

10/01/2020

Updated COVID-19

Packaging & Shipping For

Hospital Laboratories

Prevent Disease – Promote Wellness – Improve Quality of Life



COVID-19 Packaging Components

- Utilize supplies currently in your laboratory for collection.
 - I.e. NP swab & viral transport media, eSwabs, sterile containers
- Ensure ice packs are frozen before use
- Transport media examples: VTM, M4, M5, M6, UTM, eSwab transport, Saline
- Note: If unsure which transport media to use, contact the testing laboratory before collection and submission



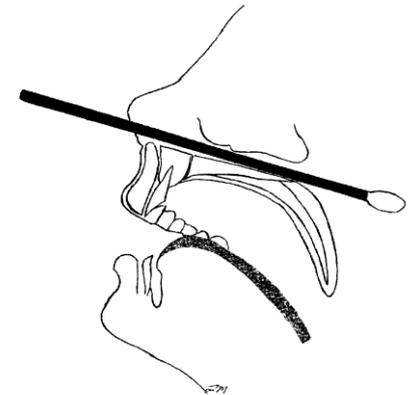
Nasopharyngeal Collection Instructions

- 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, M4, Saline).
 - **Note: If unsure which transport media to use, contact the testing laboratory before collection and submission**

Use Mini-Tip Swab

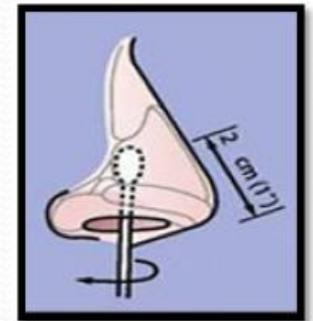
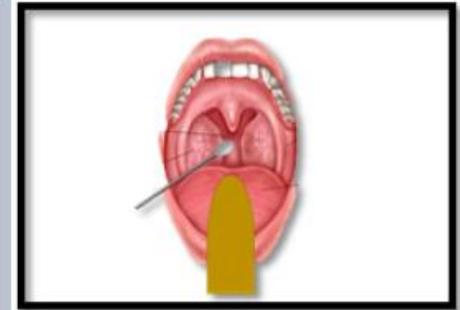


NP Collection



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 $\frac{1}{2}$ 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.

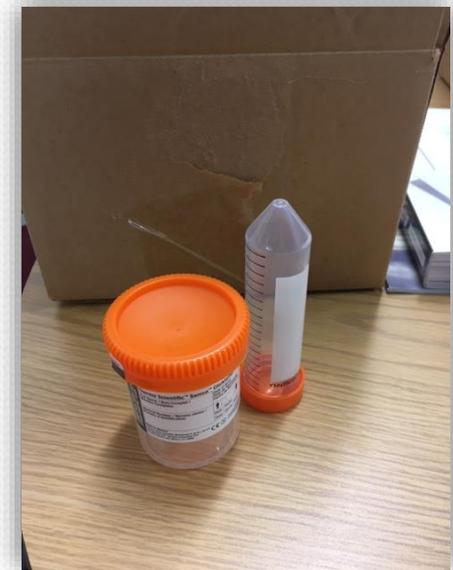
- Place all tube(s) (tighten cap) in zipper bag with absorbent material square
 - Note: 95KPA bag will hold 10 tubes
- Place completed test requisition(s) in back pouch of 95KPA bag (side with no writing)
- Place zipper bag with sample into pouch of 95kPa
 - Side of bag with orange biohazard mark



Sputum Collection

- Have the patient rinse the mouth with water
- Next have patient expectorate deep cough sputum directly into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.
 - **Note: Sub-optimal samples will be rejected (if not from deep cough collection)**
- Sputum (sputum can be collected in a variety of sterile containers
 - **Sterile urine cup or 50ml conical tube**

Sterile cup & conical tube



Packaging Sputum Specimens

- Acceptable Specimens
 - Sputum
- Packaging
 - Label container with:
 - Patient name, Date of Birth, & Source i.e., Sputum
 - Place sputum container inside the 95kPa bag with absorbent material square & VTM tubes.

