

Appendix D: Collection and Submission of Clinical Samples

- 1) Collection and Packaging of Enteric Pathogens**
- 2) Collection and Packaging of Norovirus Specimens**
- 3) Collection and Packaging of Intestinal Parasites**
- 4) Lab Form 219**
- 5) Lab Form 275**
- 6) Request for Laboratory Kits and Supplies**

Collection and Packaging of Enteric Pathogens

Collection and Packaging of Enteric Pathogens



Kentucky Public Health
Prevent. Promote. Protect.

Supplies Needed for Enteric Pathogens

<p>Cary Blair Transport Media with Indicator Zorb Sheet Plastic Zippered Bag</p>	<p>Aluminum Can with Biohazard label *Ensure rubber gasket is in lid</p>	<p>Laboratory Form 219 or Outreach Form</p>	<p>Outer Can with Lid</p>

Collection of Specimen DO NOT DISCARD LIQUID IN THE VIAL

<ol style="list-style-type: none"> 1. Store Cary Blair media at room temperature. 2. Check expiration date of specimen vial. 3. Make sure two identifiers or lab label is on specimen vial. 4. Specimen should be sent to the laboratory as soon as possible. This medium is intended for use as a transport medium and should not be used as a storage or enrichment medium. 	<p>Stool Specimens</p> <ol style="list-style-type: none"> 1. Collect stool specimen into clean container. DO NOT mix urine or water with sample. 2. Open vial carefully. Using the collection spoon attached to the cap, add enough specimen until the liquid reaches the arrow on the label. Approximately one gram. 3. Replace cap tightly and agitate vial. <p>Swab Specimens</p> <ol style="list-style-type: none"> 1. Remove cap and immerse swab into medium. 2. Break swab shaft evenly with the lip of the vial. 3. Replace cap and tightly.
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Packaging and Shipping

<ol style="list-style-type: none"> 1. Place sample vial back into zippered bag with Zorb sheet. 2. Place zippered bag inside the aluminum can and tighten lid. 3. Wrap lab form around outside of aluminum can and place inside the outer can. Address label should be on the outside of the outer can. Specimen must be mailed to KY Public Health Lab on the day of collection. 	

Collection and Packaging of Norovirus Specimens

Collection and Packaging of Norovirus



Kentucky Public Health
Research. Promote. Protect.

Supplies Needed for Norovirus

	<p>Kit Components:</p> <ul style="list-style-type: none"> Cold Pack 95kPa Bag with absorbent Vial in zip bag with Zorb Sheet Lab Form 275
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Collection of Specimen

<ol style="list-style-type: none"> 1. Check expiration date of specimen vial. 2. Make sure two identifiers or lab label is on specimen vial. 3. Fill out lab or Outreach form completely. 	<p>Stool Specimens</p> <ol style="list-style-type: none"> 1. Collect stool specimen into clean container. DO NOT mix urine or water with sample. 2. Open vial carefully. Using the collection spoon attached to the cap, fill vial with specimen until half full. 3. Replace cap tightly. <p>Swab Specimens</p> <ol style="list-style-type: none"> 1. Remove cap and place into clean vial. 2. Break swab shaft evenly with the lip of the vial. 3. Replace cap and tightly.
<p>If larger specimen collection containers are used, contact KY DLS for additional instructions.</p>	

Packaging and Shipping

<p>Place sample vial into zip bag with Zorb sheet</p>	<p>Place sample/samples into 95kPa bag</p>	<p>Place sample bag on top of frozen freezer block and replace styrofoam lid</p>
<p>Place Outreach or Lab Form 275 on top of styrofoam lid</p>		<p>Close box and place appropriate label on top of box</p>

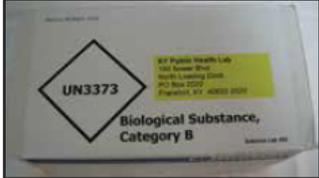
Collection and Packaging of Intestinal Parasites

Collection and Packaging of Intestinal Parasites



Kentucky Public Health
Strengthen. Protect. Prevent.

Supplies Needed for Intestinal Parasites

			
Zn-PVA Vial with built-in collection spoon and 10% Formalin Vial with built-in collection spoon	95kPa bag with Absorbent	Outreach Form or Lab Form 219	Multishipper box

Collection of Specimen

DO NOT DISCARD LIQUID IN THE VIAL

- | | |
|--|--|
| <ol style="list-style-type: none">1. Store Formalin and Zn-PVA vials at room temperature.2. Check expiration date of specimen vial.3. Make sure two identifiers or lab label is on specimen vial.4. For optimal identification collect both vials.5. Three specimens spaced a few days apart should be sent for examination. | <ol style="list-style-type: none">1. Collect stool specimen into clean container.
DO NOT mix urine or water with sample.2. Using the built-in spoon, add sufficient stool to each vial to bring the liquid up to the "Fill to Here" line. Tighten cap and shake firmly to ensure specimen is mixed.3. Wash hands thoroughly. |
|--|--|

The Formalin/Zn-PVA vial system assures the preservation of parasites if present in fecal material when there is a delay in transportation.

