

## THE VERMONT DEPARTMENT OF HEALTH LABORATORY

Physical: 359 South Park Drive, Colchester, VT 05446

Mailing: PO Box 1125, Burlington, VT 05402-1125

1-800-660-9997 (VT only) or 1-802-338-4724

### Instructions for Collecting and Shipping Specimens for Measles Real-Time PCR (rRT-PCR) VDHL Kit #11

The kit should contain:

- Insulated shipping container
- Refrigerant (e.g., Gel-Pak)
- Labeled screw-cap tube of viral transport medium (VTM)
- (1) flocced synthetic swab (Do NOT use cotton swabs)
- Metal inner container
- Biohazard bag
- VDHL Clinical Test Request form (Micro 220)

Health care providers **should notify the VDH Epidemiology Program** at 802-863-7240 or 1-800-640-4374 (VT only) to arrange for testing and if necessary, courier pick-up. Epidemiologists are available at these numbers 24 hours a day, 7 days a week.

#### Specimen Type

- Throat (oropharyngeal), nasal or NP (nasopharyngeal) swabs are the preferred samples. Synthetic swabs are required. Do not use Cotton swab, calcium alginate swab, or wooden shafted swab are used
- Urine specimens are considered on a case-by-case basis and, if approved, will be sent to the Centers for Disease Control and Prevention for testing. This kit does not contain supplies to collect a urine specimen.

#### Specimen Collection and Storage

1. Specimens must have two unique identifiers added to the specimen collection tube (ex. patient name and date of birth).
2. Collect throat, NP or nasal swabs and transfer to the viral transport medium tube. Refrigerate at 2-8°C for up to 72 hours. After 72 hours, specimens should be frozen at -20°C or lower.
3. Collect 50mL of urine in a sterile, leakproof container. Refrigerate at 2-8°C immediately after collection for up to 7 days. Urine cannot be frozen.
4. Detection of measles RNA is most successful when samples are collected on the first day of rash through the 3 days following onset of rash, however, detection of measles RNA by RT-PCR may be successful as late as 10–14 days post rash onset.

5. Fill out the VDHL Clinical Test Request form (Micro 220) completely.
6. Place VTM tube into the metal inner container. Place the metal container containing the specimen into the Ziploc portion of the biohazard bag. Insert the completed VDHL Clinical Test Request form into the outside pocket of the biohazard bag. Place the bag into the insulated shipping cooler.

### **Shipment of Specimens**

1. Ship throat, nasopharyngeal (NP) swab, and urine specimens at 2–8°C.
2. If specimens are anticipated to arrive more than 72 hours after collection, throat and NP swab specimens should be frozen at  $\leq -20^{\circ}\text{C}$ . Urine specimens should not be frozen and should be maintained at 2–8°C during storage and transport.
3. To comply with postal regulations and ensure the safety of laboratory personnel and those involved in the transport of specimens, and to maintain integrity of the sample, the VT Department of Health Laboratory will accept specimens that are packaged according to the instructions as written.
4. All samples must be shipped in accordance with all applicable local, state and federal regulations.

### **The specimen may be rejected if:**

- Unacceptable specimen type
- Improper shipping temperature
- Leaked in transit
- Too old to test
- No unique identifiers on the specimen. The specimen must have two of the following:
  - Patient name (first and last)
  - Date of birth
  - Medical record number (MRN)
  - Submitter specimen number or ID
- Requisition/specimen patient mismatch
- No requisition form submitted with the specimen
- Cotton swab, calcium alginate swab, or wooden shafted swab are used

If you have any comments or questions regarding these instructions, please call one of the telephone numbers listed on the front of this form.