

# Utah Public Health Laboratory

## Vaccine Preventable Disease Reference Laboratory Project Testing Referral

### Bacterial Shipping and Submission Instructions

#### Introduction

Thank you for participating as a submitting site for the Association of Public Health Laboratories/Centers for Disease Control and Prevention (APHL/CDC) Vaccine Preventable Disease Reference Laboratory Project. This project was 100% funded with federal funds. This project has been set up to test the concept and utility of shared molecular and serology testing services for vaccine preventable diseases.

Following receipt of the specimens, the Minnesota Department of Health-Public Health Laboratory (MDH-PHL) will examine specimens for quality and perform the bacterial VPD testing indicated on the requisition form (PCR, serology, serotyping, serogrouping, and/or genotyping). The MDH-PHL will report results from the PCR, serology, serotyping, serogrouping, and/or genotyping to the submitting laboratories with patient identifiers.

Results will be reported back to the submitting public health laboratory by secure fax and will be messaged to CDC. Your laboratory will be responsible for submitting results to the necessary epidemiologists. Submitting states' epidemiologists must continue to report suspect and/or confirmed cases to CDC.

Your public health laboratory will be submitting bacterial VPD specimens to:

Minnesota Department of Health  
Public Health Laboratory  
601 Robert St. N  
St. Paul, MN 55155

#### MDH-PHL contacts

Dave Boxrud (please send email notification that samples are being shipped)

[Dave.boxrud@state.mn.us](mailto:Dave.boxrud@state.mn.us)

651-201-5257

Sara Vetter

[Sara.vetter@state.mn.us](mailto:Sara.vetter@state.mn.us)

651-201-5255



## Specimen Types Accepted and Storage Recommendations

### Test Menu

Specimen Storage Recommendations				
Assay	Specimen Type	Minimum Volume	Storage Recommendations	Anticipated Turn Around Time
<i>B. pertussis</i> PCR	Nasopharyngeal swab or aspirate, or isolate	600µL	<b>Swab:</b> store at 4°C as soon as possible. Ship on cold packs. <b>Aspirates</b> can be refrigerated or frozen at -20°C. Ship on cold packs or frozen on dry ice <b>Isolate:</b> store refrigerated in Regan-Lowe transport medium or frozen on cryobeads. Ship on cold packs or frozen.	<b>PCR:</b> 2 business days
<i>B. Pertussis</i> Serology**	Serum	500µL	Separate and refrigerate at 4°C within 24 hours of collection and stored for up to 7 days. Ship on cold packs. If stored longer than 7 days, freeze serum at -20°C. Ship frozen.	5 business days
<i>S. pneumonia</i> PCR	CSF or isolate	CSF: 250 µL	<b>CSF:</b> refrigerate at 4°C or freeze. Ship on cold packs or frozen. <b>Isolate:</b> on blood or chocolate agar, in transport media or store as glycerol stock.	<b>PCR:</b> 2 Business days
<i>S. Pneumonia</i> Serotyping	CSF or isolate	Blood/CSF: 250 µL	<b>CSF:</b> refrigerate or freeze. Ship on cold packs or frozen. <b>Isolate:</b> on blood or chocolate agar, in transport media or store as glycerol stock.	5 business days

<i>N. Meningitidis</i> PCR and Serogrouping	CSF or isolate	CSF: 500µL	<b>CSF:</b> freeze at -40°C. Ship frozen. <b>Isolate:</b> store for transportation on agar slants, or frozen stock stored at ambient temperature.	<b>PCR:</b> 2 business days <b>Serogrouping:</b> 5 business days
<i>H. Influenzae</i> PCR and Serotyping	CSF or isolate	CSF: 500µL	<b>CSF:</b> freeze at -40°C. Ship frozen. <b>Isolate:</b> store for transportation on agar slants, or frozen stock stored at ambient temperature.	<b>PCR:</b> 2 business days <b>Serotyping:</b> 5 business days

**\*\* Pertussis Serology:** Collection of specimen should occur **two weeks after** cough onset.

#### **Special Note for Bacterial VPDs**

If a culture is performed at submitting laboratory for bacterial VPDs, submit the isolate to reference laboratory.

#### **Genotyping**

Genotyping will be performed on all **PCR positive** specimens unless otherwise indicated as a part of a larger outbreak.

#### **General Specimen Submission Note**

Each test method has been validated on the specimen types listed in the table below. Alternate specimen types may be submitted to CDC for testing. See the CDC Test Directory for further information: <http://www.cdc.gov/laboratory/specimen-submission/list.html>.

