

## SHIPPING GUIDELINES FOR MPHL COVID-19 TESTING

All specimens must be refrigerated and packaged as Biological Substance, Category B, UN3373 prior to delivery to your local health department or directly to MPHL according to DOT regulations 49 CFR part 173.99

### Supplies

- 2 biohazard bags with absorbent material
- 1 synthetic-tipped swab plastic shafts
- 1 viral transport medium tube
- 1 SARS-CoV-2 (Virus that causes COVID-19) Testing Requisition
- 1 Styrofoam cooler (box)
- Tape
- Cold packs
- Sturdy box large enough for the Styrofoam cooler to fit tightly inside

### Packaging Specimens

- Place Nasopharyngeal swab into viral transport medium tube
- Make sure the cap is sealed tight to avoid leaking
- Place tube and absorbent material into the first biohazard bag, seal the bag
- Place the first biohazard bag into the second biohazard bag, seal the bag
- Place the completed test request form inside the outer sleeve of the second biohazard bag, Do **NOT** staple test request form to the bag
- Place sealed biohazard bags and cold packs inside the Styrofoam cooler
- Close lid and place the Styrofoam cooler inside the sturdy box
- If the box does not fit tightly, place additional material to fill the extra space
- Tape the box shut

### How To Label The Box

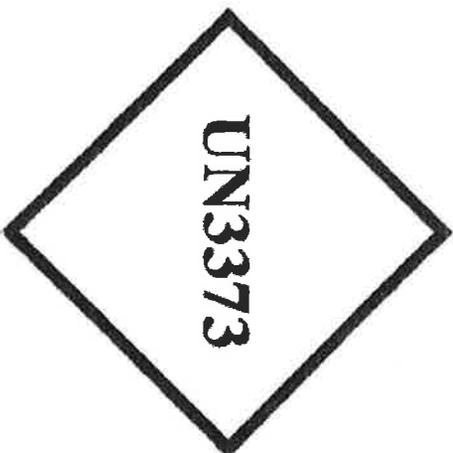
- The below listed information should all be placed on the same side of the box without overlapping onto another side
- From: Facility name  
Physical address  
Responsible Person: Individual's name and phone number of the person responsible for the package
- To: Mississippi Public Health Laboratory  
Attn: Molecular Diagnostics Section/Thompson Facility  
570 East Woodrow Wilson  
Jackson, MS 39216
- Print a UN3373, Biological Substance, Category B label (on second page)
- Securely tape the UN3373 label to the box
- Cover or mark out any additional information on box not related to this shipment



3/13/2020



**BIOLOGICAL SUBSTANCE,  
CATEGORY B**



**BIOLOGICAL SUBSTANCE,  
CATEGORY B**



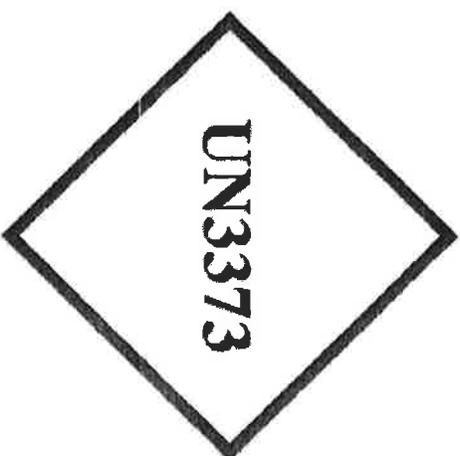
**BIOLOGICAL SUBSTANCE,  
CATEGORY B**



**BIOLOGICAL SUBSTANCE,  
CATEGORY B**



**BIOLOGICAL SUBSTANCE,  
CATEGORY B**



**BIOLOGICAL SUBSTANCE,  
CATEGORY B**



SARS-CoV-2 (Virus that causes COVID-19) Testing Requisition

Please make sure the information on the form is legible and complete.

SUBMITTER INFORMATION

PATIENT INFORMATION

Form with fields for Patient ID Number, Patient Name (Last, First, MI, Suffix), Clinic/Lab Name, County of Residence, Date of Birth, Street Address, Address, City, State, Zip, Phone Number, Contact Name of the clinician, RACE, ETHNICITY, Sex, and Contact Phone Number.

