

Appendix D: Collection and Submission of Clinical Samples

- 1) Collection and Packaging of Enteric Pathogens**
- 2) Collection and Packaging of Norovirus Specimens**
- 3) Lab Form 219**
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Collection and Packaging of Enteric Pathogens

Collection and Packaging of Enteric Pathogens



Kentucky Public Health
Protect. Promote. Prevent.






Supplies Needed for Enteric Pathogens

				
Cary Blair Transport Media with Indicator Zorb Sheet Plastic Zippered Bag	Aluminum Can with Biohazard Label *Ensure rubber gasket is in lid	Outer Can with Lid	Biological Substance, Category B Box with 95kPa bag and Air Pillows	Laboratory Form 219 or Outreach Form

Collection of Specimen - DO NOT DISCARD LIQUID IN 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 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. <p>Specimen must be mailed to KY Public Health Lab on the day of collection.</p> <p>When sending by FedEx, place completed canister specimen container inside FedEx UN3373 Pak.</p>	<ol style="list-style-type: none"> 1. Place sample vial into zippered bag with Zorb sheet. 2. Place zippered bag into 95kPa bag and seal. 3. Place air pillows inside box and place lab form on top. 4. Close box and place label on top of box. <p>Instructions for closure are on the flap of box.</p>
  	 

Refer to 49CFR 173.199 for current regulations on packaging and shipping of Category B Infectious substances
KY Division of Laboratory Services (502)564-4446

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Collection and Packaging of Norovirus Specimens

Collection and Packaging of Norovirus



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Prevent. Promote. Protect.

Supplies Needed for Norovirus



Kit Components:

- Cold Pack
- 95kPa Bag with absorbent
- Two vial pack - Empty vial and Cary Blair Vial in zip bag with Zorb Sheet
- Outreach/Lab Form 275

Collection of Specimen

1. Check expiration date of specimen vials.
2. Make sure two identifiers or lab label is on specimen vial.
3. Fill out lab or Outreach form completely.

***Stool Specimens** *Remel package insert


1. Collect stool specimen into clean container.
 DO NOT mix urine or water with sample.
2. Open vials carefully.
 - Using the collection spoon attached to the cap, add enough specimen until the liquid reaches the arrow on the label.
 - Fill empty vial, to one-half full with stool specimen.

Fill only one vial at a time and replace the cap onto the same vial. DO NOT mix caps.


Important: Sample areas of the specimen which appear bloody, slimy, or watery. If the stool is hard, sample from each end and the middle of the specimen.

If larger specimen collection containers are used, contact KY DLS for additional instructions.


Packaging and Shipping




Place sample vial into zip bag with Zorb sheet




Place sample/samples into 95kPa bag



Place sample bag on top of frozen freezer block and replace styrofoam lid



Place Outreach or Lab Form 275 on top of styrofoam lid



Close box and place appropriate label on top of box

Ship samples for overnight delivery to the State Laboratory.

Refer to 49CFR 173.199 for current regulations on packaging and shipping of Category B infectious substances
 KY Division of Laboratory Services (502)564-4446

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COLLECTION AND SUBMISSION OF CLINICAL SPECIMENS

Lab Form 219

Form 219
Revised 9/2018

"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. Suite 204 Frankfort, Kentucky 40601 Phone: 502/564-4446 Fax: 502/564-7019	 Kentucky Public Health Special Microbiology
<i>Please complete a separate form for each specimen.</i>	
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: <i>(Please mark one)</i>	
<input type="checkbox"/> Enteric Pathogens	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">Organism Suspected:</div>
<input type="checkbox"/> *Miscellaneous Bacterial Culture	
<input type="checkbox"/> Other _____	
Other pertinent Medical Data: <i>*Please complete this section when submitting Miscellaneous Bacterial Cultures</i>	
FOR LABORATORY USE ONLY:	
Date Received:	Laboratory Number:

Please Use "L" Label or Fill in Completely


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COLLECTION AND SUBMISSION OF CLINICAL SPECIMENS

Lab Form 275

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

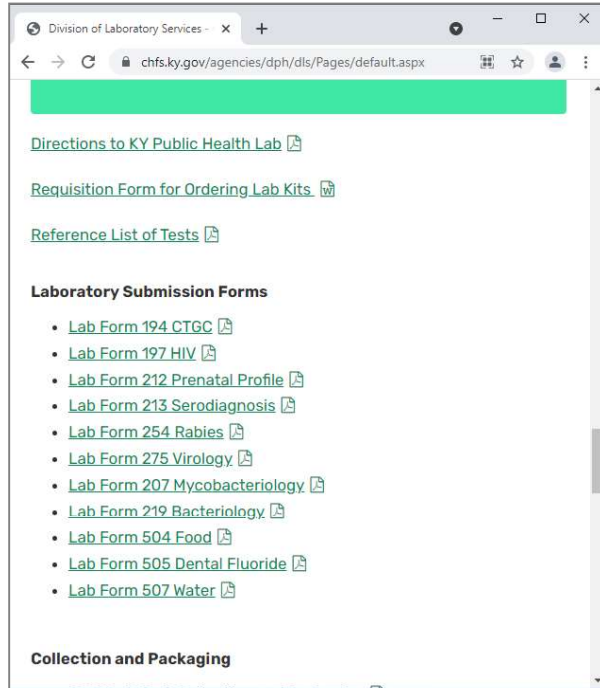
Lab 275 (Rev 4/2021)

