



WILL COUNTY HEALTH DEPARTMENT
&
COMMUNITY HEALTH CENTER

From: Epidemiology & Communicable Disease Program

To: Health Care Providers, Hospitals, Nursing Homes, Assisted Living Facilities, Hospital Emergency Rooms, and Hospital Laboratories.

April 27, 2009

Re: Instructions for Respiratory Virus Specimen Submission at the IDPH-Chicago Lab.

Please note that IDPH Chicago-based lab will receive nasal/pharyngeal specimens from symptomatic patients suspected of swine influenza. Untyped specimens will be referred to CDC. Please call IDPH Immunization Section (217-785-1455) for pre-approval before shipping the specimens. No specimens will be accepted without an approval from the IDPH Immunization Section. The turnaround time for the specimens testing will be 1-2 days after receiving at the IDPH-Chicago Lab. To order specimens collection material, please contact the IDPH Lab in Chicago (312-793-4365) and Springfield (217-524-6222).

The specimens should be collected using Dacron Swab / cotton swab (**no dry swab**) using M4 media and should refrigerate immediately after collection. Complete all the demographic information on the "Communicable Diseases Laboratory Test Requisition" form (Please see the attached). Store at 4°C (refrigerator) until shipping is possible (preferred within 24 hours). When packaging for shipment, add cold packs to the shipping container.

If you have any questions, please feel free to contact the Epidemiology & Communicable Disease Staff at (815) 727-8481.

Main Office
501 Ella Avenue
Joliet, IL 60433
Ph 815.727.8480
Fx 815.727.8484

Community Health Center
1106 Neal Avenue
Joliet, IL 60433
Ph 815.727.8670
Fx 815.727.8852

Eastern Branch Office
44 Towncenter
University Park, IL 60466
Ph 815.727.8803
Ph 708.534.0800
Fx 708.534.3455

Northern Branch Office
323 Quadrangle Dr.
Bolingbrook, IL 60440
Ph 630.679.7000
Fx 630.679.7015

**Illinois Department of Public Health
Division of Laboratories**

Instructions for Respiratory Virus Specimen Submission

Instructions for Storage and Use of Starswab Multitrans™ Collection and Transport System with Viral Transport Media

1. Store Starswabs with viral transport media (VTM) in the refrigerator until use.
2. Remove swabs from refrigerator **prior to use**. Do not use if transport media has expired.
3. After inoculating media with specimen, refrigerate immediately.

Instructions for Throat and Nasopharyngeal Swab Collection

1. Obtain specimens early in the acute phase of illness, preferably within three days of onset. **Do not use calcium alginate swabs, due to possible viral inactivation.**
2. Collection of a throat swab and/or a nasopharyngeal swab from each patient is optimal for culture of all respiratory viruses. If collecting both a throat and a nasopharyngeal swab, both swabs should be combined in the same vial of viral transport medium.
3. Aseptically remove the sterile swab from the package. Collect throat swabs by vigorous swabbing of the posterior pharynx and tonsil regions, using a rigid shaft swab. Aseptically remove the cap from the VTM. Place the swab in a tube of transport medium. Close tightly. Refrigerate immediately after collection.
4. Collect nasopharyngeal swabs by inserting a flexible wire swab through each nostril deeply into the nasopharynx (aiming toward the ear). Rotate, remove and place the swab in a tube of transport medium.
5. Label the specimen vial with the patient's name and collection date. **Refrigerate immediately after collection.** Complete all the demographic information on the "Communicable Diseases Laboratory Test Requisition" form.

Instructions for Specimen Transport

1. Store at 4° C (refrigerator) until shipping is possible. **When packaging for shipment, add cold packs to the shipping container.**
2. **Messenger/Courier by ground transport** Wrap specimen(s) individually in absorbent material. Place wrapped specimen(s) into a biohazard labeled bag and seal securely. Place the test requisition(s) on the outside of the biohazard labeled bag. Place the sealed biohazard bag and test requisition(s) inside the shipping container. The shipping container must be rigid, such as a cooler, and labeled with the UN 3373 Biological Substance Category B marking. Close securely.
3. **Commercial carrier by ground/air transport** Wrap specimen(s) individually in absorbent material. Place the wrapped specimen(s) inside a biohazard labeled 95 kPa bag and seal following the instructions on the bag. Place the test requisition(s) on the outside of the 95 kPa bag. Place the sealed 95 kPa bag and completed requisition(s) inside the outer shipping container, **add cold packs** and close securely. Label the outer shipping container with the

appropriate Illinois Department of Public Health laboratory address. Complete the return address section to include the name of the person shipping the package, business name and address and a business phone number. The shipping container must include the UN 3373 Biological Substance Category B marking.

4. Specimens should be shipped within 24 hours of collection. Avoid shipping specimens over weekends and holidays.
5. Ship specimens, by the fastest delivery method possible, to the attention of the Molecular Diagnostics Lab at the IDPH Chicago laboratory. This can be accomplished by use of a local courier, shipping corporations or the U.S. Postal Service Overnight.

Ship to:

Illinois Department of Public Health Laboratory – Molecular Diagnostics Lab
2121 W. Taylor
Chicago, IL 60612-7260
Phone 312-793-4760
Fax 312-793-1322

Appendix B. Communicable Diseases Laboratory Test Requisition

Illinois Department of Public Health, Division of Laboratories

Please type or use indelible dark ink and print legibly with capital

Letters Outbreak #

Laboratory Specimen Number
(FOR PUBLIC HEALTH USE ONLY)

SUBMITTER INFORMATION:

	Submitter Code	Submitter Name		
Submitter Address (Street Number, Name of Street)	City	State	ZIP Code	
Contact Person/Clinician's Last Name	Telephone Number () - -	FAX () - -	E-mail Address	

PATIENT INFORMATION :

Patient's Last Name	First Name	Middle Name		
Street Address	Apartment/Suite Number	City	State	ZIP
Telephone Number () - -	Birthday (M/D/Y) / /	Age		
Sex Male Female	Race White African American/Black	Native American Asian/Pacific Islander	Other/Unknown	Ethnicity Hispanic Non-Hispanic
Patient ID # (optional)	Medical Recipient ID #			

TEST REQUEST INFORMATION (When sending acute and convalescent serology specimens, use one test requisition; complete collection information immediately below for acute specimen and complete collection information for convalescent specimen in the "Source/Specimen Type" box

Date Collected M/D/Y	Time Collected	() AM	() PM	Date of Onset	Initial of Person Collecting Specimen	Initials of Person Completing Form
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TEST	SOURCE/SPECIMEN TYPE	REASON
Arbovirus Panel	Blood - Film	Carner
B. Strep (Gp A)	Blood - Serum	Confirmation
B. Strep (Gp B)	Blood - Whole	Contact
Bacillus anthracis	Body Fluid (Specify Below**)	Diagnosis
Bacillus sp.	Bronchial Washing	Foodborne Illness
Blood Parasites	Fecal Swab	Grouping
Campylobacter	Genital Swab	Immunity
C. perfringens Toxin	Nasopharyngeal Swab	Outbreak
Cyclospora	O&P Kit	Post Vaccination
Cryptosporidium	Pharyngeal Swab	Routine Screening
E. coli	Rectal Swab	Rule Out Threat
Fecal Parasites	Referred/Isolated Culture	Agent
Fungus ID	Serum - Acute	Symptomatic
GC Culture		Treatment
Giardia		Typing
Herpes		Quarantine
Influenza		Release
Leptospirosis		Other (Specify Below***)
Measles IgG		
	Serum - Convalescent	
	(Specify Below**)	
	Date Collected ____/____/____	
	Initials of Collector _____	

* OTHER TEST

** SOURCE

*** REASON(S)

OVER – For Referred Cultures and Instructions

REFERRED CULTURE INFORMATION

Agent Suspected _____
Morphology _____
Carbohydrate Reactions _____
Other Biochemical Reaction _____
Commercial Kit Used _____
Tentative Identification _____
Other Pertinent Information _____

INSTRUCTIONS

The Illinois Department of Public Health (IDPH) laboratory requisition form titled, "Communicable Diseases Laboratory Test Requisition" is designed to accompany the specimens submitted to the Department laboratories by approved submitters for communicable diseases testing including parasitology, mycology, bacteriology, enterics, and virus.

DEFINITION - Submitter - Entity that sends specimens to be tested.

SUBMITTER INFORMATION - Enter the name of the organization/hospital OR submitter code, (if you have one) requesting the test, the ordering contact person/clinician's last name (important so that test results maybe routed correctly), the address of the organization/hospital requesting the test, and the complete submitter's phone number and FAX, including area code.

PATIENT INFORMATION - Print the patient's full name. The patient's ID# is an optional field for a locally assigned patient number completed at the discretion of the submitter. If applicable, enter the patient's Medicaid identification number. Enter the patient's date of birth; if known. If the date of birth is entered, the age may be left blank. Enter sex, race, and ethnicity as indicated by the patient. Enter the patient's complete address including apartment or suite number, city/town, state, and five digit ZIP code.

TEST REQUEST INFORMATION - Enter the date the specimen was collected. This is a REQUIRED field. If applicable, enter the date of patient's illness onset. Please print, the initials of person completing the requisition form and the initials of person collecting the specimen. Enter specimen collection time.

To request a test, fill in appropriate circle. Fill in circle for source and reason. If not listed, use "other" and write appropriate test, source or reason.

Chicago Laboratory
2121 W. Taylor St.
Chicago, IL 60612-4224
Phone: 312-793-4760

Springfield Laboratory
825 N. Rutledge St.
Springfield, IL 62702-4910
Phone: 217-782-6562

Carbondale Laboratory
1155 S. Oakland St.
Carbondale, IL 62901
Phone: 618-457-5131

Illinois Department of Public Health Web site: www.idph.state.il.us