Instructions for Submission of Specimens for MERS-CoV testing at the NYC 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 MERS-CoV virus infection. Please call the Provider Access Line at 1-866-692-3641 for consultation or to report a suspected MERS case. When MERS-CoV testing has been authorized, hospitals may request a specimen collection kit from the PHL.

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.
     For example, if you are submitting blood, an upper respiratory tract specimen, and a lower respiratory specimen, for the same patient, you need to complete THREE forms, one for each specimen.
   - All starred (*) fields are REQUIRED.
     Failure to complete all required fields will result in rejection and the specimen will not be tested.
   - Place the form inside the outer pouch of the specimen bag.
   - Place only one specimen and one form per bag.

2. Collect all three specimen types
   - Serum (Collect whole blood in a serum separator tube (red top) and centrifuge. Seal with parafilm.)
   - Upper respiratory tract swabs (Collect both a Nasopharyngeal {NP} swab AND Oropharyngeal {OP} swab)
     Swabs must be synthetic (non-cotton) and placed in liquid, viral transport medium (VTM).
     Swabs NOT in VTM are NOT acceptable.
     Place BOTH NP and OP swabs in the same VTM tube and submit as ONE specimen with one form.
   - Lower respiratory tract specimen (Bronchoalveolar lavage, tracheal aspirate, pleural fluid, or sputum).
     For detailed instructions on specimen collection, please refer to “Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Patients Under Investigation for MERS-CoV – Version 2.1”

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:
     o Patient’s First and Last Names
     o Patient’s Date of Birth
     o 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.
   - Follow shipping regulations for UN 3373 Biological Substance, Category B when sending potential MERS-CoV specimens.

• 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**

**LAST NAME**

**FIRST NAME**

**MIDDLE INITIAL**

**SUFFIX**

**DATE OF BIRTH** (MM/DD/YYYY)

**GENDER** 

- Male
- Female

**PATIENT ID NUMBER**

**PATIENT MEDICAL RECORD NUMBER**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

**TELEPHONE**

**PHYSICIAN**

(If not submitter include contact info)

**PHL USE ONLY**

- 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

**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):

- **M**
- **PM**

**DOHMH INVESTIGATION CODE:**

**A. DOHMH bureau**

- **BCD**

**B. DOHMH contact**

- **Last Name**
  - Layton
- **First Name**
  - Marcelle

**Additional comments/Clinical syndrome/Exposure/Travel History**

**Test request: MERS-CoV RT-PCR**

<table>
<thead>
<tr>
<th>Specimen Container</th>
<th>Specimen Source</th>
<th>Blood</th>
<th>Lower respiratory</th>
<th>Upper respiratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Tube</td>
<td>Serum OR Blood</td>
<td>Sterile Container</td>
<td>Broncheolveolar Lavage OR Tracheal Aspirate OR Pleural Fluid OR Sputum</td>
<td>Swabs in Viral Transport Media</td>
</tr>
<tr>
<td>preferred: Collect serum in red top tube and spin.</td>
<td></td>
<td>Nasopharyngeal and Oropharyngeal Swabs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Please collect BOTH NP and OP swabs and place BOTH swabs in ONE tube of Viral Transport Medium. Submit as one specimen.
Components of MERS-CoV Specimen Collection and Transport Kit

- Two swabs to collect NP and OP specimens
- One specimen collection tube containing Viral Transport Media (VTM) (Note: place both NP and OP swabs in this specimen collection tube)
- One sterile, leak-proof container to collect lower respiratory specimens (Bronchoalveolar Lavage, tracheal aspirate, pleural fluid, or sputum)
- One red-top tube to collect serum
- A few pieces of parafilm
- Three bubble wrap envelopes
- Three specimen bags
- Three DuPont Tyvek envelopes
- Cold ice packs
- Three PHL Submission Forms
- One UN3373 Category B Biological Substance Container