Influenza Sentinel Physician Test Requisition

Bureau of Laboratories Michigan Department of Health and Human Services

PO Box 30035 3350 North Martin Luther King Jr. Blvd. Lansing Michigan 48909

Laboratory Records: 517-335-8059 Fax: 517-335-9871 Technical Information 517-335-8067 Web: HTTP://www.Michigan.gov/mdhhslab

Date Received at MDHHS	MDHHS Sample #

SENTINEL PHYSICIAN SUBMITTER INFORMATION	ENTER STARLIMS CODE >>>>>>>>>>>>										
Return Results to:	Phone (24/7)										
	FAX										
CONTACT PERSON/ REFERRING PHYSICIAN/ PROVIDER NAME	**NATIONAL PROVIDER IDENTIFIER:**										

PATIENT INFORMATION - NAME (LAST, FIRST, MIDDLE INITIAL OR UNIQUE IDENTIFIER) Must Match Specimen Label Exactly

SUBMITTER'S PATIENT # - IF APPLICABLE

PATIENT'S **CITY**-RESIDENCE | **ZIP** CODE | **GENDER** ☐ Female ☐ Male

RACE ☐ AMERICAN INDIAN OR ALASKAN NATIVE ☐ ASIAN ☐ BLACK OR AFRICAN AMERICAN ☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER ☐ WHITE ☐ OTHER

ETHNICITY ☐ HISPANIC OR LATINO ☐ NOT HISPANIC OR LATINO ☐ UNKNOWN

DATE OF BIRTH	M	M	D	D	Y	Y	Y	Y	**ONSET DATE**	M	M	D	D	Y	Y	Y	Y

SUBMITTER'S SPECIMEN # - IF APPLICABLE

SPECIMEN INFORMATION - INDICATE TEST REQUESTED

☐ Sentinel Influenza Surveillance Testing

DATE COLLECTED	M	M	D	D	Y	Y	Y	Y	TIME COLLECTED					☐ A.M.	☐ P.M.

INDICATE SPECIMEN SOURCE BELOW

☐ NP Swab in VTM or PBS
☐ Dual NP/OP Swabs in VTM or PBS
☐ Nasal Aspirate
☐ Nasal Swab in VTM or PBS
☐ Viral Aspirate
☐ Other

MDHHS Prior Approval Given By:_____

INDICATE TEST REASON BELOW

☐ Diagnosis ☐ Surveillance ☐ Suspected Outbreak – Specify: _____

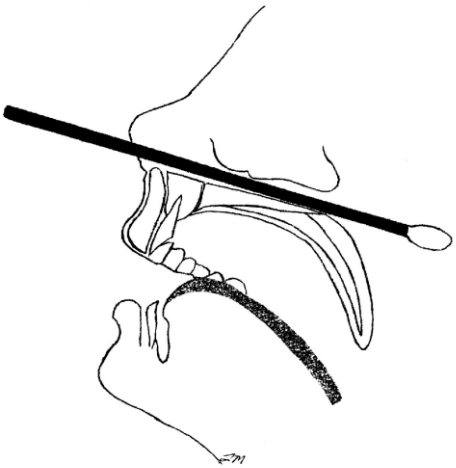
☐ Other – Specify: _____

INSTRUCTIONS FOR THE SUBMISSION OF INFLUENZA SPECIMENS FROM SENTINEL PHYSICIANS

Michigan Department of Health and Human Services www.michigan.gov/mdhhslab

Freeze coolant provided upon receipt of this Unit!

1. Complete a test requisition for **each** specimen submitted. More than one properly packaged specimen may be sent in the same shipping unit.
2. Place test requisition in the plastic bag provided to protect it from moisture.
   Note: check outdate on viral transport. If outdated – do not use. Request replacement by calling 517-335-9867.
3. Wash hands. Put on gloves; consider mask and eye protection.
4. Explain the procedure to the patient.
5. Select an unobstructed nostril by evaluating the following:
   a. Can the patient breathe out of both nostrils?
   b. Has the patient ever had an injury or surgery to the nose?
   c. Perform a visual inspection for evidence of a deviated septum.
6. Provide the patient with tissues. Instruct them to blow their nose to remove mucus. (More tissue may be needed for eyes).
7. Position the person's head leaning gently back (about 70°) against a wall.
8. Aseptically remove the sterile swab from package.
9. Hold swab lightly between the thumb and index finger thus allowing a quick release in the event the patient moves.
10. Place the swab in the nostril and gently follow the septum beyond the external nares. If any resistance to insertion occurs, **STOP** immediately to prevent injury.
11. In an adult, the swab should be inserted 4-6 cm or approximately 2/3 of the length of the swab.
12. Rotate the swab gently in place for a few seconds to absorb cells.
13. Withdraw the swab and insert into transport medium vial. Rotate swab in the transport medium. **Express swab** by pressing against the side of the vial. **Discard swab** properly.
14. Tighten cap securely on transport medium. Tape or parafilm the cap. Label with small biohazard sticker if shipping by mail.
15. Label the vial with the same name/unique identifier used on the test requisition. Record the name/unique identifier for your future use, as it will be your link to specimen results for the patient.
16. Remove personal protective equipment and wash hands.
17. Refrigerate all specimens – **DO NOT FREEZE** – until ready to ship by the most rapid means to the laboratory. Ship specimen within 24 hours of collection. Do not collect the specimen if it cannot be shipped within 24 hours of collection.
18. When ready to ship, place properly labeled specimen vial, **wrapped in absorbent material provided**, into aluminum screw-capped can and secure cap with tape.
19. Place the aluminum can into the cardboard screw-capped can provided and secure cap.
20. Place the can into the Styrofoam-lined cardboard box, along with **frozen** coolant, and test requisitions.
21. Decide whether specimens will be shipped by U.S. Mail or United Parcel Service (UPS). (Both labels are provided). Please return the unused label by placing inside the box also. Add cushioning so the canister will not be loose inside the box.
22. Close the box and seal with tape. Apply the UN 3373 Biological Substance label to the outside of the box.
23. For U. S. Mail service, complete the U.S. Express Mail Shipping Label and apply it to the box (same side as UN 3373 label). For UPS, apply the UPS return service label. PLEASE USE THE CORRECT LABEL.
24. Mail: call the 800 number listed on the shipping label for pickup, or take box directly to the closest U.S. Post Office.
25. UPS: Place box at routine pickup site (if your building has UPS pickup), or take to any UPS customer service center or access point. (Many hardware stores have UPS access points. See https://www.ups.com/dropoff)
26. If there are any questions contact the MDHHS Bureau of Laboratories at 517-335-8067.



NOTE: The shipper is responsible for being sure that their package is in compliance with the current shipping regulations.