 Kentucky Public Health KY Division of Laboratory Services Viral Isolation and Immunology 100 Sower Blvd Suite 204 Frankfort KY 40601 (502) 564-4446 FAX (502) 564-7019	Tests Requested		CLINICAL DATA Purpose of request: <input type="checkbox"/> diagnostic (give onset) <input type="checkbox"/> immune status <input type="checkbox"/> antibody status <input type="checkbox"/> Deceased Other _____
	Patient Information: (Use label or fill in completely)	COVID-19 <input type="checkbox"/> Influenza <input type="checkbox"/> Was patient prescreened for flu? Result of prescreening: _____ Respiratory Panel <input type="checkbox"/> Herpes/VZV <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Norovirus <input type="checkbox"/> Other <input type="checkbox"/>	Date of Onset: Symptoms: YES NO Fever <input type="checkbox"/> <input type="checkbox"/> Neurological <input type="checkbox"/> <input type="checkbox"/> Headache <input type="checkbox"/> <input type="checkbox"/> Respiratory <input type="checkbox"/> <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> <input type="checkbox"/> Fatigue <input type="checkbox"/> <input type="checkbox"/> Rash <input type="checkbox"/> <input type="checkbox"/> Lesions <input type="checkbox"/> <input type="checkbox"/> Other _____
Name (Last, First, MI) _____ Social Security # Sex EO Birthdate (yyyy-mm-dd) _____ Home Address _____ City _____ State ZIP County _____ Send Reports to: Submitter _____ Street Address / P O Box _____ City _____ State ZIP _____ Phone Fax _____ Physician (if other than Submitter) _____	Specimen Source / Date Collected Throat Swab <input type="checkbox"/> NP Swab <input type="checkbox"/> OP Swab <input type="checkbox"/> Nasal Swab <input type="checkbox"/> Genital Swab <input type="checkbox"/> CSF <input type="checkbox"/> Stool <input type="checkbox"/> Serum <input type="checkbox"/> Other <input type="checkbox"/> Hospitalization Yes <input type="checkbox"/> No <input type="checkbox"/> Pregnant _____ weeks Testing approved? COVID Sequencing Yes <input type="checkbox"/> No <input type="checkbox"/>	Immunizations / Date None <input type="checkbox"/> MMR _____ Influenza _____ Varicella _____ COVID _____ Contacts / Recent Travel Tick bite _____ Mosquito bite _____ Community _____ Other _____ Travel _____	
*****DLS Laboratory Findings*****			_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Date Received Laboratory #		Tech Date Reported	

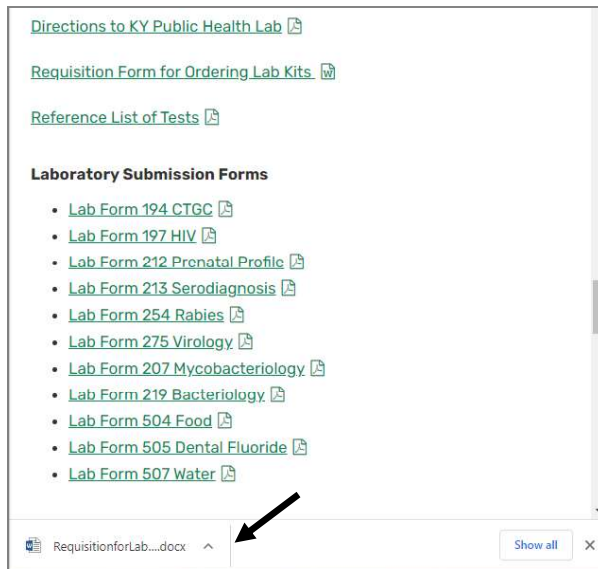
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Request for Laboratory Kits and Supplies

1. Connect to <https://chfs.ky.gov/agencies/dph/dls/Pages/default.aspx> and scroll down to find "Requisition Form for Ordering Lab Kits".



