

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.

Collect both Serum and Urine if possible on all Zika submissions.

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 ZIKM 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 ZIKM 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



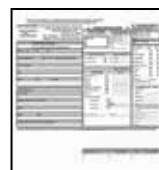
Collect Specimens



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