Packaging and Shipping

1. Place sample vials into 95kPa bag with Zorb sheet and seal.
2. Place 95kPa bag inside the multishipper box.
3. Set laboratory form inside box.
Address label should be on the outside of the box.
Specimen should be mailed to the KY Public Health Lab in a timely manner.



COLLECTION AND SUBMISSION OF CLINICAL SAMPLES

Lab Form 219

Form 219
Revised 7/2012

"This form, when filled in, contains patient information that must be protected in accordance with the Health Insurance Portability & Accountability Act."

KY Division of Laboratory Services 100 Sower Blvd., North Loading Dock, P.O. Box 2020 Frankfort, Kentucky 40602-2020 Phone: 502/564-4446 Fax: 502/564-7019 Stephanie K. Mayfield Gibson, MD, FCAP, Director	<h2 style="margin: 0;">Special Microbiology</h2>
Please complete a separate form for each specimen.	
PATIENT INFORMATION:	
Name (Last, First, MI) _____	
Social Security # _____	Sex _____ Race _____ Age _____ DOB _____
Home Address _____	
City _____	State _____ Zip Code _____ County _____
Send Report To:	
Submitter _____	
Street Address (PO BOX) _____	
City _____	State _____ Zip Code _____
Specimen Information:	
Purpose of Exam _____	<input type="checkbox"/> Clinical Specimen
Specimen Source _____	<input type="checkbox"/> Referred Culture
Date of Collection _____	Bloody Diarrhea <input type="checkbox"/> Yes <input type="checkbox"/> No
Examination Requested: (Please mark one)	
<input type="checkbox"/> Enteric Pathogens	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <u>Organism Suspected:</u> </div>
<input type="checkbox"/> *Miscellaneous Bacterial Culture	
<input type="checkbox"/> Intestinal Parasites	
<input type="checkbox"/> Pinworm	
<input type="checkbox"/> Other _____	
Other pertinent Medical Data: *Please complete this section when submitting <i>Miscellaneous Bacterial Cultures</i>	
FOR LABORATORY USE ONLY:	
Date Received: _____	Laboratory Number: _____

Please Use "1" Label or Fill in Completely

COLLECTION AND SUBMISSION OF CLINICAL SAMPLES

Lab Form 275

"This form, when filled in, contains patient information that must be protected in accordance with the Health Insurance Portability Accountability Act."

<p>Lab 275 (Rev 7/2012)</p> <p align="center">KY Division of Laboratory Services</p> <p>Viral Isolation and Immunology 100 Sower Blvd Suite 204 Frankfort KY 40601 (502) 564-4446 FAX (502) 564-7019</p> <p align="center">Stephanie K. Mayfield Gibson, MD, FCAP, Director</p> <p align="center">Patient Information: (can use label here with complete info)</p> <p>Name (Last, First, MI) _____</p> <p>Social Security # Sex EO Age (dd-mmm-yyyy) _____</p> <p>Home Address _____</p> <p>City _____</p> <p>State ZIP County _____</p> <p>Send Reports to: _____</p> <p>Submitter _____</p> <p>Street Address / P O Box _____</p> <p>City _____</p> <p>State ZIP _____</p> <p>Phone Fax _____</p> <p>Physician (if other than Submitter) _____</p>	<p align="center">Tests Requested</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Viral Isolation:</th> <th style="width:50%;">Specimen Type / Date Collected</th> </tr> <tr> <td>Influenza _____ <input type="checkbox"/></td> <td>Throat Swab _____</td> </tr> <tr> <td>Hospitalization _____ <input type="checkbox"/></td> <td>NP Swab _____</td> </tr> <tr> <td>Institutionalized _____ <input type="checkbox"/></td> <td>Nasal Swab _____</td> </tr> <tr> <td>Pregnant (_____ weeks) _____ <input type="checkbox"/></td> <td>Genital Swab _____</td> </tr> <tr> <td>Herpes _____ <input type="checkbox"/></td> <td>CSF _____</td> </tr> <tr> <td>Enterovirus _____ <input type="checkbox"/></td> <td>Other _____</td> </tr> <tr> <td>Other _____</td> <td></td> </tr> </table> <table border="1" style="width:100%; 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border-collapse: collapse;"> <tr> <th style="width:30%;">Symptoms:</th> <th style="width:10%;">YES</th> <th style="width:10%;">NO</th> </tr> <tr> <td>Fever _____ <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Neurological _____ <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Headache _____ <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Respiratory _____ <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Gastrointestinal _____ <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Fatigue _____ <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Rash _____ <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Lesions _____ <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other _____</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; 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Request for Laboratory Kits and Supplies

