

Do NOT **transport**

at ambient temperature

URINE Specimen Collection and Transport Procedures

1. The patient should not have urinated for at least 1 hour prior to specimen collection.

2. Collect the urine specimen in a plastic, sterile, preservative-free, specimen collection cup.

3. The patient should collect 20-60 ml of the voided urine (**first part** of the urine stream, NOT mid-stream). Urine volume less than 2 ml or greater than 60 ml will be rejected.

4. Verify that the cap is properly aligned and tightly closed. Leaking specimens will be rejected.

5. Label the cup with the collection date and time, and the patient's name (i.e. John Doe). (Please ensure that the name on the cup exactly matches the name on the **Infectious Agents: Culture/Detection lab slip).**

6. Complete the **Infectious Agents: Culture/Detection lab slip.**
    - Affix ONE Chlamydia Testing Allocation Stickers on the:
        - Original Copy Form
    - Place preprinted submitter labels with DHMH Lab Administration Client ID.
    - Be sure to include the source of the specimen (urine) in the box next to the test requested “Chlamydia NAAT Only.”

Affix one **STICKER** on the **Original** forms.

...ministration MD DHMH
...St. • Baltimore, MD 21201
...Baltimore MD, 21203-2355
...ww.dhmh.state.md.us/labs
...oy, Dr. P. H., Director

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INFECTIOUS AGENTS: CULTURE/DETECTION

Exact first and last names must also be on the specimen container.

Must be completed. Pre-printed address labels with ID

Must be Completed.

Fill-in race, ethnicity and gender

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

Ethnicity: ☐Hispanic/Latino ☐Not Hispanic/Latino ☐Unknown Sex: ☐Male ☐Female ☐Transgender

Race: ☐White ☐African American ☐Asian/Pacific ☐American Indian/Alaska Native ☐Multiracial ☐Not Specified ☐Other

Collect Date must be completed.

Collect Date: Collect Time: ☐am ☐pm Onset Date:

Write specimen code in the Chlamydia trachomatis only/NAAT box.

UR or CX or URE

UR

BACTERIOLOGY/MYCOLOGY	SPECIAL BACTERIOLOGY	RESTRICTED TESTS
Bacterial Culture - Routine	Legionella Culture	Pre-approved submitters only
Bordetella pertussis	Leptospira	Chlamydia trachomatis only/NAAT
Group A Strep	Mycoplasma	OTHER TESTS FOR INFECTIOUS AGENTS
Group B Strep Screen	MYCOBACTERIOLOGY/AFB/TB	Test name:
C. difficile Toxin	AFB/TB Culture and Smear	
Diphtheria	AFB/TB Referred Culture for ID	
Foodborne Pathogens (B. cereus, C. perfringens, S. aureus)	AFB/TB Referred Culture-Sensitivities	
Fungus Culture:	M. tuberculosis Referred Culture for Genotyping	
Fungus Smear:	Nucleic Acid Amplification Test for M. tuberculosis Complex (MTD)	
Gonorrhea Culture: Incubated? ☐yes ☐no	PARASITOLOGY	
	Blood Parasites:	
	Ova & Parasites	
	Cryptosporidium	
	Cyclospora/Isospora	
	Microsporidium	
	Pinworm	
	VIRUS/CHLAMYDIA	
	Adenovirus	
	Arbovirus Panel (WNV, EEEV, SLEV)	
	Chlamydia trachomatis	
	Cytomegalovirus (CMV)	
	Enterovirus (Inc. Echo & Coxsackie)	
	Herpes Simplex Virus (Types 1 & 2)	
	Influenza (Types A & B)*	
	Parainfluenza (Types 1, 2 & 3)*	
	Respiratory Syncytial Virus (RSV)*	
	Varicella (VZV)	

SPECIMEN 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; UR Urine; V Vagina; W Wound; O Other:

ORIGINAL

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CHLAMYDIA TESTING ALLOCATION SYSTEM 2010 (STICKERS)

Effective 01/01/2010

Stickers CANNOT be used for the combo assay "Chlamydia trachomatis/GC NAAT"

7. Double bag urine specimens.

Seal the cup in the zip locked section of a plastic bag with absorbent material.