2. Download the form



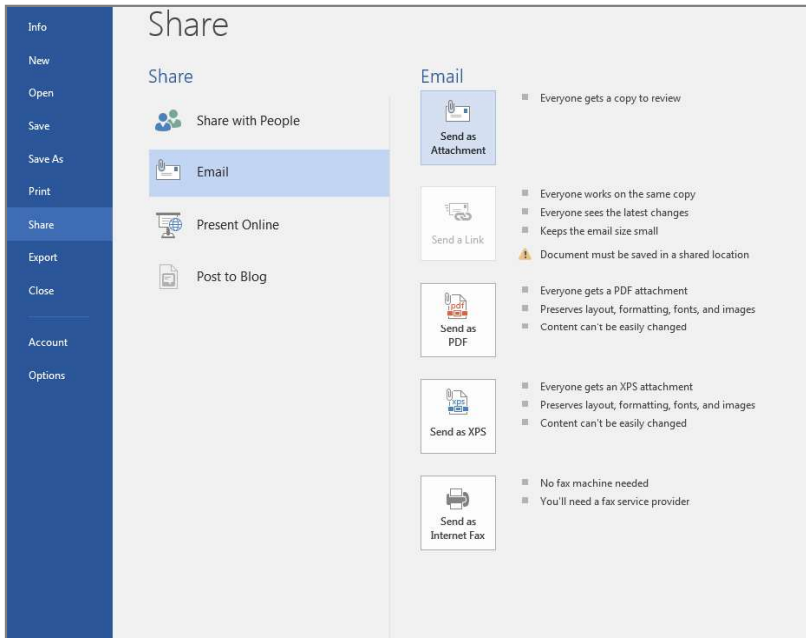
APPENDIX D

3. Fill out the information in the form

REQUISITION FOR LABORATORY SUPPLIES				
Email to: DPHlabKits@ky.gov or Fax to: (502)564-7019				
Facility:	[]			
Delivery address	[]			
Phone:	[]			
Date Requested:	[]			
Requested By:	[]			
Gonorrhea/Chlamydia (Genprobe kits) # of kits	Swabs	Urine	Norovirus Kit	[]
	[]	[]	Viral Isolation Swab Kit (Includes shipper)	[]
Enteric Pathogen Kit (Cary Blair)	[]		Viral Transport Media (Swabs/ Media; used for Virus & Flu)	[]
TB Sputum Kit	[]			
Newborn Screening Filter Paper	[]			
Shippers		Blood Tubes		
Multi-Shippers (Ship CT/CC, Syphilis, HIV, etc)	[]		Red Stopper Tubes	[]
Multi-Shippers with Cold Pack (Ship Flu, Hepes)	[]		PPT Tubes (HCV testing)	[]
Inmark Ambient	[]			
Tube Shuttles	[]			
95kPa bags	[]		Labels	
			Purple (All samples) PO Box Only	[]
OTHER	Environmental			
[]			Rabies Collection Kit	[]
			Water Bacteriology Kit	[]
			Food Collection Kit	[]

6/2020

4. Send document to DPHlabKits@ky.gov



5. Save document as a different file name if you want to retain the information for future use.

If you have problems connecting to the website (<https://chfs.ky.gov/agencies/dph/dls/Pages/default.aspx>) or downloading the forms, please contact Leigh Ann Bates at (502) 782-7703

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Reference List of Tests

BACILLUS CEREUS	
DLS Department:	Bacteriology Environmental Microbiology
OUTREACH Test Code:	MEP
Methodology:	Culture/ Isolation/ PCR
Availability:	M-F
Turn-around-Time:	Clinical 4-7 days/ Food 4-15 days
Specimen Requirements:	Clinical- Feces Isolate- Pure culture isolate on agar slant: Heart Infusion, trypticase soy, blood or chocolate agar slant Food- By request of Epidemiology or Food Safety Branch/ ONLY for investigation of foodborne disease outbreaks
Collection Kit/Container:	Clinical – Cary Blair Transport Media
Collection and Packaging Instructions:	https://chfs.ky.gov/agencies/dph/dls/Pages/default.aspx Enteric Collection and Packaging Guidelines Food- Food Kit
Specimen Handling and Transport:	Clinical- Mail immediately after collection Isolation- Provide fresh growth slant; mail immediately Food - Specimen must be shipped overnight in cooler with cold packs. Call laboratory before sending.
Unacceptable Conditions:	≥ 7 days from collection
Reference Range:	Clinical – No B. cereus isolated Food - <100 cfu/g
CPT Code:	Stool 87046; Vomitus 87070 PCR 87153
Additional Comments:	Collect during acute stage (Days 1-3) of diarrheal disease and before initiation of anti-microbial or drug therapy.

Reference List of Tests

BOTULISM	
DLS Department:	Preparedness
OUTREACH Test Code:	MEP
Includes:	Clostridium Botulinum Identification and Confirmation
Methodology:	ELISA, Mouse Bioassay, Culture
Availability:	
Turn-around-Time:	Food: 24-96 hours toxin test, 5-12 days culture Stool: 24-96 hours toxin test, 5-12 days culture Serum: 24-96 hours
Specimen Requirements:	Patient's physician must consult the Division of Epidemiology for approval and to verify the need to perform appropriate tests
Collection Kit/Container:	Consult with DLS for specific information of collecting and submitting specimens
Collection and Packaging Instructions:	Serum: 10ml Stool: 10-50g Enema Wash: 20ml Infants- Stool or Enema Wash
Specimen Handling and Transport:	
Reference Range:	ELISA: "No botulinum toxin A, B, E or F detected. Assay does not detect botulinum toxins C, D and G". Mouse Bioassay: No C. botulinum toxin detected by mouse bioassay Culture: No C. botulinum isolated
CPT Code:	87003; 87158; 87076
Additional Comments:	Refer to the Sentinel Guidelines on asm.org for more information

