

Vaccinia/Variola/Pox Virus Test Requisition

(Test 2320)

Bureau of Laboratories Michigan Department of Community Health

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/mdchlab](http://www.michigan.gov/mdchlab)

Emergency After Hours Phone Number: 517-335-9030

Date Received at MDCH										MDCH Sample #													
AGENCY - SUBMITTER INFORMATION										ENTER STARLIMS CODE IF KNOWN													
Return Results to:										Phone (24/7)													
										FAX													
CONTACT PERSON/ ATTENDING PHYSICIAN/ PROVIDER:										NATIONAL PROVIDER IDENTIFIER													
PATIENT INFORMATION - NAME (LAST, FIRST, MIDDLE INITIAL OR UNIQUE IDENTIFIER) Must Match Specimen Label Exactly																							
SUBMITTER'S PATIENT NUMBER - IF APPLICABLE																							
PATIENT'S CITY of RESIDENCE												GENDER		<input type="checkbox"/> Female		<input type="checkbox"/> Male							
RACE		<input type="checkbox"/> BLACK/AA <input type="checkbox"/> WHITE <input type="checkbox"/> NATIVE AMERICAN OR ALASKAN <input type="checkbox"/> ASIAN <input type="checkbox"/> HAWAIIAN/PI <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (SPECIFY):																					
ETHNICITY		HISPANIC <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN								ARAB DESCENT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN													
DATE OF BIRTH		M	M	D	D	Y	Y	Y	Y	ONSET DATE		M	M	D	D	Y	Y	Y	Y				
DESCRIPTION OF RASH: (check all that apply) <input type="checkbox"/> VESICULAR <input type="checkbox"/> MACULAR/PAPULAR <input type="checkbox"/> PUSTULAR <input type="checkbox"/> SCABS <input type="checkbox"/> CENTRIFUGAL <input type="checkbox"/> CENTRIPETAL																							
DEVELOPMENT OF RASH: (check all that apply) <input type="checkbox"/> MULTIPLE STAGES <input type="checkbox"/> SINGLE (SAME) STAGE <input type="checkbox"/> LESIONS ON PALMS OF HANDS <input type="checkbox"/> LESIONS ON SOLES OF FEET																							
PATIENT CONDITION: (check one) <input type="checkbox"/> TOXIC <input type="checkbox"/> NON-TOXIC										Submission Approved by: _____													
SPECIMEN INFORMATION																							
DATE COLLECTED		M	M	D	D	Y	Y	Y	Y	TIME COLLECTED										<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.		
Submitter Sample Number		Quantity Submitted		SOURCES (Please Check All Types Submitted)																			
				<input type="checkbox"/> Vesicular Material																			
				<input type="checkbox"/> Vesicle Scab																			
				<input type="checkbox"/> Lesion Swab																			
				<input type="checkbox"/> Biopsy Tissue – Specify Source _____																			
				<input type="checkbox"/> Ocular Impression																			
				<input type="checkbox"/> Serum																			

INSTRUCTIONS FOR SUBMISSION OF SPECIMENS FOR POTENTIAL POXVIRUS AND OTHER FEBRILE
VESICULAR RASH ILLNESS

Michigan Department of Community Health

IMPORTANT: Specimens not properly labeled, test requisitions not completed or not matching specimen labels will not be tested.

NOTE: Suspected cases of smallpox must be immediately reported to the Michigan Department of Community Health (MDCH). Contact MDCH laboratory director at 517-335-8063 and the MDCH epidemiologist/health officer at 517-335-8165 during normal business hours. After hours call 517-335-9030. Be prepared to provide pertinent patient information and emergency 24/7 contact information of the laboratory, attending, and consulting or ED physicians.

1. Freeze coolants upon receipt of the Unit.

2. Complete the "Vaccinia/Variola/Pox Virus Requisition" on the reverse of these instructions. Place **completed** requisition in plastic bag provided to protect from moisture.

3. Collect the specimens listed below.

a. **Vesicular material:** Open and remove the top of the lesion using a sterile scalpel or 26-gauge needle. Place the vesicle skin "roof" in a dry, sterile 1.5-2.0 ml screw-capped plastic vial with O-ring. Cap vial to maintain relative sterility. Additionally, scrape the base of the blister with the blunt edge of the scalpel or a wooden applicator and smear the scrapings onto a microscope slide or touch a microscope slide multiple times to an open lesion. Repeat for 2 or more lesions. **DO NOT** add transport medium to these specimens.

b. **Swabs:** Using a Dacron swab, scrub the base of a lesion or ocular site and place swab in a screw-capped plastic vial with O-ring. Break off swab handle and screw on cap. **DO NOT** add transport medium to the vial.

c. **Vesicular scabs:** Remove the scab from 2-4 lesions using a sterile scalpel or 26-gauge needle. Place in a sterile 1.5-2.0 ml screw-capped vial with O-ring. **DO NOT** add liquid to this vial.

d. **Biopsy tissues:** Use a 3.5-4 mm punch biopsy device to sample an entire lesion. If possible, bisect the biopsied material using sterile scissors or scalpel. Place half the biopsied material in formalin for histopathologic and immunohistochemical evaluation. Place the other half of the biopsied material in a sterile 1.5-2.0 ml screw-capped plastic vial with O-ring. Repeat with at least one more lesion. **DO NOT** add transport medium to these vials.

e. **Ocular impression smears:** Ocular impressions should only be collected by an ophthalmologist. Touch a microscope slide to the ocular site. Prepare 2 to 3 slides. Allow slides to air dry for about 10 minutes.

f. **Serum:** Draw 10cc of blood into a plastic marble-topped or yellow-topped serum separator tube. Allow approximately 30 minutes for blood to clot. Then, if possible, centrifuge specimen to separate serum from blood clot and send only the serum. Testing requires at least 1 ml of serum.

4. Label all specimens with the same name/unique identifier used on the test requisition. Indicate the source of the specimen (e.g. vesicle aspirate, roof, scab, throat etc.).

5. Tighten caps securely on all vials or tubes and apply parafilm to seal the caps. Place slides in appropriate, labeled containers. Wrap slide holder with parafilm to prevent accidental opening.

6. Refrigerate all specimens - **DO NOT FREEZE** - until ready to ship.

7. When ready to ship, place properly labeled specimen vials, wrapped in absorbent material provided, into the aluminum screw-capped can and secure cap with tape. Place aluminum can into the cardboard shipping unit canister; seal the lid with tape and place into the UN 6.2 corrugated packaging.

8. **Complete** and apply the appropriate shipping label provided to the Styrofoam lined overpack box. Add the previously frozen ice substitute refrigerants to the overpack box and seal with tape.

9. Ship package in the manner directed by MDCH - see **NOTE** above.

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