Seal this bag in the zip locked section of a biohazard transport bag and place the form in the outside pocket.

8. Refrigerate the specimen immediately and transport to the laboratory in an insulated container with cold packs (2-8°C.) Specimen may **not** be stored or transported at room temperature.

9. Order the test/s in MyLIMS.

Print packing slip and submit with specimens.

WHAT'S NEW ABOUT THE SWAB COLLECTION KIT EFFECTIVE FEBRUARY 1, 2010?

The lab will switch to an updated assay (Qx) resulting in:

- a new swab collection kit: (no change for urine)
- designated with Qx and a purple stripe in addition to the yellow and green stripes on the old kits.
- gender specific kits have color coded swab shafts (pink-female, blue-male)
- cleaning swab is no longer huge-it is the white one
- bloody specimens are no longer rejected (unless >60% blood)

SWAB Specimen Collection and Transport Procedures

Swabs REQUIRE a **NEW specimen collection kit**
effective February 1, 2010

- Cervix/endocervix and male urethra are the only approved swab collection sites in use for this assay.

  Please use the appropriate gender kit.
  - If this is not followed, the specimen will be rejected.

- **NOTE: For any other collection sites (i.e. rectal, vaginal, throat), test request should be Chlam Trans for cell culture. This test is limited to medical legal cases, rectal or oral specimens.**

MALE URETHRAL SWABS

Use the Male (blue) Urethral Specimen Collection Kit for the BD ProbeTec™ CT/GC Qx Amplified DNA Assays.

1. Remove the swab from the packaging and insert the swab 2-4 cm into the urethra and rotate for 3-5 seconds. Withdraw the swab. Continue with #4 under the Female Endocervical Swab section.

FEMALE ENDOCERVICAL SWABS

Use the Female (pink) Endocervical Specimen Collection Kit for the BD ProbeTec™ CT/GC Qx Amplified DNA Assays.

1. Remove the **cleaning** swab (polyester fiber-tipped with **white** shaft) from the packaging and use it to remove excess blood and mucus from the cervical os. Discard the used cleaning swab.

2. Remove the **pink** shafted **collection** swab from the packaging and insert it into the cervical canal and rotate for 15-30 seconds.

3. Withdraw the swab carefully. Avoid contact with the vaginal mucosa.

4. Uncap the CT/GC Qx swab diluent tube and fully insert the collection swab into the tube.

5. Break the shaft of the swab at the score mark (**DO NOT** cut the shaft shorter) using care to avoid splashing and tightly recap.

6. Label the tube with the patient’s name (matching the lab slip exactly) and the collection date/time.

7. Complete the **Infectious Agents: Culture/Detection lab slip.**
   - Affix ONE Chlamydia Testing Allocation Stickers on the:
     - Original Copy Form
   - Place preprinted submitter labels with DHMH Lab Administration Client ID.
   - Be sure to include the source of the specimen (CX/URE) in the box next to the test requested “Chlamydia NAAT Only.”

Affix one **STICKER** on the **Original** forms.

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...ministration MD DHMH
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...Baltimore MD, 21203-2355
...ww.dhmh.state.md.us/labs
...oy, Dr. P. H., Director

STATE LAB Use Only

INFECTIOUS AGENTS: CULTURE/DETECTION

Exact first and last names must also be on the specimen container.

TYPE OR PRINT REQUIRED INFORMATION OR PLACE LABELS ON ALL FOUR COPIES

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

Must be completed. Pre-printed address labels with ID

Sub... / Address / City / State / Zip Code / Contact Name / Phone # / Fax #

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

Must be Completed.

Ethnicity: ☐Hispanic/Latino ☐Not Hispanic/Latino ☐Unknown Sex: ☐Male ☐Female ☐Transgender

Race: ☐White ☐African American ☐Asian/Pacific ☐American Indian/Alaska Native ☐Multiracial ☐Not Specified ☐Other

Fill-in race, ethnicity and gender

Case # / DOC# / Outbreak # / Submitter Lab #

Collect Date: / Collect Time: ☐am ☐pm / Onset Date:

Collect Date must be completed.

