# Zika Specimen Collection and Shipping

Kentucky Public Health
Prevent. Promote. Protect.

## Approval

Call your Regional Epidemiologist to receive an approval number. Additional questions regarding approvals can be directed to the Kentucky Department for Public Health Zika surveillance team at 502-564-3261 during business hours.

→Order Zika IgM test for a patient with travel history to Zika-affected area 2-12 weeks prior to specimen collection date, regardless of symptoms.
→Order Zika PCR test if patient has symptoms at time of specimen collection or did have symptoms within 14 days of collection.

## Collection and Labeling of Specimen

Check expiration date of Serum Separator Tubes(SST) before collecting specimens.

**IgM** -Collect two SST tubes
**PCR**- Collect two SST tubes and at least 3ml of urine. Urine should always be collected with a patient-matched serum specimen.

1) Using safe phlebotomy practices, draw patient blood specimen into Serum Separator Tube (SST)
2) Gently invert tube 5 times.
3) Allow blood to clot for 30 minutes before centrifuging . Separation of serum from the cells should take place within 2 hours of collection. *
4) Collect urine and place in a leakproof container.
5) Make sure two identifiers are on the specimen containers.
6) Store specimens at 2-8°C until approval is obtained and then ship on cold pack.

*Reference - BD Vacutainer Evacuated Blood Collection System Package Insert

## Paperwork - OUTREACH

If you have **access** to OUTREACH, use test code MVS for IgM and MVPCR for PCR. Please enter approval number as chart number in OUTREACH. Each specimen requires a separate lab form.

If you **do not have access** to OUTREACH, please complete the Viral Isolation and Immunology Submission Form and submit with specimen. Please write the approval number at the top of the page.

IgM
- Write 'MVS in Box titled "Other" located under the title header of "Serology"
- Under ARBOVIRUSES enter the collection date of specimen in the line to the right of "Serum"
- Under CLINICAL DATA Box - "Purpose of request" – Mark "antibody status"

PCR
- Write 'MVPCR' in box titled "Other" located in the PCR Box
- Under CLINICAL DATA Box - Mark Diagnostic as "Purpose of Request" and write date of onset of symptoms in box which is titled "Date of Onset"
- Mark any symptoms patient experienced within 14 days of specimen collection.

Fax a copy of all laboratory forms to 502-696-3803

## Packaging and Shipping

*Collect Specimens*

*Place specimen in tube shuttle, put in 95kPa bag and seal*

*Place specimen bag on top of frozen cold pack and replace styrofoam lid*

*Place Outreach/ Lab Form 275 on top of closed styrofoam box*

Send FedEx Priority Overnight

*KY Division of Laboratory Services*
*ATTN: Virology*
*100 Sower Blvd. Ste 204*
*Frankfort, KY 40601*

Refer to 49CFR 173.199 for current regulations on packaging and shipping of Category B infectious substances