COVID-19
Packaging & Shipping Using Kit 51

Prevent Disease – Promote Wellness – Improve Quality of Life

MDHHS Bureau of Laboratories

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COVID-19 Kit 51 Components

- After kit receipt
  - Take ice pack out and place in freezer
  - Viral transport media can be stored at room temp. or refrigerated

Note: It's acceptable to keep kit at room temp except ice pack (freezer) until used

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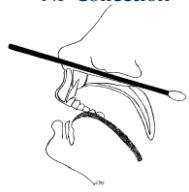
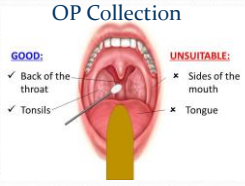
NP/OP Collection

- Use only synthetic fiber swabs with plastic shafts.
  - Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing.
- *Nasopharyngeal swab:* Insert a swab into the nostril parallel to the palate. Leave the swab in place for a few seconds to absorb secretions
- *Oropharyngeal swab (e.g., throat swab):* Swab the posterior pharynx, avoiding the tongue
- After collection, place swabs immediately into sterile tubes containing 2-3 ml of viral transport media (i.e. VTM, M4).
  - NP and OP specimens may be kept in separate vials or **combined into a single vial.**

NP Collection



OP Collection



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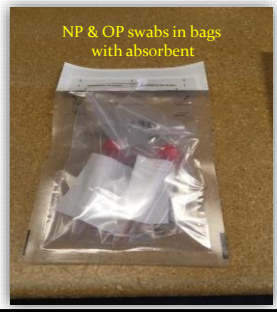
Packaging VTM Specimens

- Acceptable Specimens
  - NP Swabs & OP Swabs
- Packaging
  - Label each tube with: Patient name, Date of Birth, & Source i.e. NP/OP
    - NOTE: NP & OP swabs can **both** be placed in same VTM tube
  - Place VTM tube (tighten cap) in plastic bag with absorbent material square
  - Place sample(s) in 95kPa bag



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Sputum Collection

- Have the patient rinse the mouth with water
- Next have patient expectorate deep cough sputum directly into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.
  - Note: Sub-optimal samples will be rejected (if not from deep cough collection)
- Sputum (sputum can be collected in a variety of sterile containers
  - Sterile urine cup or 50ml conical tube
  - Note: Collection containers not provided in kit.

Sterile cup & conical tube

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Packaging Sputum Specimens

- Acceptable Specimens
  - Sputum
- Packaging
  - Label container with:
    - Patient name, Date of Birth, & Source i.e. Sputum
  - Place sputum container inside the 95kPa bag with absorbent material square & VTM tubes.

Sputum, NP, & OP in separate bags with absorbent inside 95kPa bag

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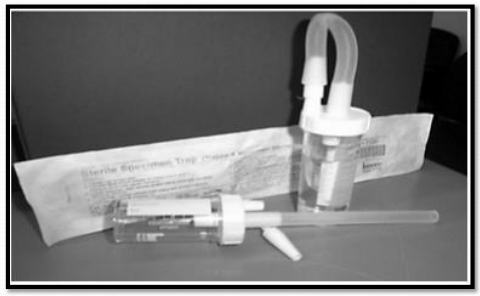
Bronchoalveolar Lavage or Tracheal Aspirate

- Collect 2-3 mL of sample into a sterile, leak-proof, screw-cap sterile collection cup or sterile dry container.
- Package the same way as you would a sputum sample



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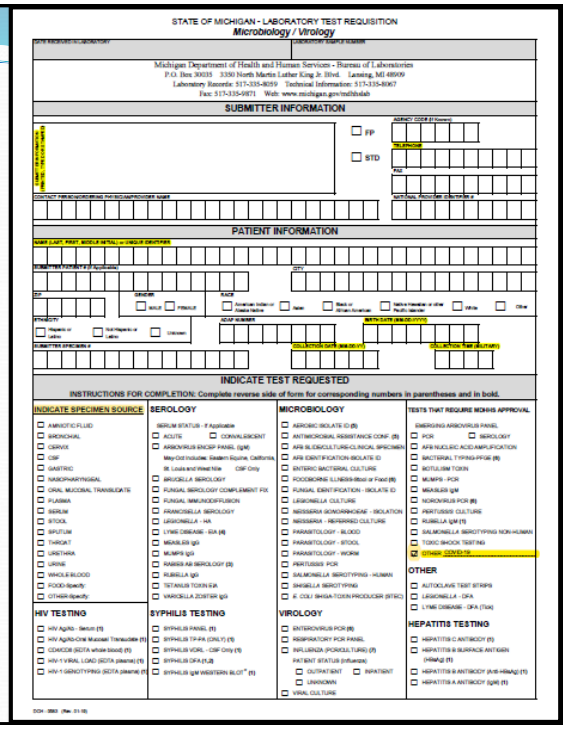
- Complete State of Michigan Test Req Form DCH-0583
- Select "Other" in the "Tests that require MDHHS approval" section of the form and write in COVID-19
- Include PUI number in section 8 on back of form

