



## Instructions for Submission of Specimens for BioFire Respiratory Panel Testing at the New York City Public Health Laboratory

NOTE: These instructions apply AFTER approval has been given (via conference call with a medical epidemiologist from the New York City Department of Health and Mental Hygiene {NYC DOHMH}) to test a patient for BioFire Respiratory Panel in the context of potential 2019-nCoV virus infection. Please call the Provider Access Line at 1-866-692-3641 for consultation.

### 1. Complete the requisition form (“Laboratory Test Request” form)

- No specimen will be tested without a completed “Laboratory Test Request” form.
- EACH SPECIMEN requires its own form.
- All starred (\*) fields are REQUIRED.  
**Failure to complete all required fields will result in delays in testing or the specimen may be rejected.**
- Place the form inside the outer pouch of the specimen bag.
- Place only one specimen and one form per bag.

### 2. Collect specimen type

- Collect one Nasopharyngeal (NP) swab. The swab must be synthetic (non-cotton) and placed in liquid, viral transport medium (VTM). A swab NOT in VTM is NOT acceptable.

### 3. Label the specimen

- Failure to properly label the specimen will result in rejection and the specimen will not be tested.\*
- Specimen tubes **MUST** be labeled with:
  - Patient’s First and Last Names
  - Patient’s Date of Birth
  - Date of Collection
- All information on the specimen label must EXACTLY MATCH the information on the Laboratory Test Request form, including the spelling of the patient’s first and last names.

### 4. Specimen handling

- Keep specimens refrigerated while awaiting transport.
- Transport with cold ice packs if the specimens are transported within 72 hours from the time of specimen collection. If exceeding 72 hours, freeze at -70°C and transport on dry ice.



New York City Department of Health and Mental Hygiene  
**PUBLIC HEALTH LABORATORY**  
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 NYS CLEP PERMIT # : PFI 3849 CLIA #: 33D0679872

PHL USE ONLY

**LABORATORY TEST REQUEST**

Microbiology Section: Tel 212-447-6783 Fax 212-447-8258  
 Virology Section: Tel 212-447-2864 Fax 212-447-2877

- Failure to complete all required (\*) fields may result in specimen being rejected
- Spelling of patient name and DOB on form must exactly match that on specimen container
- Complete a separate Laboratory Test Request form for each specimen

**PATIENT INFORMATION** **\*Required Information**

LAST NAME*		FIRST NAME*		MIDDLE INITIAL	SUFFIX
DATE OF BIRTH* (MM/DD/YYYY)		SEX*  Male Female			
PATIENT ID NUMBER		PATIENT MEDICAL RECORD NUMBER*			
ADDRESS		CITY	STATE	ZIP	
TELEPHONE		PHYSICIAN (if not submitter include contact info)			

**SUBMITTER INFORMATION**

NAME OF SUBMITTING HOSPITAL, LABORATORY, or OTHER FACILITY*			PROVIDER ID #		
PRIMARY CONTACT or PHYSICIAN	LAST NAME*		FIRST NAME*		
ADDRESS (including bldg. and room) *			CITY*	STATE*	ZIP*
TELEPHONE*	PAGER /CELL*	FAX*		EMAIL	

**SPECIMEN INFORMATION**

DATE OF COLLECTION* (MM/DD/YYYY):			TIME OF COLLECTION (00:00):  AM PM		
A. DOHMH bureau  BCD				DOHMH INVESTIGATION CODE:	
B. DOHMH contact	Last Name Layton	First Name Marcelle	BCD Fax 347-396-8903		

Additional comments/  
 Clinical syndrome/  
 Exposure/Travel History

**Test request: BioFire Respiratory Panel (NYC PHL)**

<b>Specimen Container</b>	Swab in Viral Transport Media
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<b>Specimen Source</b>	Nasopharyngeal swab  <b>Note:</b> Submit one NP swab tube with VTM.
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