COLLECTION AND SUBMISSION OF CLINICAL SPECIMENS

Reference List of Tests

CAMPYLOBACTER	
DLS Department:	Bacteriology (clinical) Environmental Microbiology (Food)
OUTREACH Test Code:	CAMP
Methodology:	Culture
Availability:	M-F
Turn-around-Time:	Clinical specimen- 4-7 days Pure culture isolate- 3-5 days Food- 5-15 days
Specimen Requirements:	Clinical- Feces Isolate- swab from culture in Cary Blair, Campy thio or Campy blood plate in bag with Campy gas or in semi-solid motility type media. Chocolate slant is also acceptable.
Collection Kit/Container:	Clinical: Cary Blair Transport Media Isolate: Submitter packaging
Collection and Packaging Instructions:	https://chfs.ky.gov/agencies/dph/dls/Pages/default.aspx Food-Food Kit
Specimen Handling and Transport:	Feces- mail immediately after collection on cold pack. Isolate- Provide fresh growth slant; mail immediately; avoid extreme temperatures Food- Call laboratory; ship overnight in cooler with cold packs
Unacceptable Conditions:	Stool 7 days or older
Reference Range:	NA
CPT Code:	87040; stool 87046
Additional Comments:	Food- By request of Epidemiology or Food Safety Branch ONLY for investigation of foodborne disease outbreaks

Reference List of Tests

ESCHERICHIA COLI	
DLS Department:	Bacteriology Environmental Microbiology
OUTREACH Test Code:	ECO
Methodology:	Isolation/Identification and Antigenic typing/ Food Culture
Availability:	M-F
Turn-around-Time:	Clinical 4-5 days/ Food 48 hrs-15 days
Specimen Requirements:	Clinical- Feces Identification and Antigenic typing- Agar slant: Heart infusion, trypticase soy, blood or chocolate Food- By request of Epidemiology or Food Safety Branch ONLY for investigation of foodborne disease outbreaks
Collection Kit/Container:	Clinical- Enteric pathogens kit with Cary Blair or Amies transport media Isolate – Pure fresh growth on agar slant Food- Food Kit
Collection and Packaging Instructions:	https://chfs.ky.gov/agencies/dph/dls/Pages/default.aspx Enterics Collection and Packaging
Specimen Handling and Transport:	Clinical- Mail immediately after collection to be rec'd in 24 hrs Isolation- Provide fresh growth slant; mail immediately Food - Food specimens - Ship overnight in cooler with cold packs. Call laboratory before sending specimens.
Unacceptable Conditions:	Stools 7 days or older
Reference Range:	NA
CPT Code:	Stool 87046, 87147 PCR 87150
Additional Comments:	Collect during acute stage (Days 1-3) of diarrheal disease and before initiation of anti-microbial or drug therapy.

COLLECTION AND SUBMISSION OF CLINICAL SPECIMENS

Reference List of Tests

GASTROINTESTINAL PANEL	
DLS Department:	Virology
OUTREACH Test Code:	GIP
Methodology:	Multiplex PCR
Availability:	M-F
Turn-around-Time:	24-48 hrs
Specimen Requirements:	Stool specimen put into Cary Blair transport media within 2 hours of collection
Collection Kit/Container:	Cary Blair
Collection and Packaging Instructions:	https://chfs.ky.gov/agencies/dph/dls/Pages/default.aspx Multishipper with cold pack
Specimen Handling and Transport:	Can be stored at room temperature or refrigerated at 2° to 8°C for up to four days.
Unacceptable Conditions:	
Reference Range:	
CPT Code:	87507
Additional Comments:	<p>By request of Epidemiology only. Includes:</p> <p>Bacteria: Campylobacter (jejuni, coli, and upsaliensis) • Clostridium difficile (toxin A/B) • Plesiomonas shigelloides • Salmonella • Yersinia enterocolitica • Vibrio (parahaemolyticus, vulnificus, and cholerae) • Vibrio cholerae</p> <p>DIARRHEAGENIC E. COLI/SHIGELLA: • Enteroaggregative E. coli (EAEC) • Enteropathogenic E. coli (EPEC) • Enterotoxigenic E. coli (ETEC) lt/st • Shiga-like toxin-producing E. coli (STEC) stx1/stx2 • E. coli O157 • Shigella/Enteroinvasive E. coli (EIEC)</p> <p>PARASITES: • Cryptosporidium • Cyclospora cayetanensis • Entamoeba histolytica • Giardia lamblia</p> <p>VIRUSES: • Adenovirus F40/41 • Astrovirus • Norovirus GI/GII • Rotavirus A • Sapovirus (I, II, IV, and V)</p>

