### Vaccinia/Variola/Pox Virus Test Requisition
#### 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

Emergency After Hours Phone Number: 517-335-9030

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<table>
<thead>
<tr>
<th>Date Received at MDCH</th>
<th>MDCH Sample #</th>
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### AGENCY - SUBMITTER INFORMATION

**ENTER STARLIMS CODE IF KNOWN**

- **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**

- **GENDER**
  - □ Female  □ Male

**RACE**

- BLACK/AA
- WHITE
- NATIVE AMERICAN OR ALASKAN
- ASIAN
- HAWAIIAN/PI
- UNKNOWN
- OTHER (SPECIFY):

**ETHNICITY**

- HISPANIC
  - YES
  - NO
  - 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)

- □ VESICULAR
- □ MACULAR/PAPULAR
- □ PUSTULAR
- □ SCABS
- □ CENTRIFUGAL
- □ CENTRIPETAL

**DEVELOPMENT OF RASH:** (check all that apply)

- □ MULTIPLE STAGES
- □ SINGLE (SAME) STAGE
- □ LESIONS ON PALMS OF HANDS
- □ LESIONS ON SOLES OF FEET

**PATIENT CONDITION:** (check one)

- □ TOXIC
- □ NON-TOXIC

**Submission Approved by:**

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### SPECIMEN INFORMATION

**DATE COLLECTED**

- M
- M
- D
- D
- Y
- Y
- Y
- Y

**TIME COLLECTED**

- A.M.
- P.M.

**Submitter Sample Number**

**Quantity Submitted**

- □ Vesicular Material
- □ Vesicle Scab
- □ Lesion Swab
- □ Biopsy Tissue – Specify Source
- □ Ocular Impression
- □ Serum

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DCH-1396  By Authority of Act 368, P.A. 1978

Rev. February 10, 2011
INSTRUCTIONS FOR SUBMISSION OF SPECIMENS FOR POTENTIAL POXVIRUS AND OTHER FEBRILE VESICULAR RASH ILLNESS

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-guage 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-guage 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.