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

Therapy/Drug Treatment: ☐No ☐Yes Therapy/Drug Type: Therapy/Drug Date:

SPECIMEN CODE — **BACTERIOLOGY/MYCOLOGY**

- 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*)
- Fungus Culture:
- Fungus Smear:
- Gonorrhea Culture: Incubated? ☐yes ☐no Hrs. incubated: Add'l specimen codes:
- ...out)
- VRE (rule ...t)
- ENTE...IC INFECTIONS
- Campylob...ter
- *E. coli* O15... typing
- Enteric Cu...re - Routine (Salmonella, Shigella, *E. coli* O157, Campylobacter)
- Salmonell... typing
- Shigella ty...ng
- *V. parahae*... *olyticus*
- *Y*...sinia
- ...EFERE...CE MICROBIOLOGY
- ABC'S (BI...S) #
- Organism:
- Aerobic Ac...tinomycete for ID
- Bacteria R...erred Culture for ID
- Specify:
- Mold for I...
- Yeast for I...

SPECIMEN CODE — **SPECIAL BACTERIOLOGY**

- Legionella Culture
- Leptospira
- Mycoplasma

MYCOBACTERIOLOGY/AFB/TB

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

PARASITOLOGY

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

VIRUS/CHLAMYDIA

- Adenovirus*
- Arbovirus Panel (WNV, EEEV, SLEV)
- *Chlamydia trachomatis*
- Cytomegalovirus (CMV)
- Enterovirus (Inc. Echo & Coxsackie)
- Herpes Simplex Virus (Types 1 & 2)
- Influenza (Types A & B)*
- Parainfluenza (Types 1, 2 & 3)*
- Respiratory Syncytial Virus (RSV)*
- Varicella (VZV)

*MAY INCLUDE RESPIRATORY SCREENING PANEL

Comments: ORIGINAL

SPECIMEN CODE — **RESTRICTED TESTS**

Pre-approved submitters only

UR or CX or URE

UR — *Chlamydia trachomatis* only/NAAT

...rovirus ** (see comment on back)

OTHER TESTS FOR INFECTIOUS AGENTS

Test name:

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

SPECIMEN CODE: PLACE CODE IN BOX NEXT TO TEST

Code	Specimen
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
UR	Urine
V	Vagina
W	Wound
O	Other:

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Write specimen code in the Chlamydia trachomatis only/NAAT box.

CHLAMYDIA TESTING ALLOCATION SYSTEM 2010 (STICKERS)

Effective 01/01/2010

Stickers CANNOT be used for the combo assay "Chlamydia trachomatis/GC NAAT"

8. Seal the tube in the zip lock section of a biohazard transport bag and place the form in the outside pocket.

9. Swab specimens must be stored and transported to the lab at 2-30 °C within 30 days of collection.

10. Please transport to the laboratory in an insulated container with cold packs to insure that the acceptable temperature range is not exceeded.

11. Order the test/s in MyLIMS.

    Print packing slip and submit with specimens.

Specimen Rejection Criteria for Chlamydia NAAT

- **Missing information required to determine specimen adequacy: source, collection date, gender.**
- Too old. Urine>7 days, Swabs>30 days
- Missing name or ID from the specimen tube or cup.
- Missing ID of submitter and/or patient on the form.
- Leaked in transit-whether partial or full leakage.
- Quantity not sufficient: urine<4ml or excessive: urine>60ml.
- Swab tube is without a swab.
- Expired swab transport tube or tube with missing expiration date.
- Transported outside of the appropriate temperature range (2-8°C)
- No specimen received with the lab request slip or no slip received with the specimen.

Specimen Rejection Criteria for Chlamydia NAAT

- Wrong swab used. Must use the one provided in the collection kit, but not the white cleaning swab in the female kit. It will be rejected if sent.
- Inappropriate collection site. Only acceptable sites are male and female urine, endocervical/cervical swab, or male urethral swab.
- Specimen is in the wrong transport assembly. Must be plastic (no glass), sterile, preservative free urine cup or the gender appropriate BD swab collection kit. Opposite gender kits will be rejected.
- Mismatched names on slip/specimen.
- Highly mucoid specimen, which cannot be pipetted.
- Illegible slip and/or specimen such that matching ID cannot be established.