Reference List of Tests

HEPATITIS A	
DLS Department:	Virology
OUTREACH Test Code:	HAV
Methodology:	EIA (IgM only)
Availability:	M-F
Turn-around-Time:	48 hours
Specimen Requirements:	Serum or whole blood in 7 ml red stoppered tube
Collection Kit/Container:	
Collection and Packaging Instructions:	https://chfs.ky.gov/agencies/dph/dls/Pages/default.aspx Multishipper with Cold Pack Hepatitis A
Specimen Handling and Transport:	Specimen should be stored at 2-8°C prior to shipping. Ship ASAP. If possible, ship on cold pack.
Unacceptable Conditions:	
Reference Range:	Non-reactive
CPT Code:	86709
Additional Comments:	

COLLECTION AND SUBMISSION OF CLINICAL SPECIMENS

Reference List of Tests

LISTERIA MONOCYTOGENES	
DLS Department:	Bacteriology (clinical) Environmental Microbiology (Food)
OUTREACH Test Code:	MC (clinical)
Methodology:	Identification/Culture/Molecular
Availability:	M-F
Turn-around-Time:	4-6 days
Specimen Requirements:	Clinical- Pure culture TSA or blood agar slant Environmental- Food
Collection Kit/Container:	
Collection and Packaging Instructions:	Submitter packaging for clinical isolates Food: https://chfs.ky.gov/agencies/dph/dls/Pages/default.aspx Food Kit
Specimen Handling and Transport:	Clinical- Provide fresh growth on slant. Mail immediately to be received within 24 hours. Avoid extreme temperatures Food specimens - Ship overnight in cooler with cold packs. Call laboratory before sending specimens.
Reference Range:	NA
CPT Code:	Clinical- 87077, 87153
Additional Comments:	Clinical – Call the laboratory if Listeria is suspected and when specimen is shipped. Food- By request of Epidemiology or Food Safety Branch ONLY for investigation of foodborne disease outbreaks.

Reference List of Tests

NOROVIRUS	
DLS Department:	Virology
OUTREACH Test Code:	NORX
Methodology:	PCR
Availability:	M-F
Turn-around-Time:	24-48 hours
Specimen Requirements:	Raw stool, Emesis
Collection Kit/Container:	Sterile container without preservative. Ship with cold pack.
Collection and Packaging Instructions:	https://chfs.ky.gov/agencies/dph/dls/Pages/default.aspx Multi-shipper with cold pack.
Specimen Handling and Transport:	Specimen should be collected in sterile screw top container within 72 hours of onset of symptoms and refrigerated prior to shipping. DO NOT FREEZE. Ship with cold pack ASAP
Unacceptable Conditions:	
Reference Range:	Negative
CPT Code:	87798
Additional Comments:	Call Epidemiology prior to sending specimens.

COLLECTION AND SUBMISSION OF CLINICAL SPECIMENS

Reference List of Tests

SALMONELLA	
DLS Department:	Bacteriology/ Environmental Microbiology
OUTREACH Test Code:	Stools- SGT Culture isolate- SGT
Methodology:	Isolation Identification Antigenic Testing
Availability:	M-F
Turn-around-Time:	Clinical-8-10 days Food- 5-15 days
Specimen Requirements:	Isolation- Stool Identification and Antigenic Typing- Pure culture isolate. Agar slant: Heart infusion, trypticase soy, blood or chocolate agar
Collection Kit/Container:	Stools - Cary Blair
Collection and Packaging Instructions:	https://chfs.ky.gov/agencies/dph/dls/Pages/default.aspx Clinical – Enteric Food-Food Kit
Specimen Handling and Transport:	Food specimens - Ship overnight in cooler with cold packs. Call laboratory before sending specimens.
Unacceptable Conditions:	Stools 7 days or older
Reference Range:	
CPT Code:	Stool- 87045 Identification and Antigenic Typing- 87147
Additional Comments:	Stool-Mail immediately after collection; to be received within 24 hours. Provide fresh grown on slants and mail immediately at room temperature. Food- By request of Epidemiology or Food Safety Branch/ONLY for investigation of foodborne disease outbreaks

Reference List of Tests

SHIGELLA	
DLS Department:	Bacteriology/ Environmental Microbiology
OUTREACH Test Code:	Stools- SHGR Culture isolate- SHGR
Methodology:	Isolation Identification and antigenic typing
Availability:	M-F
Turn-around-Time:	Clinical-8-10 days Food- 5-15 days
Specimen Requirements:	Isolation- Stool Identification and Antigenic Typing- Pure culture isolate. Agar slant: Heart infusion, trypticase soy, blood or chocolate agar
Collection Kit/Container:	Stools - Cary Blair
Collection and Packaging Instructions:	https://chfs.ky.gov/agencies/dph/dls/Pages/default.aspx Clinical – Enteric Food-Food Kit
Specimen Handling and Transport:	Food specimens - Ship overnight in cooler with cold packs. Call laboratory before sending specimens.
Unacceptable Conditions:	Stools 7 days or older
Reference Range:	
CPT Code:	Stool- 87045 Identification and Antigenic Typing- 87147
Additional Comments:	Stool-Mail immediately after collection; to be received within 24 hours. Provide fresh grown on slants and mail immediately at room temperature. Food- By request of Epidemiology or Food Safety Branch/ONLY for investigation of foodborne disease outbreaks