1. Connect to <http://chfs.ky.gov/dph/info/lab/> via Internet Explorer and click “REQUISITION FORM FOR ORDERING LAB KITS”



2. You will now see this window. It is best to save this form to your desktop now and then work with it.

http://chfs.ky.gov/NR/rdonlyres/44827BEA-17D2-4D27-82F5-65ED04B3F8B8/0/RequisitionforLaboratory - Microsoft Internet Explorer

Address: http://chfs.ky.gov/NR/rdonlyres/44827BEA-17D2-4D27-82F5-65ED04B3F8B8/0/RequisitionforLaboratoryKits.doc

REQUISITION FOR LABORATORY KITS & SUPPLIES

Complete all requested information, to help ensure a correct order.

Facility:
 Requested By:
 Ph #
 Street Address:
 Date Requested:

Email requisitions to:
 DPH Lab Kits@ky.gov

LABORATORY SPECIMEN MAILING KITS

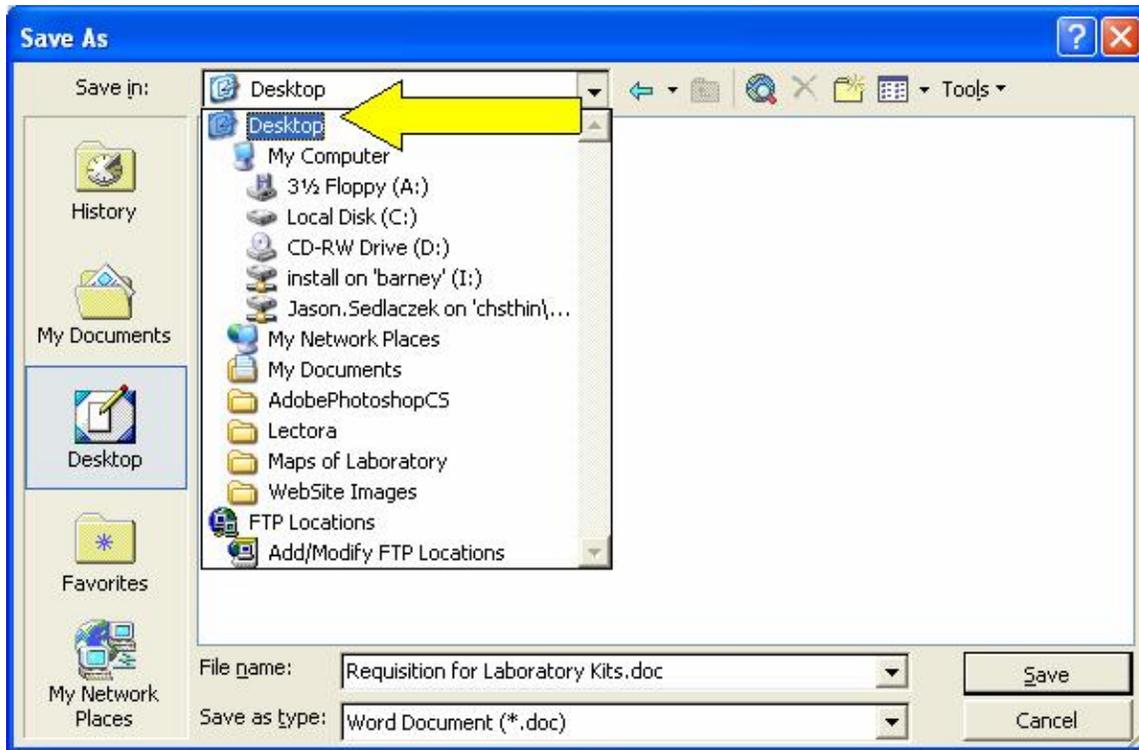
Kits are for one specimen unless otherwise specified. A additional forms and tubes can be ordered to allow up to four individual blood specimens to be mailed together in the same container when appropriate.

	Swabs	Urine		
* Gonorrhea Chlamydia (Oenprobe kits) # of kits	<input type="checkbox"/>	<input type="checkbox"/>	Bordetella Pertussis FA Slide	<input type="checkbox"/>
			Pinworm Slide Kit	<input type="checkbox"/>
Cholesterol/Lipid profile screening kit	<input type="checkbox"/>	<input type="checkbox"/>	Prenatal Profile Kit	<input type="checkbox"/>
Enteric Pathogen Kit	<input type="checkbox"/>	<input type="checkbox"/>	Rabies Kit	<input type="checkbox"/>
Gonorrhea Slide Kit	<input type="checkbox"/>	<input type="checkbox"/>	Rubella Serology Kit	<input type="checkbox"/>
Hepatitis B Kit	<input type="checkbox"/>	<input type="checkbox"/>	Syphilis Serology Kit	<input type="checkbox"/>
Intestinal Parasite Kit: 10% Formalin	<input type="checkbox"/>	<input type="checkbox"/>	TB Sputum Kit	<input type="checkbox"/>
Intestinal Parasite Kit: PVA & 10% Formalin	<input type="checkbox"/>	<input type="checkbox"/>	Toxoplasmosis Serology Kit	<input type="checkbox"/>
Legionnaire's Serology	<input type="checkbox"/>	<input type="checkbox"/>	Viral & Rickettsial	<input type="checkbox"/>