(8)	ADDITIONAL INFORMATION
Include PUI# if known	



STATE OF MICHIGAN - LABORATORY TEST REQUISITION
Microbiology / Virology

Michigan Department of Health and Human Services - Bureau of Laboratories
P.O. Box 30035 3350 North Martin Luther King Jr. Blvd. Lansing, MI 48909
Laboratory Records: 517-335-8059 Technical Information: 517-335-8067
Fax: 517-335-9871 Web: www.michigan.gov/mdhhslab

SUBMITTER INFORMATION

PATIENT INFORMATION

INDICATE TEST REQUESTED

INSTRUCTIONS FOR COMPLETION: Complete reverse side of form for corresponding numbers in parentheses and in bold.

INDICATE SPECIMEN SOURCE
- AMNIOTIC FLUID
- BRONCHIAL
- CERVIX
- CSF
- GASTRIC
- NASOPHARYNGEAL
- ORAL MUCOSAL TRANSUDATE
- PLASMA
- SERUM
- STOOL
- SPUTUM
- THROAT
- URETHRA
- URINE
- WHOLE BLOOD
- FOOD-Specify:
- OTHER-Specify:

HIV TESTING
- HIV Ag/Ab - Serum (1)
- HIV Ag/Ab-Oral Mucosal Transudate (1)
- CD4/CD8 (EDTA whole blood) (1)
- HIV-1 VIRAL LOAD (EDTA plasma) (1)
- HIV-1 GENOTYPING (EDTA plasma) (1)

SEROLOGY
- SERUM STATUS - If Applicable
- ACUTE / CONVALESCENT
- ARBOVIRUS ENCEP PANEL (IgM)
- May Dot Includes: Eastern Equine, California, St. Louis and West Nile CSF Only
- BRUCELLA SEROLOGY
- FUNGAL SEROLOGY COMPLEMENT FIX
- FUNGAL IMMUNODIFFUSION
- FRANCISELLA SEROLOGY
- LEGIONELLA - HA
- LYME DISEASE - IGA (4)
- MEASLES IgG
- MUMPS IgG
- RABIES AB SEROLOGY (3)
- RUBELLA IgG
- TETANUS TOXIN EIA
- VARICELLA ZOSTER IgG

SYPHILIS TESTING
- SYPHILIS PANEL (1)
- SYPHILIS TP-PA (ONLY) (1)
- SYPHILIS VDRL - CSF Only (1)
- SYPHILIS DFA (1,2)
- SYPHILIS IgM WESTERN BLOT* (1)

MICROBIOLOGY
- AEROBIC ISOLATE ID (5)
- ANTIMICROBIAL RESISTANCE CONF. (5)
- AFB BLOOD CULTURE-CLINICAL SPECIMEN
- AFB IDENTIFICATION-ISOLATE ID
- ENTERIC BACTERIAL CULTURE
- FOODBORNE ILLNESS-Stool or Food (6)
- FUNGAL IDENTIFICATION - ISOLATE ID
- LEGIONELLA CULTURE
- NEISSERIA GONORRHOEAE - ISOLATION
- NEISSERIA - REFERRED CULTURES
- PARASITOLOGY - BLOOD
- PARASITOLOGY - STOOL
- PARASITOLOGY - WORM
- PERTUSSIS PCR
- SALMONELLA SEROTYPING - HUMAN
- SHIGELLA SEROTYPING
- E. COLI SHIGA-TOXIN PRODUCER (STEC)

VIROLOGY
- ENTEROVIRUS PCR (8)
- RESPIRATORY PCR PANEL
- INFLUENZA (FORCULTURE) (7)
- PATIENT STATUS (influenza): OUTPATIENT / INPATIENT / UNKNOWN
- VIRAL CULTURE