COLLECTION AND SUBMISSION OF CLINICAL SPECIMENS

Reference List of Tests

STAPHYLOCCUS AUREUS	
DLS Department:	Bacteriology
OUTREACH Test Code:	Stool - MEP Pure culture isolate on agar slant- MC
Methodology:	Isolation and Identification
Availability:	M-F
Turn-around-Time:	Stool-3-7 days Pure culture isolate- 24hrs- 7days Food- 5-15 days
Specimen Requirements:	Clinical- Stool Isolation- Pure culture isolate on agar slant: Heart Infusion, trypticase soy, blood or chocolate agar slant Food- By request of Epidemiology or Food Safety Branch/ ONLY for investigation of foodborne disease outbreaks
Collection Kit/Container:	Clinical – Stool -Cary Blair Transport Media
Collection and Packaging Instructions:	https://chfs.ky.gov/agencies/dph/dls/Pages/default.aspx Enteric Collection Food Kit
Specimen Handling and Transport:	Food specimens - Ship overnight in cooler with cold packs. Call laboratory before sending specimens.
Unacceptable Conditions:	Stools 7 days or older.
Reference Range:	NA
CPT Code:	87046, 87153
Additional Comments:	Clinical testing- Only by request of the Division of Epidemiology. Stool-Mail immediately after collection; to be received within 24 hours. Isolate - Provide fresh grown on slants and mail immediately at room temperature. Food- By request of Epidemiology or Food Safety Branch. ONLY for investigation of foodborne disease outbreaks.