A. Test Requested:

[ ] SARS Coronavirus 2 Real-Time RT-PCR

B. Specimens Submitted (Check all that apply):

Mandatory Specimen Types:

[ ] Nasopharyngeal swab (NP) in 2-3mL Viral Transport Media Date of Collection: \_\_\_\_\_

If Available, submit one of the below lower respiratory specimen types

- [ ] Sputum (For patients with productive coughs only. Do not induce)
[ ] Bronchoalveolar lavage
[ ] Tracheal aspirate

Specimen Date of Collection: \_\_\_\_\_

C. Travel History within 14 days prior to illness onset [ ] Yes [ ] No

Travel To: \_\_\_\_\_

Dates of Travel: \_\_\_\_\_ Travel Return Dates: \_\_\_\_\_

D. Clinical History

[ ] Fever [ ] Cough [ ] Shortness of Breath [ ] Other \_\_\_\_\_

Date of Symptom Onset: \_\_\_\_\_ Patient is [ ] In-patient [ ] Out-Patient Did the patient die as a result of illness [ ] Yes [ ] No

Did patient have contact with another COVID-19 case? [ ] Yes [ ] No [ ] Unknown If yes, was contact a U.S. Case? [ ] Yes [ ] No

D. Required Testing Information:

Was any additional Respiratory Virus Testing Performed: [ ] Yes [ ] No

If yes, check all that apply. Attach a report containing testing results

- [ ] Influenza Test. List test name and results: \_\_\_\_\_
[ ] Respiratory Virus panel. List test name and results: \_\_\_\_\_

E. New Client Account Set-up for Fax Reporting.

Clinics/labs that are not current clients of the MPHL, must complete and submit MPHL form ISA0-13 to set-up fax reporting.

## Instructions for Form 1198, SARS-CoV-2 (Virus that causes COVID-19) Testing Requisition

### **Purpose**

To collect submitter information, patient demographics and specimen information for isolates submitted for SARS-CoV-2 (Virus that causes COVID-19) testing.

### **Instructions:**

#### **Submitter Information- Left hand side of requisition**

Record all requested information

Patient ID Number: Enter the submitter's patient identification number.

Submitter Name: Enter the submitting facility's full name.

Street Address: Enter the submitting facility's street address

City: Enter the submitting facility's city

State: Enter the submitting facility's state

Zip: Enter the submitting facility's zip code

Phone Number: Enter the submitting facility's phone number

Contact Name: Enter the name of the submitting facility's contact if applicable

Contact: Enter the phone number of the submitting facility's contact if applicable

#### **Patient Information – Right hand of requisition**

**Patient Name-** Enter the patient's LAST NAME, FIRST NAME AND MIDDLE INITIAL in sequence. The spelling of the name on the laboratory slip and the specimen container/tube must be identical. **Name listed must be legal name; DO NOT use nicknames.**

**County of Residence-** Enter the county where the patient currently resides (Hinds, Rankin, etc).

**Date of Birth- Provide** in MM/DD/YY format.

**Address** - Enter the complete address where the patient currently resides.

**City** - Enter the name of the city in which the patient resides.

**State** - Enter the state in which the patient resides

**Zip Code** - Enter the Zip Code of the patient's address.

**Phone Number** – Enter patient's telephone number including area code.

**Race** – Check the box associated with the patient's race

**Ethnicity-** Check the appropriate box

**Sex-** Check the appropriate box (male or female)

**Test Requested:** Check the box by the appropriate test requested.

**Specimen Type:** Submit a NP swab and an OP swab for each patient. If patient has a productive cough, submit one Lower Respiratory Specimen in addition to NP and OP swabs. Provide the Date of collection in MM/DD/YY format.

**Patient History- Provide information regarding any travel history, symptoms, and respiratory virus testing.**  
Attach all available respiratory virus testing reports to requisition

**Office Mechanics and Filing** – This form must accompany each patient for whom specimens are submitted to the MSDH Laboratory. A copy should be retained by the submitter as documentation of submission. Test results will be reported via computer generated report and forwarded to the submitter.

**Retention Period** – The MSDH Laboratory will retain the original form in accordance with Clinical Laboratory Improvement Amendments (CLIA) regulations.