Multiple Tests Submission

Contact Denise Shackleford

MULTIPLE SPECIMENS FROM THE SAME PATIENT WITH MULTIPLE TEMPERATURE/STORAGE/SHIPPING REQUIREMENTS:

If multiple specimens with different temperature/storage/shipping requirements are collected on the same patient THEY CANNOT BE SUBMITTED IN THE SAME BIOBAG. First, complete the top part of the form. Then use the back copy (or make a photocopy) of the form to submit with each specimen requiring a different temperature/storage/shipping condition. Place each specimen with its respective lab form in a separate biobag. **ENSURE THAT SPECIMENS ARE INDIVIDUALLY LABELED AS TO SOURCE.**

If you have any questions/comments on the use of the specimen bags or temperature/storage/shipping requirements, please contact the Registration Unit at 410-767-6116 or shacklefordd@dhmh.state.md.us.

Multiple Tests Submission Guidance

Tests Requested Infectious Agents: Culture/ Detection Lab Slip	**Tests Requested On-Line (MyLIMS)**	*Infectious Agents: Culture/Detection Lab Slip Form*	*Transport Conditions*
Chlamydia trachomatis only/NAAT	**Chlamydia nucleic acid amplification**	**Original (white)** ***Affix sticker to white.*** **Copy #1 (yellow)**	*Cold Packs*
Herpes Simplex Virus (Types 1&2)	**Pan Herpes Simplex Virus PCR**		
Chlamydia trachomatis	**Chlamydia Cell Culture**		
Bacteria Culture	**Bacteriology Clinical**		
Gonorrhea Culture	**GC Culture**	*Copy #2 (pink)*	*Room Temp*

Sticker Allocation Tracking and View Reports

- Tracking of sticker usage per client site
- Added benefit for clients to check reports on-line
- Access using MyLIMS ID and password per client site
- Request tests per client site in minutes
- Create packing list for shipping
- Stream-line submission process

Q & A

Please check the Maryland DHMH Laboratories Administration website for any updates and additional guidelines.

http://dhmh.state.md.us/labs/

Thank you.

Department of Health and Mental Hygiene - Laboratories Administration - Windows Internet Explorer
http://dhmh.maryland.gov/labs/

Maryland Public Health

Terrorism
Biological
Chemical
Radiological

Labs Hours of Operations

Holiday Schedule

Chlamydia Testing Allocation Sticker 2010 (NEW-January 11, 2010)

Closing of Mycology (fungal) Laboratory

State of Maryland

Department of Health and Mental Hygiene

Martin O'Malley., Governor · Anthony G. Brown, Lt. Governor
John M. Colmers, Secretary

Laboratories Administration

Monitoring and Assessing Community Health Since 1898

John M. DeBoy, Dr.P.H.,
Director, Laboratories Administration

H1N1 Novel Influenza Updates

- Up-date of Influenza Testing Guidelines (October 30, 2009)
- MD DHMH Influenza Virologic Surveillance Guidance to Sentinel Laboratories and Sentinel Providers (October 28, 2009)
- Interim Guidance for Influenza Surveillance: Prioritizing RT-PCR Testing in Laboratories October 9, 2009 11:00 AM ET
- Interim Recommendations for Clinical Use of: Influenza Diagnostic Testing During the 2009-2010 Influenza Season (September 29, 2009)

Laboratories Administration - Functional Directory - Windows Internet Explorer
http://dhmh.state.md.us/labs/html/functlab.html#note
Convert Select
Web Search Upgrade your Toolbar Now! Bookmarks Settings HP Access HP Free Services
Favorites https--mail.google Free Hotmail Get More Add-ons Suggested Sites
Laboratories Administration - Functional Directory
Page Safety Tools

2010 MD Chlamydia NAAT Sticker Allocation System - DHMH Laboratory Updates & Teleconferences (January 11, 2010):

The 2010 Chlamydia Testing Allocation Stickers were distributed last month to the sticker stewards (except for Frederick County). Please note that the 2010 allocation stickers are yellow, and valid from Jan 1, 2010 to December 31, 2010.