TESTS THAT REQUIRE MDHHS APPROVAL
- EMERGING ARBOVIRUS PANEL
- PCR / SEROLOGY
- AFB NUCLEIC ACID AMPLIFICATION
- BACTERIAL TYPING-PFGE (8)
- BOTULISM TOXIN
- MUMPS - PCR
- MEASLES IgM
- NOROVIRUS PCR (8)
- PERTUSSIS CULTURE
- RUBELLA IgM (1)
- SALMONELLA SEROTYPING NON-HUMAN
- TOXIC SHOCK TESTING
- ☑ OTHER: COVID-19

OTHER
- AUTOCLAVE TEST STRIPS
- LEGIONELLA - DFA
- LYME DISEASE - DFA (Tick)

HEPATITIS TESTING
- HEPATITIS C ANTIBODY (1)
- HEPATITIS B SURFACE ANTIGEN (HBsAg) (1)
- HEPATITIS B ANTIBODY (IVS-HBsAg) (1)
- HEPATITIS A ANTIBODY (IgM) (1)

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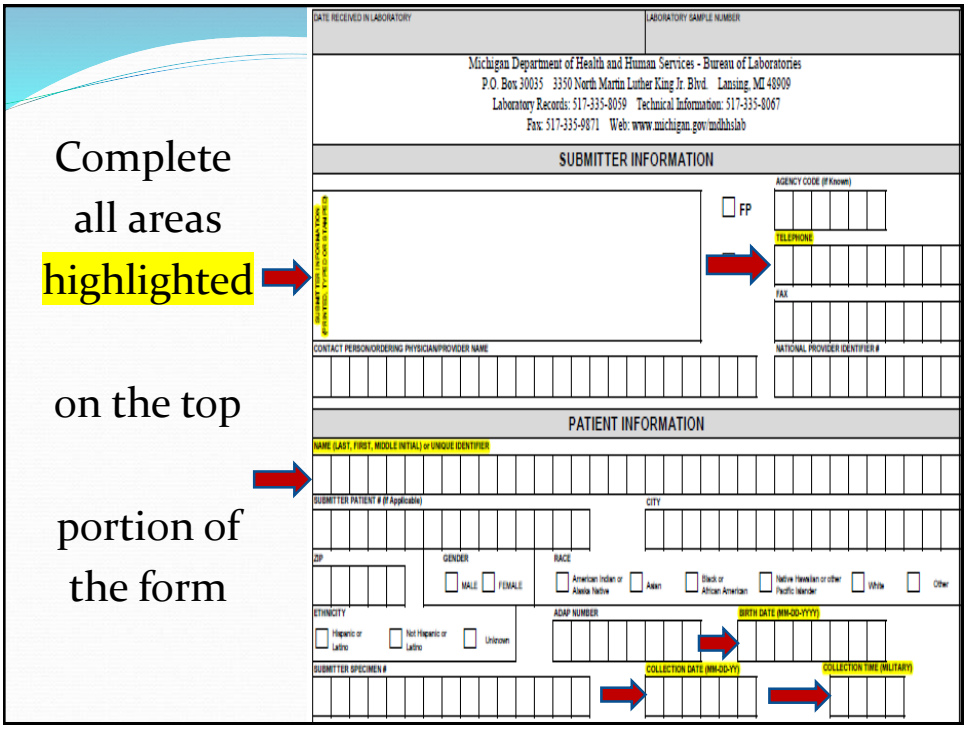
Complete all areas highlighted