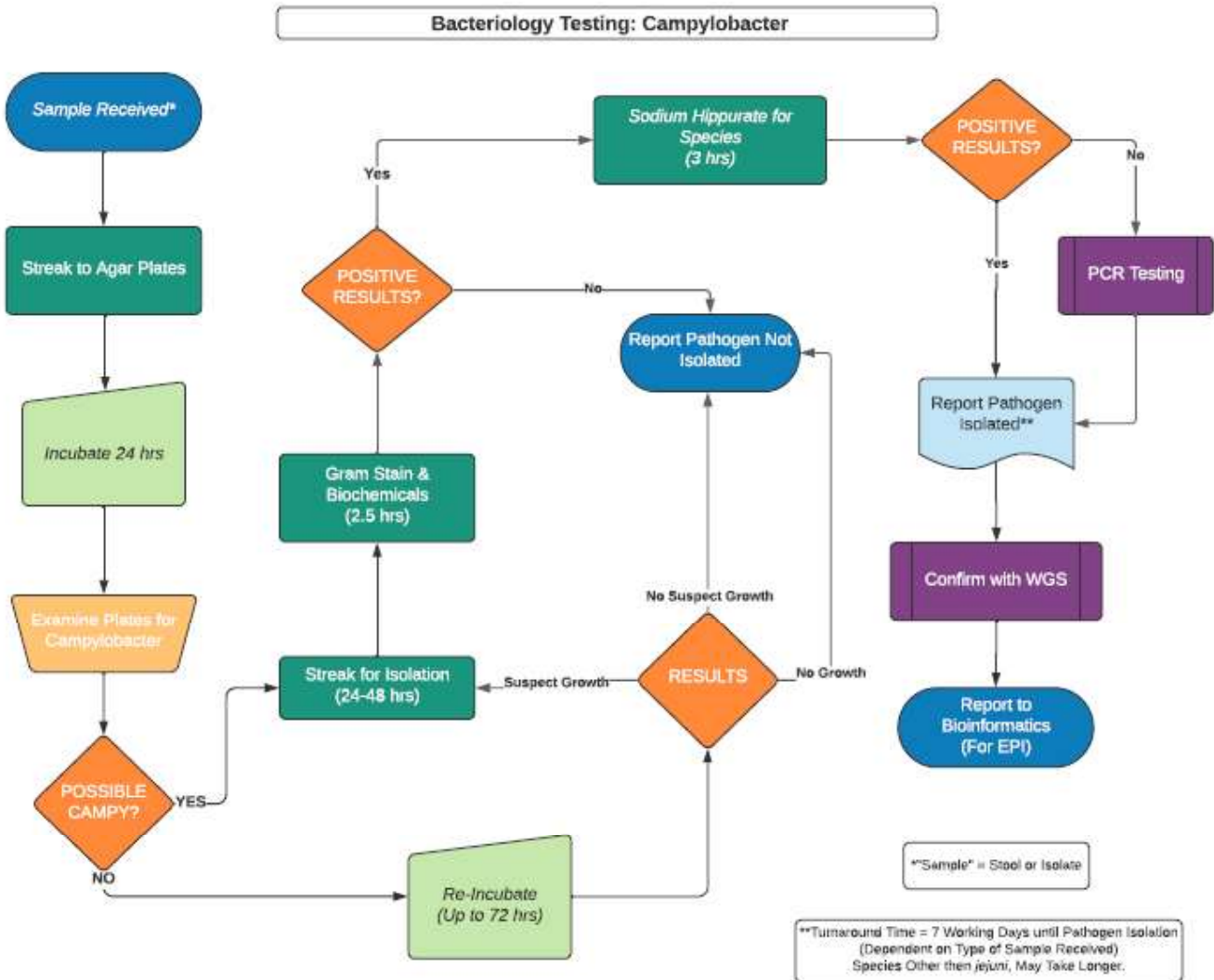
Reference List of Tests

VIBRIO CHOLERAЕ	
DLS Department:	Bacteriology
OUTREACH Test Code:	VIB
Methodology:	Identification and Typing
Availability:	M-F
Turn-around-Time:	48 hours- 7 days
Specimen Requirements:	Clinical - Stool Identification and Typing- Pure culture isolate
Collection Kit/Container:	Stool – Cary Blair Culture Isolate: Submitter packaging
Collection and Packaging Instructions:	https://chfs.ky.gov/agencies/dph/dls/Pages/default.aspx Enteric Collection
Specimen Handling and Transport:	
Unacceptable Conditions:	Stool 7 days or older
Reference Range:	
CPT Code:	87046
Additional Comments:	Call the laboratory if Vibrio is suspected and before shipping specimen.

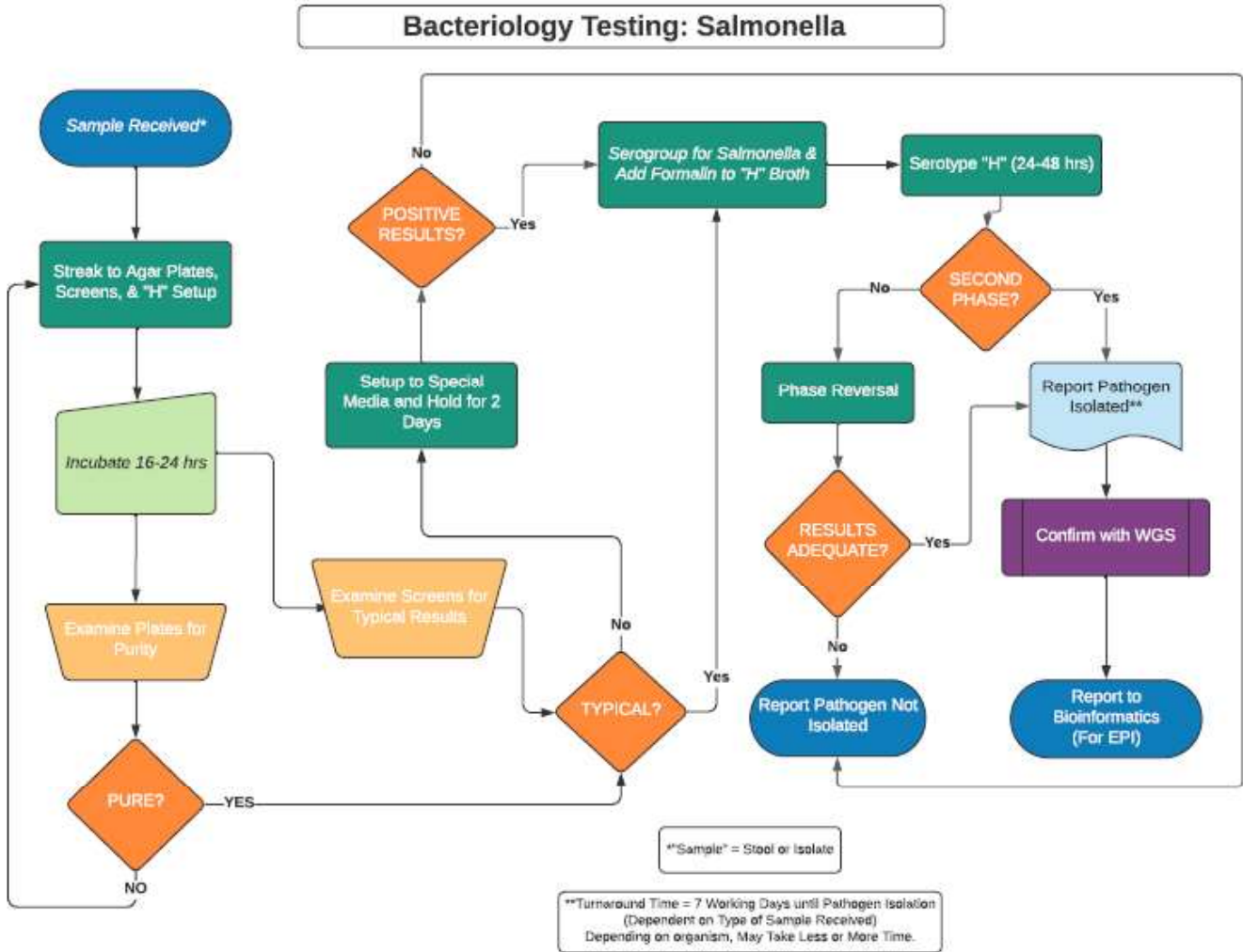
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Bacteriology Flow Charts

