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 <u>REQUIRED</u>.
 - 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" http://www.cdc.gov/coronavirus/mers/interim-guidance.html

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
 - o Patient's Date of Birth
 - Date of Collection
- All information on the specimen label must <u>EXACTLY MATCH</u> 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.

For further instructions refer to "Interim Laboratory Biosafety Guidelines for Handling and Processing Specimens Associated with MERS-CoV – Version 2 http://www.cdc.gov/coronavirus/mers/guidelines-clinical-specimens.html



New York City Department of Health and Mental Hygiene

PUBLIC HEALTH LABORATORY

PHL USE ONLY

Jennifer Rakeman, Ph.D., Assistant Commissioner 455 First Avenue New York, NY 10016

NYS CLEP PERMIT # : PFI 3849 CLIA #: 33D0679872

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

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PATIENT INFO	<u>, </u>	*Required Information									
LAST NAME*	FIRS	FIRST NAME*					MIDDLE INITIAL SUFFIX				
DATE OF BIRTH*	GEN	GENDER*									
(MM/DD/YYYY)				Male Female							
PATIENT ID NUM		PATIENT MEDICAL									
	REC	RECORD NUMBER*									
ADDRESS*	CITY	CITY*			STATE	* ZIP*					
TELEPHONE		PHYSICIAN	PHYSICIAN								
				omitter include contact info)							
CUIDACITES :											
	NFORMATION	*			DBU/IDEB ID	1#					
NAME OF SUBMITTING HOSPITAL, LABORATORY, or OTHER FACILITY*				PROVIDER ID #							
PRIMARY CONTA		FIRST NAME*									
or PHYSICIAN											
ADDRESS (including bldg. and room)*				CITY*			STATE	*	ZIP*		
-											
TELEPHONE* PAGER/CELL*			*	FAX			EMAIL	EMAIL			
SPECIMEN IN											
DATE OF COLLEC		TI	TIME OF COLLECTION (00:00): M PM								
A. DOHMH bure			DOHMH INVESTIGATION CODE:								
A. DONIVIN BUIL					DOUINIU IIV	VESTIGATI	ON CODE:				
в. ронмн			First Name								
B. DOHMH Last Name Layton				Marcelle							
Additional comn											
Exposure/Travel History											
Toot request, MEDS CoV/ DT DCD											
Test request: MERS-CoV RT-PCR											
	Blood	er respiratory	tory U			Upper re	oper respiratory				
Specimen					_						
Container	Blood Tube	○ Ste	rile Container		Swabs in Viral Trans			nsport N	port Media		
Specimen	Serum	O Bro	_avage		Nasopharyngeal and Oropharyngeal Swabs						
Source	OR	\sim	OR	-		, 3					
	Blood	Tracheal Aspira			Note	Note: Please collect BOTH NP and OP swabs and					
	Preferred: OR		_	place BOTH swabs in ON							
	Collect serum in Pleural Fl			·				Submit as one specimen.			
	red top tube and		OR					45 (one spec		
	spin.	◯ Spu	utum								



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