Sputum & NP swabs in separate bags with absorbent inside 95kPa bag



Bronchoalveolar Lavage or Tracheal Aspirate

- Collect 2-3 mL of sample into a sterile, leak-proof, screw-cap sterile collection cup or sterile dry container.
- Package the same way as you would a sputum sample



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 Exactly 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"/> Unknown <input type="checkbox"/> Not Hispanic or Latino		<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



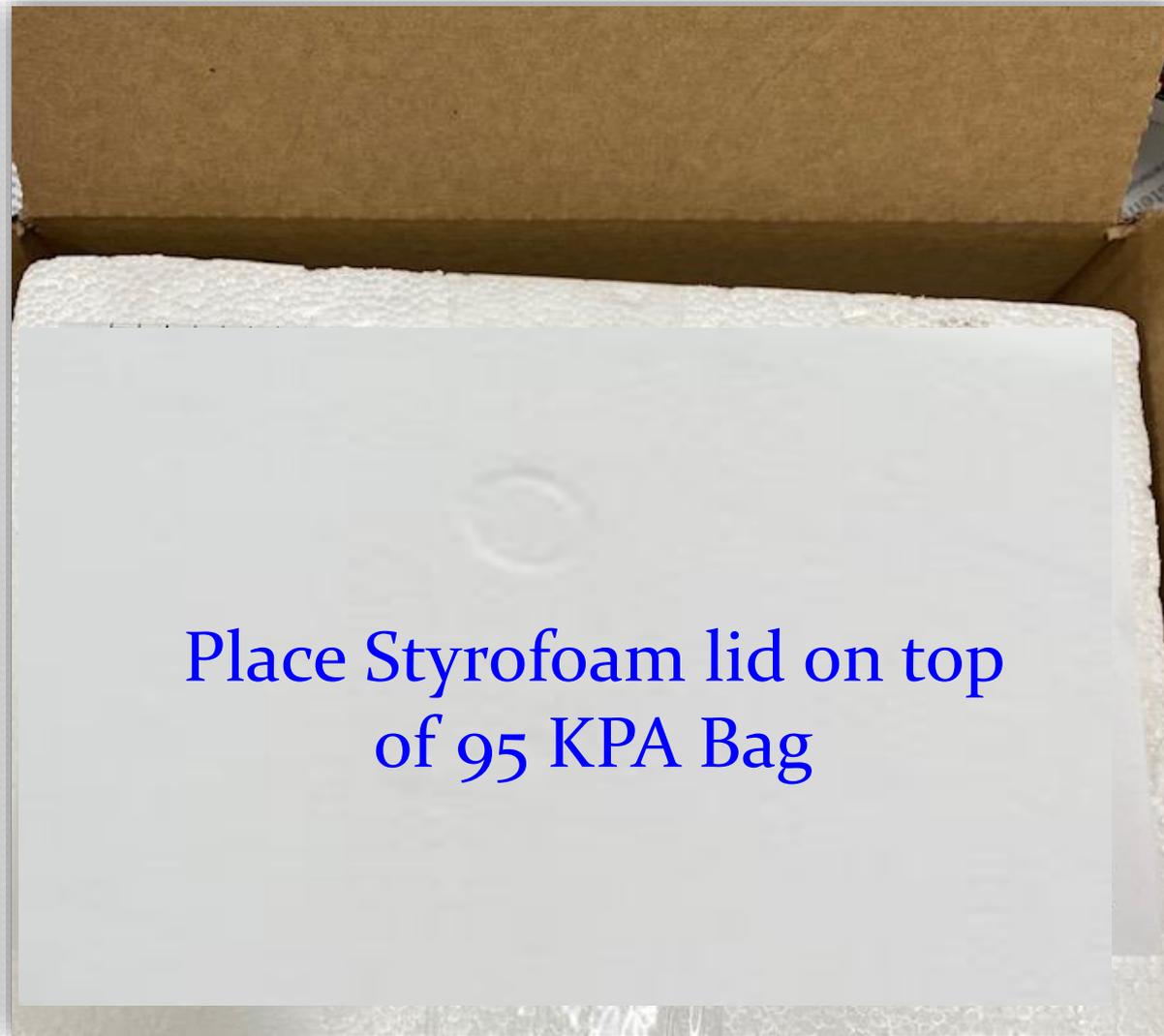
Place 95kPa bag with sample on top of frozen ice pack in box



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 (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:

Dr. Diana Riner Virology Section Manager	(517) 335-8099	rinerd@michigan.gov
Bruce Robeson Viral Isolation & Molecular Testing Unit Manager	(517) 335-8098	robesonb@michigan.gov
Kris Smith Unit Manager/Bacterial & Viral Serology	(517) 335-8100	SmithK8@michigan.gov

For Packaging and Shipping Questions Contact:

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Matt Bashore Supervisor DASH Unit	Office:(517) 335-8059 Cell: (517) 648-9804	bashorem@michigan.gov