#### **Labeling Specimens**

- Label specimens with labels available at your laboratory and follow your procedures for labeling.
- Please include the submitting laboratory name on the label as well as patient identifiers.

#### **Packaging Specimens**

Specimens should be shipped overnight to MDH-PHL packaged according to the relevant packaging requirements as stated above. The specimen should be clearly labeled with unique patient identifier(s) and the submitting laboratory's name. The MDH-PHL form must be completed and included in the shipment.

**Requisition Forms**

The attached requisition form is to be included in the specimen shipment. See Appendix A.

**Shipping Specimens**

Prior to shipping the specimens, the submitting laboratory should notify the point of contact at the reference laboratory. Specimens should be sent overnight to ensure sample integrity.

Point of contact: Dave Boxrud

Email: [Dave.boxrud@state.mn.us](mailto:Dave.boxrud@state.mn.us)

Phone: 651-201-5257

The submitting site should ensure that all Federal regulations for shipping potentially infectious substances under Division 6.2 are met.

Specimen shipments are to be scheduled and made using MDH-PHL FedEx Account. Please use 331346985 as the account number.

**Results Reporting**

MDH-PHL will report results from the indicated PCR, serology, serotyping/serogrouping, and/or genotyping to the submitting laboratories with patient identifiers. All results will be reported via secure facsimile (fax) after PCR results are available within the turnaround time stated in the test menu.

Submitters must indicate a secure fax number on submission form. Serology and serotyping/serogrouping results will be available within 5 business days and also reported by facsimile. Genotyping results will be available within 10 business days of specimen receipt. Please contact MDH-PHL to discuss genotyping results.



# Vaccine Preventable Disease (VPD)

Project #  
**1712**

Fee sticker  
**N/A**

Bar Code Sticker  
*MDH Use Only*

Public Health Laboratory \* 601 Robert St N \* St. Paul MN 55155 \* 651-201-5200

## Clinical Testing and Submission Form

Last name: \_\_\_\_\_  
 First name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Patient ID #: \_\_\_\_\_  
 DOB (mm/dd/yyyy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Sex:  M  F  U

Facility name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Submitter #: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name of person filling out form: \_\_\_\_\_ Phone: \_\_\_\_\_

### Specimen or Isolate Source Information

Specimen  Isolate

Lab sample #: \_\_\_\_\_  
 Collection date: (mm/dd/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Collection time: \_\_\_\_\_  a.m.  p.m.  
 Ship date to MDH: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Volume: \_\_\_\_\_

- Blood
- Serum
- acute  convalescent
- Plasma
- BAL
- CSF
- Stool
- Urine
- Swab
- buccal
- NP
- throat
- combined throat/NP
- NP aspirate
- Extracted nucleic acid
- Other approved source: \_\_\_\_\_

### Test Requested

- 1200 Measles Virus IgM
- 2600 Measles Virus RT-PCR
- 2605 Measles Virus Genotyping
- 2620 Mumps Virus RT-PCR
- 2625 Mumps Virus Genotyping
- 2760 Rotavirus PCR
- 2780 Rubella Virus RT-PCR
- 2785 Rubella Virus Genotyping
- 2970 Varicella-zoster Virus PCR
- 2975 Varicella-zoster Virus Genotyping
- 1230 B. pertussis Anti-PT IgG
- 2100 Bordetella species PCR
- 2400 H. influenzae PCR
- 2405 H. influenzae Serotyping
- 2630 N. meningitidis PCR
- 2635 N. meningitidis Serogrouping
- 2900 S. pneumoniae PCR
- 2905 S. pneumoniae Serotyping

### Submitter Lab Results

<u>Test</u>	<u>Results</u>
Culture:	_____
PCR:	_____
Serology IgM:	_____
Serology IgG:	_____

### Patient Clinical Info

Was patient vaccinated for tested disease?  Yes  No  Unknown

If YES, date of last vaccination: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Vaccine type:  MMR  MMRV  Varicella  
 DTap  Tdap  Rotavirus  
 PCV13  PPSV23  
 MCV4  MSPV4  Hib

Symptoms: \_\_\_\_\_

Date of symptom onset: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date of rash onset: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Antibiotic treatment: (if administered prior to specimen collection) \_\_\_\_\_

Cough duration: (for pertussis specimens only) \_\_\_\_\_

Submitting laboratory's comments: