

**10/01/2020**  
**Updated COVID-19**  
**Packaging & Shipping Using**  
**Kit 51-For Local Health**  
**Departments**

Prevent Disease – Promote Wellness – Improve Quality of Life



# COVID-19 Kit 51 Components

- After kit receipt
    - Take ice pack out and place in freezer
    - Transport media can be stored at room temp. or refrigerated
- Note:** It's acceptable to keep kit at room temp except ice pack (freezer) until used



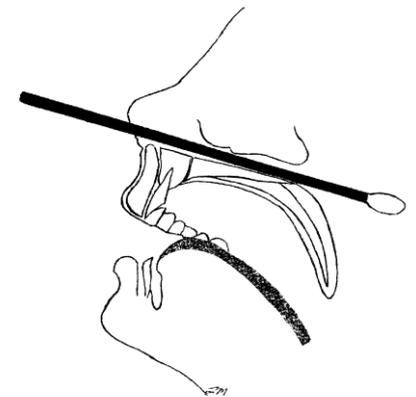
# Nasopharyngeal Collection Instructions

- Use only a synthetic fiber mini-tip swab with a plastic shaft.
  - Do not use calcium alginate or wooden shaft swabs that may inhibit PCR testing.
  - Collected by a trained healthcare professional
- *Nasopharyngeal (NP) swab*: Insert a swab into the nostril parallel to the palate. Leave the swab in place for a few seconds to absorb secretions
- After collection, place swab immediately into transport media (i.e. VTM, M<sub>4</sub>, Saline).
  - **Note: If unsure which transport media to use, contact the testing laboratory before collection and submission**

Use Mini-Tip Swab

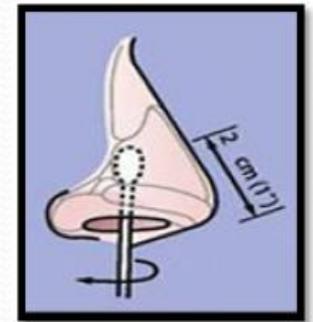
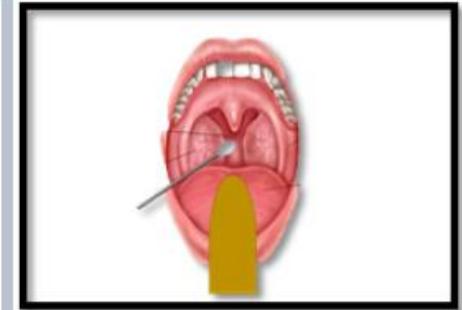


NP Collection



# Additional Acceptable Collection Swabs

- **Oropharyngeal (OP) specimen**  
Collected by a trained healthcare professional
  - Use Full Size swab and swab both sides of the throat (similar to strep screen collection)
- **Nasal Swab (Nasal) specimen**  
Collected by a trained healthcare professional or patient collected with trained healthcare professional observing collection
  - Use full size swab and collect both nares with same swab



## After Collecting a Swab

- Place swab in transport medium ensuring the swab handle is at the right height
  - Place swab ½ way in tube then break off at designated break off point
  - Note: If the swab handle is too long, the tube can't be closed properly and **if the sample leaks it will be rejected.**
- When closing the cap, make sure to thread correctly, and check that the specimen is not leaking.
  - Note: **If the sample leaks it will be rejected.**

# Packaging COVID-19 Specimens

- Labeling & Packaging

- Label tube with the following:

**NOTE: Must have 2 identifiers**

1. Patient first and last name
2. Include **one** of the following second identifiers:
  - Patient Date of Birth
  - Patient Medical Record Number
  - Specimen Number
3. Source-Some examples are:
  - NP (Nasopharyngeal)
  - Nasal
  - OP (Oropharyngeal)



## Packaging COVID-19 Specimens Cont.

- Place all tube(s) (tighten cap) in zipper bag with absorbent material square
  - Note: 95KPA bag will hold 10 tubes
- Place completed test requisition(s) in back pouch of 95KPA bag (side with no writing)
- Place zipper bag with sample into pouch of 95kPa
  - Side of bag with orange biohazard mark



# Completing State of Michigan Test Requisition

- There are 2 different options for MDHHS Bureau of Laboratories COVID-19 Test Requisitions to complete when sending samples to the State Laboratory
  1. COVID-19 (SARS-COV-2) Multiple Specimen Requisition
    - Allows you to complete information for up to 5 patients at a time
    - Use ONLY for either:
      - Long Term Care Collections
      - Congregate Care Outbreak Investigations

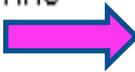
Note: Use for patients living in the same facility

2. COVID-19 (SARS-COV-2) Molecular Detection





# Complete COVID-19 (SAR-COV-2) Multiple Specimen Requisition (5856) (Information Must Exactly Match Sample Tube)

Date received at MDHHS <input type="text"/>	 <div style="border: 1px solid blue; padding: 5px; display: inline-block;">             Leave Blank         </div>	Enter STARLIMS Code if known <input type="text"/>	 <div style="border: 1px solid green; padding: 5px; display: inline-block;">             STARLIMS Code #         </div>
Return results to: <input type="text"/>	 <div style="border: 1px solid green; padding: 5px; display: inline-block;">             Enter Name &amp; Address of Facility         </div>	Phone <input type="text"/>	 <div style="border: 1px solid green; padding: 5px; display: inline-block;">             Insert Phone number with area code         </div>
Provider: <input type="text"/>	 <div style="border: 1px solid green; padding: 5px; display: inline-block;">             List Ordering Provider         </div>	National Provider Identifier <input type="text"/>	 <div style="border: 1px solid green; padding: 5px; display: inline-block;">             Insert Provider ID number         </div>

# Complete COVID-19 (SAR-COV-2) Multiple Specimen Requisition (5856) Cont.

CONGREGATE LIVING INFORMATION (IF DIFFERENT THAN SUBMITTER)					
Address					Apartment Number
Enter Address of Congregate Care Facility (Only if different from above listed)					Enter Apartment #
City				State	Zip Code
Enter Name of City of Congregate Care Facility				List State	List Zip Code
PATIENT/SPECIMEN INFORMATION (COMPLETE ALL FIELDS)					
MDHHS Specimen #	Date Collected	Specimen Source	Patient Name (Last, First)	Date of Birth	Sex
Leave Blank	MM/DD/YYYY	Record specimen source	Must <b>Exactly</b> match sample tube	MM/DD/YYYY	<input type="checkbox"/> M <input type="checkbox"/> F
Patient Phone Number	Symptomatic	Race	Ethnicity		
Record patient phone number with area code	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> AI/AN <input type="checkbox"/> AS <input type="checkbox"/> BK <input type="checkbox"/> NH <input type="checkbox"/> WH <input type="checkbox"/> OTH	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> UNK		
Indicate Test Reason Below		Select yes or no if patient has COVID-19 symptoms or not		List the biological sex of the patient	
<input type="checkbox"/> Diagnosis <input type="checkbox"/> Surveillance		AI/AN= American Indian or Alaska Native AS= Asian BK= Black or African American NH=Native Hawaiian or other Pacific Islander WH=White OTH= Other Race		UNK-Unknown	
Select the reason for testing					



# COVID-19 (SARS-COV-2) Molecular Detection (5891)

SUBMITTER INFORMATION	
Submitter Information (Printed, Typed or Stamped)	Agency Code (If Known)
	Agency Code #
Enter Name & Address of Facility Submitting the Sample	Telephone
	Insert Phone number & area code
	Fax
	Insert Fax number & area code
Contact Person/Ordering Physician/Provider Name	National Provider Identifier #
List Ordering Provider	Insert National Identifier Provider ID #

# COVID-19 (SARS-COV-2) Molecular Detection (5891) Cont.

PATIENT INFORMATION (Complete all fields)			
Name (Last, First, M.I.)			
<input type="text"/> Must <b>Exactly</b> match sample tube			
Address			Apt. #
<input type="text"/> Enter Patient Address			<input type="text"/> Enter Apt. # if applicable
City	State	Zip	Phone Number
<input type="text"/> Enter city where patient resides	<input type="text"/> List State	<input type="text"/> List Zip Code	<input type="text"/> Patient phone # with area code
Submitter Patient # (if applicable)		Symptomatic	
<input type="text"/> Enter Submitter Patient # if known		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="text"/> Select yes or no if patient has COVID-19 symptoms or not			
Sex	Race		
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> White	<input type="checkbox"/> Black or African American <input type="checkbox"/> Other
<input type="text"/> Select Race			
Ethnicity		Date of Birth (MM-DD-YYYY)	Pregnant (if known)
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown		<input type="text"/> Record patient birthdate	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/> Select "Yes" or "No" if you know the status of female patient			

List the biological sex of the patient

Select ethnicity of patient

# COVID-19 (SARS-COV-2) Molecular Detection (5891) Cont.

SPECIMEN INFORMATION (Complete all fields)			
Onset Date (MM-DD-YYYY)	Submitter Specimen #		
<input type="text" value="List date of onset"/>	<input type="text" value="Enter Submitter Specimen # if known"/>		
Collection Date (MM-DD-YYYY)	Collection Time		
<input type="text" value="List date sample collected"/>	<input type="text" value="List time sample collected"/>		
Specimen Source	<input type="checkbox"/> Nasopharyngeal	<input type="checkbox"/> Oral pharyngeal	<input type="checkbox"/> Nasal
<input type="text" value="Select specimen source from options listed"/>	<input type="checkbox"/> Sputum	<input type="checkbox"/> Bronchial Wash	
Reason for Testing	<input type="checkbox"/> Diagnosis	<input type="checkbox"/> Surveillance	<input type="text" value="Select reason for testing"/>

# Packaging COVID-19 Samples Cont.

Place frozen ice pack inside styrofoam insert within the box



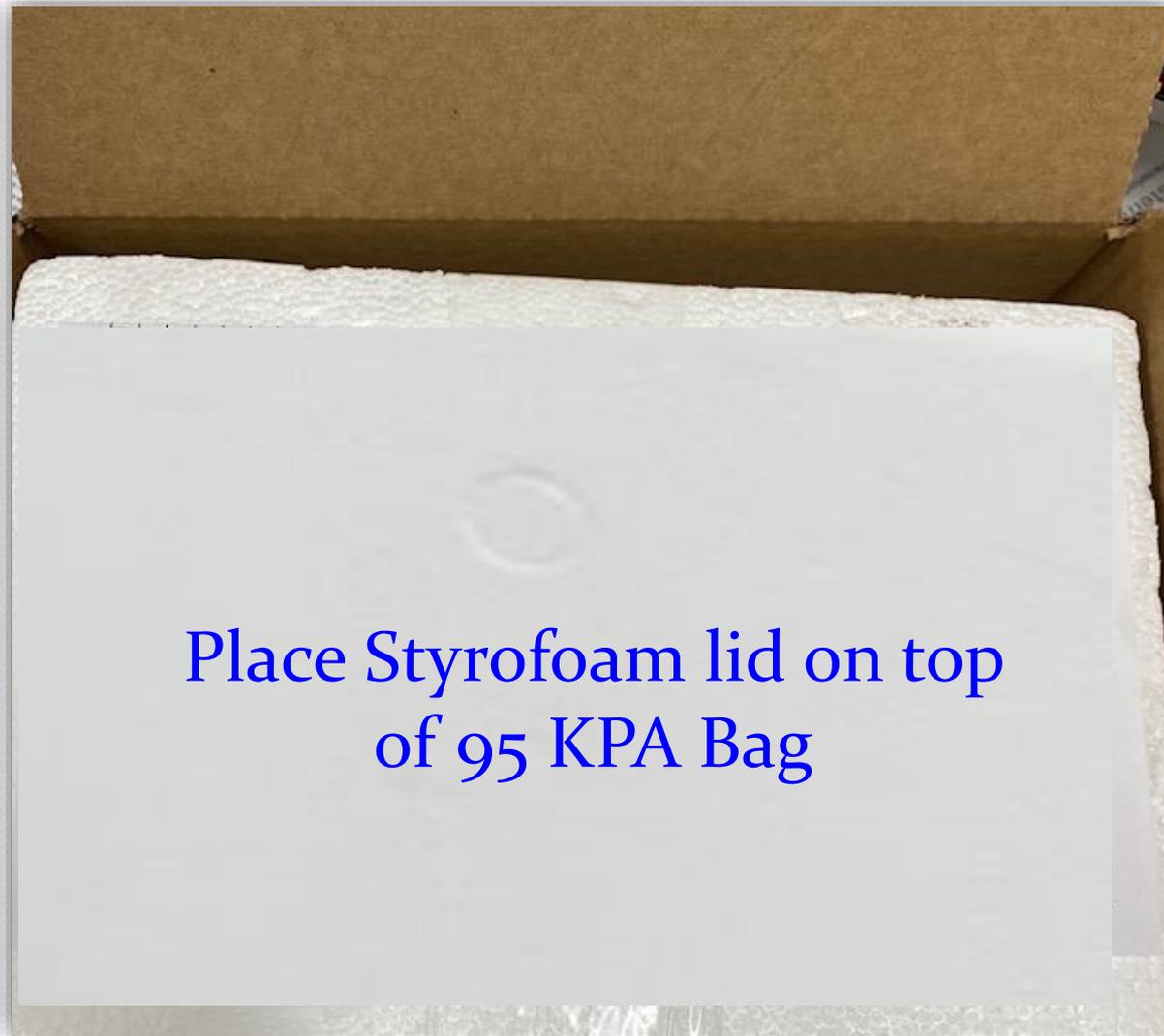
Place 95kPa bag with sample on top of frozen ice pack in box