on the top

portion of the form



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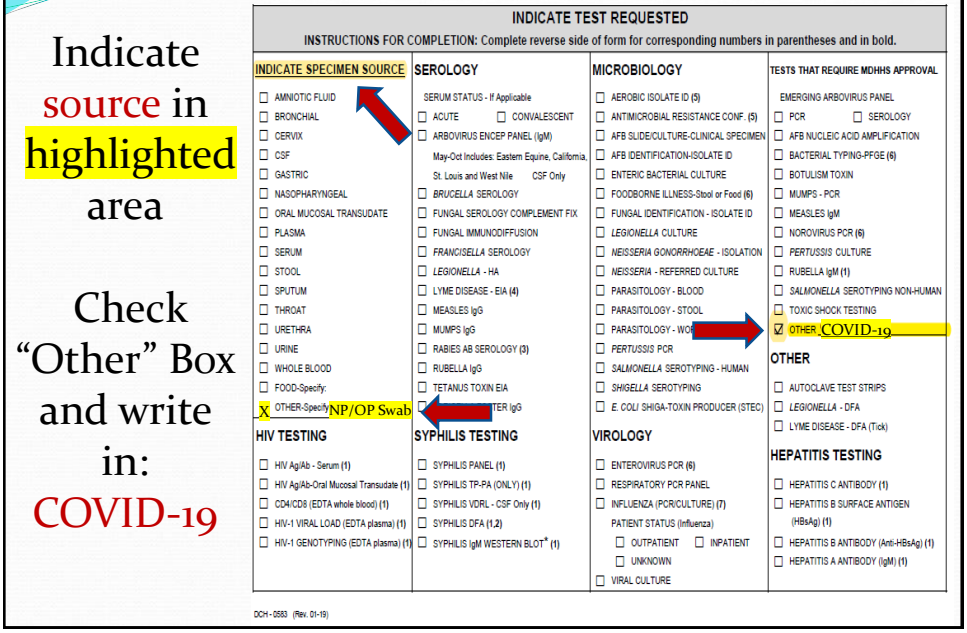
Indicate source in highlighted area

Check "Other" Box and write in: COVID-19



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Packaging samples cont.

Place frozen ice pack inside styrofoam insert within the box

Place 95kPa bag with samples on top of frozen ice pack in box

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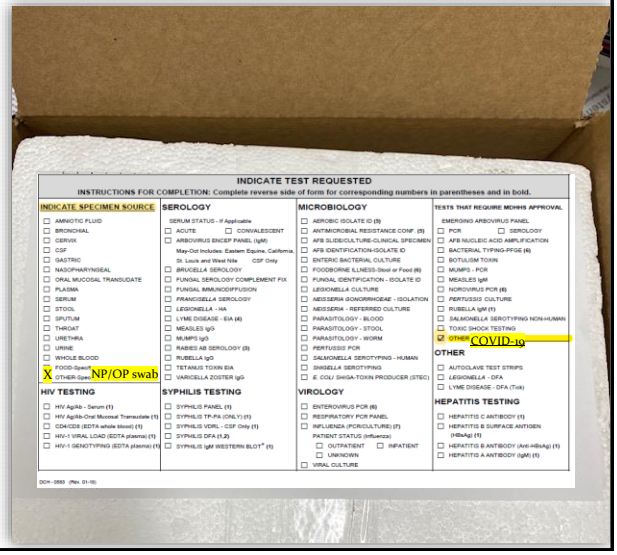
Packaging samples cont.

- Place styrofoam lid on top
- Place completed State of Michigan-Laboratory Test Requisition on top of styrofoam lid



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Shipping Options

- Courier transport to BOL
  - Use Address label in kit # 51 with address:
    3350 North Martin Luther King Jr. Blvd., Lansing
- UPS (if courier is unavailable) Monday-Thursday only
  - Use UPS label included in kit # 51 with address:
    927 Terminal Rd (our warehouse address)
- UPS (if courier is unavailable) Friday only
  - Call the lab to have Friday overnight UPS label faxed to you
  - Contact (517) 335-8059
- Weekend Delivery: Use your facility courier or refrigerate sample for Monday delivery

Urgent requests call: Dr. Riner at (517) 230-7828

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Shipping with Courier-Outer Box

- Close box and tape with packing tape.
- Place address label on top of sealed box
  - Fill in your name and facility address on label
- Place UN3373 Category B label on side of outer box
- Write full name and phone number with area code of Responsible Person from your facility on Top of box
- Place "refrigerate" yellow label on box

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UPS Shipping-Monday-Friday ONLY

- Close box and tape with packing tape.
- Place UPS label on top of sealed box
- Place UN3373 Category B label on side of outer box
- Write full name and phone number with area code of Responsible Person from your facility on top of box
- Place "refrigerate" yellow label on box

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Questions?

For questions regarding COVID-19 testing, contact:
Dr. Diana Riner
Virology Section Manager, MDHHS Bureau of Laboratories
rinerd@michigan.gov 517-335-8099

For questions for COVID-19 packaging:
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Matt Bashore
Supervisor DASH Unit, MDHHS Bureau of Laboratories
bashorem@michigan.gov Office: 517-335-8059;
Cell: 517-648-9804

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