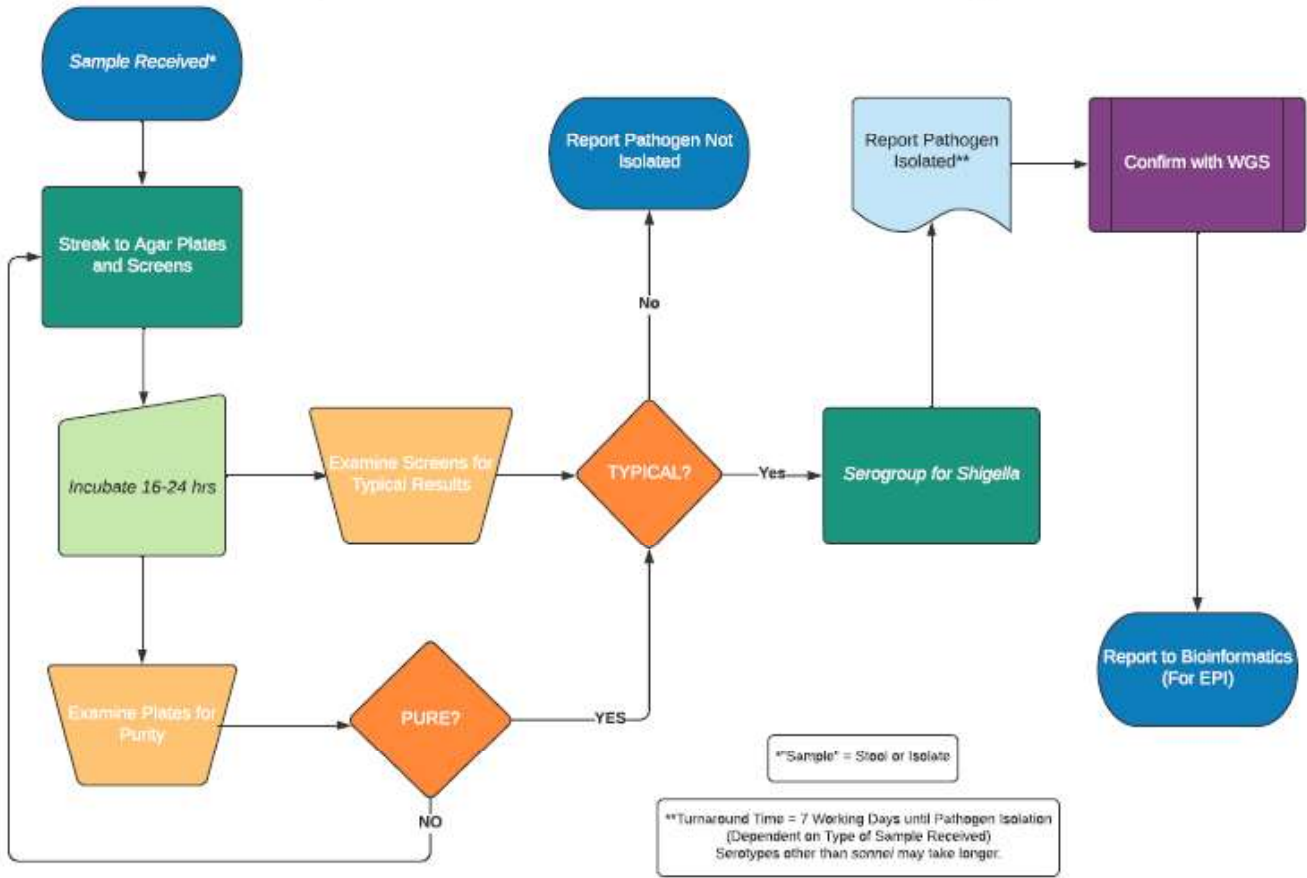
Please note that the following flow charts do not reflect the entire work process for testing of laboratory specimens. Rather, they have been simplified to provide a basic description of specimen flow through the lab and the testing process. These flow charts are intended to provide a general idea of the steps and time required for testing.



COLLECTION AND SUBMISSION OF CLINICAL SPECIMENS



Bacteriology Testing: Shigella



COLLECTION AND SUBMISSION OF CLINICAL SPECIMENS

WGS Flow Chart