Ice packs are preferred, Avoid using bags of ice that leak and can remove the ink from sample labels

Samples missing 2 patient identifiers will be rejected

# Packaging COVID-19 Samples Cont.



Place Styrofoam lid on top  
of 95 KPA Bag

# Shipping Options to State Laboratory

- Courier transport to BOL  
3350 North Martin Luther King Jr. Blvd., Lansing 48906
- UPS/FedEx (if courier is unavailable) Monday-Thursday only  
927 Terminal Rd., Lansing MI 48906 (our warehouse address)
- UPS/FedEx (if courier is unavailable) Friday only
  - Print a Saturday delivery overnight label using address:
  - 3350 North Martin Luther King Jr. Blvd., Lansing 48906
    - **NOTE:** Samples may sit in the UPS/FedEx warehouse all weekend if a Saturday delivery label is not used
- **Weekend Delivery:** Use your facility courier or refrigerate sample for Monday delivery. Freeze specimen if >72 hours before delivery. Send on cold packs.
- **For Urgent Requests contact: (517)335-9030**

# Shipping with Courier-Outer Box

- Close box and tape with packing tape.
- Place address label on top of sealed box
  - Fill in your name and facility address on upper right of label
- Place UN3373 Category B label on side of outer box
- Write full name and phone number with area code of Responsible Person from your facility on Top of box
- Place “refrigerate” yellow label on box



## UPS Shipping-Monday-Thursday Only

Note: Friday shipping use special Saturday delivery label

- Close box and tape with packing tape.
- Place **UPS label** on top of sealed box
- Place **UN3373 Category B** label on side of outer box
- Write **full name and phone number with area code** of **Responsible Person** from your facility on top of box
- Place **“refrigerate”** yellow label on box



## FedEx Shipping-Monday-Thursday Only

Note: Friday shipping use special Saturday delivery label

- Close box and tape with packing tape.
- Place FedEx label on top of sealed box
- Place UN3373 Category B label on side of outer box
- Write full name and phone number with area code of Responsible Person from your facility on top of box
- Place “refrigerate” yellow label on box



## For Testing Questions Contact:

<b>Dr. Diana Riner</b> Virology Section Manager	(517) 335-8099	<a href="mailto:rinerd@michigan.gov">rinerd@michigan.gov</a>
<b>Bruce Robeson</b> Viral Isolation & Molecular Testing Unit Manager	(517) 335-8098	<a href="mailto:robesonb@michigan.gov">robesonb@michigan.gov</a>
<b>Kris Smith</b> Unit Manager/Bacterial & Viral Serology	(517) 335-8100	<a href="mailto:SmithK8@michigan.gov">SmithK8@michigan.gov</a>

## For Packaging and Shipping Questions Contact:

<b>Shannon Sharp</b> Bioterrorism Training Coordinator	Office: (517) 335-9653 cell (517) 331-7356	<a href="mailto:SharpS1@michigan.gov">SharpS1@michigan.gov</a>
<b>Matt Bashore</b> Supervisor DASH Unit	Office:(517) 335-8059 Cell: (517) 648-9804	<a href="mailto:bashorem@michigan.gov">bashorem@michigan.gov</a>