3. Go to FILE SAVE AS

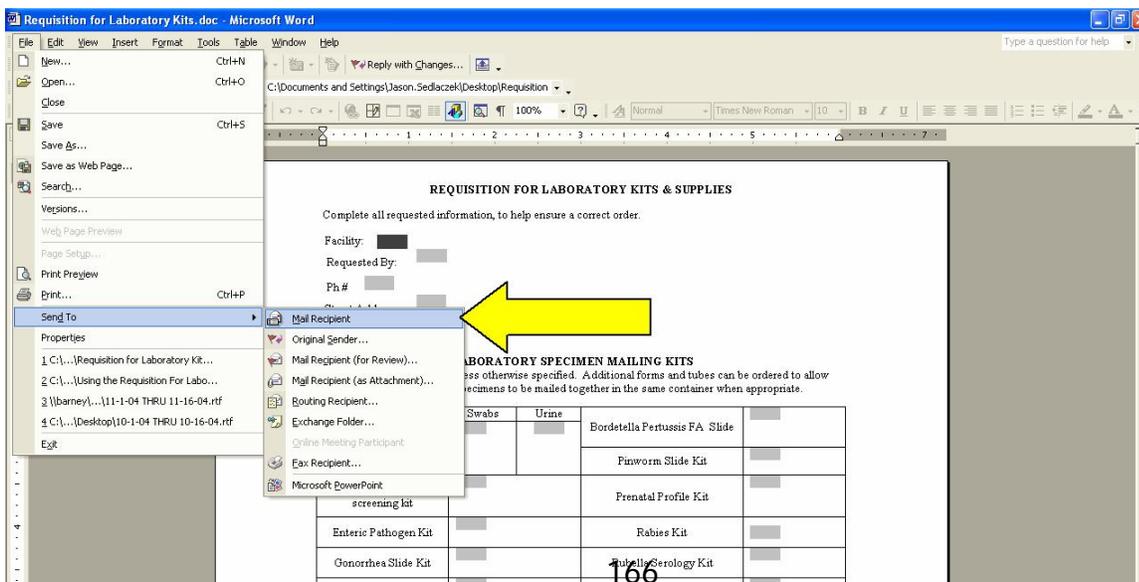
APPENDIX D

4. Older versions of Internet Explorer may look slightly different, but you need to save the document to the DESKTOP. The default file name is correct and the default file type should be .DOC. Click SAVE.



5. You can close the window and go to your desktop. You will have an icon on your desktop of the file. Double Click the icon.

6. Fill out the information in the form and go to FILE → SEND TO → MAIL RECIPIENT



COLLECTION AND SUBMISSION OF CLINICAL SAMPLES

7. You can now send the document to “DPH Lab Kits@ky.gov”. You may wish to add information to the “Introduction” field. Click SEND A COPY when done.

The screenshot shows a Microsoft Word document titled "REQUISITION FOR LABORATORY KITS.doc". The "Send a Copy" dialog box is open, with the "To:" field containing "DPH Lab Kits@ky.gov" and a yellow arrow pointing to it. The "Subject:" field contains "REQUISITION FOR LABORATORY KITS.doc". Below the dialog box, the document content is visible, starting with the title "REQUISITION FOR LABORATORY KITS & SUPPLIES".

REQUISITION FOR LABORATORY KITS & SUPPLIES

Complete all requested information, to help ensure a correct order.

Facility:

Requested By:

Ph #

Street Address:

Date Requested:

LABORATORY SPECIMEN MAILING KITS

Kits are for one specimen unless otherwise specified. Additional forms and tubes can be ordered to allow up to four individual blood specimens to be mailed together in the same container when appropriate.

	Swabs	Urine		
* Gonorrhea Chlamydia (Genprobe kits) # of kits	<input type="text"/>	<input type="text"/>	Bordetella Pertussis FA Slide	<input type="text"/>
			Pinworm Slide Kit	<input type="text"/>

8. When you close the file, it may be best to save it as a different file name if you want to retain the information for future use. If you do not save the changes, the document fields will be blank the next time you open it.

If you have problems connecting to the website (<http://chfs.ky.gov/dph/info/lab>) or downloading the forms, please contact Leigh Ann Bates at (502) 564-4446 ext. 4490