

# **Specimen Submission Guidelines for Suspect Influenza A(H3N2)v Virus Infection**

## **Maryland DHMH Laboratories Administration (August 16, 2012)**

### **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**

1. Upper Respiratory Specimens: NPS, PS, NS, TS, NA, NW
2. Lower Respiratory Tract Specimens: BAL, BW, TA, sputum and lung tissue

#### **Unacceptable Specimens (Specimens will be rejected for testing)**

1. Respiratory specimens in Rapid Test Lysis Buffer
2. Less than 1 ml of Universal Transport Media or Viral Transport Media
3. Calcium alginate swabs

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

Local health department can order the UTM Specimen Collection Kit by called 410-767-6120 or by faxing a completed request form (<http://dhmh.maryland.gov/laboratories/docs/Request%20Form.pdf>) at 410-333-5019.

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
- Laboratory Test Request Slip (Infectious Agents: Culture/Detection)

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 the main entrance of 201 W. Preston Street, Baltimore, Maryland as clinical diagnostic specimens. Alternatively, please deliver to your local health department for shipment to the MD DHMH Laboratories Administration.

For additional questions or concerns please contact the Division of Molecular Biology Laboratory at (410) 767-5819.

The CDC Interim Guidance on Specimen Collection, Processing, and Testing for Patients with Suspect Influenza A(H3N2)v Virus Infection is found at <http://www.cdc.gov/flu/swineflu/h3n2v-testing.htm>.

# Influenza (Types A & B) Test Request Sample Form



Laboratories Administration MD DHMH  
 201 W. Preston St. • Baltimore, MD 21201  
 P.O. Box 2355 • Baltimore, MD 21203-2355  
 410-767-6100 www.dhmh.state.md.us/labs  
 Robert A. Myers, Ph.D., Director

STATE LAB  
 Use Only

## INFECTIOUS AGENTS: CULTURE/DETECTION

TYPE OR PRINT REQUIRED INFORMATION OR PLACE LABELS ON ALL FOUR COPIES	<input type="checkbox"/> EH <input type="checkbox"/> FP <input type="checkbox"/> MTY/PN <input type="checkbox"/> NOD <input type="checkbox"/> STD <input type="checkbox"/> TB <input type="checkbox"/> CD <input type="checkbox"/> COR		Patient SS# (last 4 digits):	
	Submitter		Last Name <input type="checkbox"/> SR <input type="checkbox"/> JR <input type="checkbox"/> Other_____	
	Address		First Name M.I. Maiden:	
	City County		Date of Birth (mm/dd/yyyy) / /	
	State Zip Code		Address	
	Contact Name		City County	
	Phone# Fax #		State Zip Code	
	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Unknown		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	
	Race: <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Multiracial <input type="checkbox"/> Not Specified <input type="checkbox"/> Other		Case # DOC# Outbreak # Submitter Lab#	
	Collect Date: Collect Time: <input type="checkbox"/> am <input type="checkbox"/> pm Onset Date:		Reason for Test: <input type="checkbox"/> Screening <input type="checkbox"/> Diagnosis <input type="checkbox"/> Contact <input type="checkbox"/> Test of Cure <input type="checkbox"/> 2-3 Months Post Rx <input type="checkbox"/> Suspected Carrier <input type="checkbox"/> Isolate for ID <input type="checkbox"/> Release	
Therapy/Drug Treatment: <input type="checkbox"/> No <input type="checkbox"/> Yes Therapy/Drug Type:		Therapy/Drug Date:		

  

SPECIMEN CODE	SPECIMEN CODE	SPECIMEN CODE
<b>BACTERIOLOGY</b>	<b>SPECIAL BACTERIOLOGY</b>	<b>RESTRICTED TESTS</b>
Bacterial Culture - Routine	Legionella Culture	Pre-approved submitters only
Additional specimen codes: _____	Leptospira	Chlamydia trachomatis/GC NAAT
<i>Bordetella pertussis</i>	Mycoplasma	Chlamydia trachomatis only/NAAT
Group A Strep	<b>MYCOBACTERIOLOGY/AFB/TB</b>	Norovirus ** (see comment on back)
Group B Strep Screen	AFB/TB Culture and Smear	<b>OTHER TESTS FOR INFECTIOUS AGENTS</b>
<i>C. difficile</i> Toxin	AFB/TB Referred Culture for ID	Test name: _____
Diphtheria	<i>M. tuberculosis</i> Referred Culture for Genotyping	Prior arrangements have been made with the following DHMH Laboratories Administration employee: _____
Foodborne Pathogens ( <i>B. cereus</i> , <i>C. perfringens</i> , <i>S. aureus</i> )	Nucleic Acid Amplification Test for <i>M. tuberculosis</i> Complex (MTD)	
Gonorrhea Culture: Incubated? <input type="checkbox"/> yes <input type="checkbox"/> no	<b>PARASITOLOGY</b>	
Hrs. incubated: _____ Add'l specimen codes: _____	MRSA (rule out)	
VRE (rule out)	Blood Parasites:	
<b>ENTERIC INFECTIONS</b>	Country visited outside US: _____	
Campylobacter	Ova & Parasites: Immigrant? <input type="checkbox"/> yes <input type="checkbox"/> no	
<i>E. coli</i> O157 typing	Cryptosporidium	
Enteric Culture - Routine (Salmonella, Shigella, <i>E. coli</i> O157, Campylobacter)	Cyclospora/Isospora	
Salmonella typing	Microsporidium	
Shigella typing	Pinworm	
<i>V. parahaemolyticus</i>	<b>VIRUS/CHLAMYDIA</b>	
Yersinia	Adenovirus*	
<b>REFERENCE MICROBIOLOGY</b>	Arbovirus Panel (WNV, EEEV, SLEV)	
ABC'S (BIDS) #	<i>Chlamydia trachomatis</i>	
Organism: _____	Cytomegalovirus (CMV)	
Bacteria Referred Culture for ID	Enterovirus (inc. Echo & Coxsackie)	
Specify: _____	Herpes Simplex Virus (Types 1 & 2)	
	<b>Influenza (Types A &amp; B)*</b>	
	Respiratory Syncytial Virus (RSV)*	
	Varicella (VZV)	
	*MAY INCLUDE RESPIRATORY SCREENING PANEL	
	Comments:	

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.

Indicate patient's race, ethnicity and sex.

Fill in the date specimen was collected.

If applicable, complete the outbreak number field.

Indicate the specimen source next to the Influenza (Types A & B) Test requested.

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

Go to the DHMH Laboratory website for additional information:  
[www.dhmh.maryland.gov/laboratories](http://www.dhmh.maryland.gov/laboratories)