We would also like to remind everyone that effective February 1, 2010 the Chlamydia NAAT will be upgraded. The acceptable specimen types are as follows:

Urine (male and female)

Cervical/Endocervical Swab (female) - requires a NEW COLLECTION KIT

Urethral Swab (male) -requires a NEW COLLECTION KIT

Note: The swabs require NEW specimen collection kits effective February 1, 2010. Please contact the DHMH Laboratories Administration, Specimen Mailing Assemblies (Outfit Room) at 410-767-6120 or 410-767-6121 as soon as possible.

The DHMH Laboratories Administration will hold two teleconferences to discuss these updates on:

January 19, 2010 (Tuesday), 1:00PM-2:00PM

January 28, 2010 (Thursday), 11:00 AM-12:00PM

The dial-in number is: 410-549-9411, and the meeting ID number is: 0560#. To ensure that we have adequate lines for the scheduled teleconferences, please inform us by e-mail if you will be attending.

The handouts for the teleconference, specimen collection procedures, and request forms are as follows:

Chlamydia Teleconference Handout January 19 and January 28

Done Internet 100%
start MD State La... Novell Group... Mail From: S... FINAL STICK... Microsoft Po... Laboratories... 8:38 AM

http://dhmh.state.md.us/labs/pdf/DHMH%20Specimen%20Collection%20Kit%20Request%20Form_2.pdf - Windows Internet Explorer

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION
201 WEST PRESTON STREET, BALTIMORE MD 21201

Requisition for Specimen Assemblies

Person Ordering: ____________________ Date: __________

Name of Institution: ____________________ Phone: __________

Address: ______________________________

KITS

1. PINWORM SLIDES.................... ______
2. GASTRIC (TB CULTURE) - CALL TB LAB.............. 76128
3. CHLAMYDIA MEDIA / 53 INNER - CONT.............. ______
4. LEPTOSPIRA CULTURE / 53 INNER - CONT.......... ______
5. T CELL KITS.................... ______
6. VIRAL CULTURE MEDIA / 53 INNER - CONT.......... ______
7. SPUTUM (TB CULTURE).................... ______
8. THROAT CULTURE / 53 INNER CONT.................. ______
9. VIRAL LOAD KITS.................... ______
10. MYCOPLASMA/UREA PLASMA CULTURE.......... ______
11. CHLAMYDIA MEDIA .... ______

CHLAMYDIA / NAAT TESTING KITS

FEMALE SWAB ______
MALE SWAB ______
URINE CUPS ______

BULK

12. BIOHAZARD BAGS.................. ______
13. AMIES MEDIA.................. ______
14. GC PLATES.................. ______
15. MISCELLANEOUS URINE CUPS. ______
16. RED TOP TUBES.................. ______
17. LAVENDER TUBES.................. ______
18. BLOOD CULTURE.................. ______
19. ENTERIC PATHOGEN MEDIA..... ______
20. INTESTINAL PARASITE MEDIA... ______
21. VIRAL CULTURE MEDIA.......... ______
22. STUART'S TRANSPORT MEDIA... ______
23 .MICROTAINER TUBES... ______
24. STUART'S TRANSPORT MEDIA... ______
25. MICROTAINER TUBES...(______

FORMS

1. Infection Agents: Culture / Detection DHMH - 4676................
2. Serological Testing DHMH - 4677..................................
3. Retrovirus DHMH 211..
4. Flow Cytometry / Lymphocyte Phenotyping DHMH 4383................
5. HIV - 1 RNA Viral Load Assay (bDNA) DHMH 4383 - A...................

FOR INFORMATION REGARDING OUTFIT ASSEMBLIES, PHONE: (410) 767-6120 FAX: (410) 333-5019
PLEASE FAX COMPLETED FORM TO (410)333-5019.