



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH  
LANSING

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## **Guidelines for Specimens Submitted to Michigan Department of Community Health, Bureau of Laboratories Regional Laboratories**

Basic instructions for ordering collection kits for specimens to be submitted to the Michigan Department of Community Health Regional Laboratories.

1. Submit a specimen collection kit order form (attached). Specimen collection kits that will be submitted to the state lab are provided at no cost to the health center.
2. The health center will order kit #2 (swab) or kit # 2-U (Urine). Collection kits come 50 to a box. Submitters should request lower numbers of collection kits if they are a low volume site. MDCH would honor a request for as few as 10 kits but encourages orders based on testing volume. Testing for males is usually urine and testing for females is usually urine or swab.
3. Specimen collection kits include a transport tube for urine but the health center must provide a separate cup in which to collect the sample. The sample is then transferred to the transport tube and sent to the lab.
4. Specimen collection kits will expire after one year from the date of manufacture. The health center is responsible for using a kit before it expires. A sample sent to the lab with an expired kit will not be tested.

The procedure to request test requisition forms from the Michigan Department of Community Health is as follows:

**Billed and Medicaid Lab Forms** – Contact Craig Fedewa at 517-335-4090 to request these forms.

- Form DCH 1248 is used for combination Gonorrhea (GC) and Chlamydia (CT) and DCH 0583 for CT-only. DCHC 1248 are only available in counties where the GC rates exceed a certain threshold. The DCHC 0583 can be downloaded on the lab web site ([http://www.michigan.gov/mdch/0,1607,7-132-2945\\_5103\\_26138---\\_00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_5103_26138---_00.html)). DCHC 1248 must be requested directly from Mr. Fedewa. Revisions are made to these forms periodically, so make sure you are using the current version of the form.

**Child & Adolescent Health Centers pre-paid forms** - Contact Michelle Twichell at 517-335-8201 or [twichellmi@michigan.gov](mailto:twichellmi@michigan.gov) to request forms if you are a CAHC.

- Form DCH 1167 – Chlamydia only (brown form)
- Form DCH 1167 – Combination Chlamydia & Gonorrhea (white form)

- The cost of tests submitted **without** a pre-paid form is \$32 for a Chlamydia test and \$36 for a CT/GC test. The submitter will be responsible for the cost if submitted without a pre-paid form.

### **Chlamydia-Only Testing**

Certain areas of Michigan are required to do Chlamydia-only testing due to low incidence rates of Gonorrhea. The upper half of Michigan's Lower Peninsula, and the Upper Peninsula have a very low incidence rate of Gonorrhea, therefore it is not recommended to screen broadly for GC in these areas due to the risk of false positives. A brown pre-paid CT-only form, or DCH 0583 (Medicaid) test requisition should be used in these areas. If the specimen tests positive for CT the same sample is automatically tested for GC as a positive CT infection indicates a client at increased risk of GC infection. This is called a reflex GC test. In these counties, the Michigan Bureau of Laboratories and Michigan Department of Community Health STD Program recommend that providers conduct a CT-only test unless the client is a known contact to a GC case, has symptoms which indicate GC, or has recently had sex with a person in an urban center. For patients fitting these criteria, a combination Chlamydia and Gonorrhea Test Requisition Form (white form) should be used.

The lower half of the Lower Peninsula has far higher rates of Gonorrhea so a combination Chlamydia and Gonorrhea Test Requisition Form (white form) should be used.

### **Step by Step Procedure for submitting a specimen is as follows:**

1. The specimen is collected and placed into the transport container. Tubes are included in the specimen collection kit provided by the lab and should be submitted with patient name written in Sharpie permanent marker; paper labels may fall off.
2. Complete the Test Requisition Form for the submission. The name on the requisition and the specimen tube must match exactly. Under "reason for test", mark all that apply. If you are submitting a test to be billed to Medicaid or Plan First! You **MUST** mark that under reason for test as well as any other items that apply to the patient (i.e. symptoms, age recommended for test). All requests for Medicaid or Plan First testing must also include the patient's Medicaid number (or a notation that the number is pending) and a provider number on the requisition.
3. Specimen submission: There are six Regional Laboratory sites which process CT/GC tests: Lansing, Houghton, City of Detroit, Kalamazoo, Kent and Saginaw. Submission procedures and times vary by site. If you have questions about where to submit specimens please contact Dr. James Rudrik, from the Bureau of Laboratories or 517-335-9641 or [rudrikj@michigan.gov](mailto:rudrikj@michigan.gov). Specimens may be submitted via courier or US Mail.
4. Specimens will be processed and results will be sent in 3 to 4 business days depending on if the specimen is mailed or delivered to the laboratory via courier. Results will be sent via secure Fax. Before this is done your agency must request to become an Automatic Fax Transmission Agency. (see attached form)

\* Included with this document is a PlanFirst! guide to billing. While some centers may not use PlanFirst! the fields and basic requirements are the same. Most important to note are the requirements for Medicaid test requisition. The center will be responsible to pay for the test if the Medicaid form is not completed correctly.