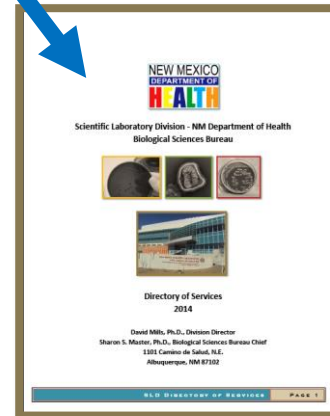
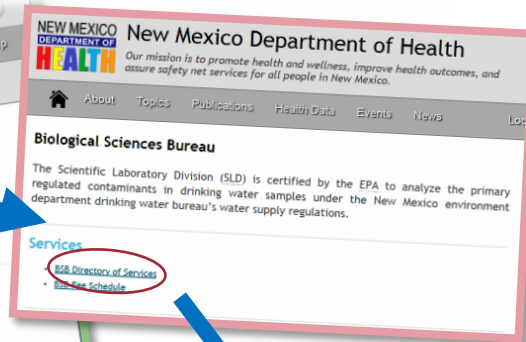
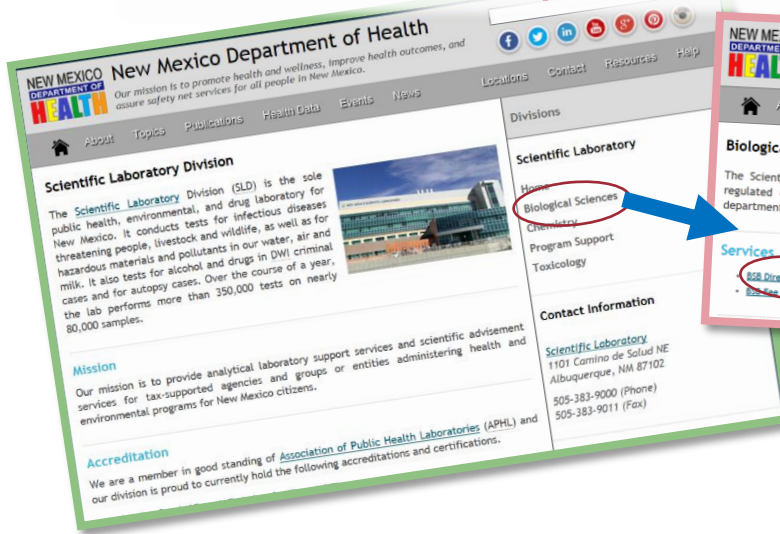


The Submitter's Guide to the Biological Sciences Bureau at SLD

New Mexico Scientific Laboratories
1101 Camino de Salud NE
Scientific Laboratory Division • Office of the Medical Investigator
Veterinary Diagnostic Services



Our Website: <http://nmhealth.org/about/sld/>



Our Directory of Services (DOS):

<http://nmhealth.org/publication/view/general/1496/>



Contact Information:

TITLE	PHONE/FAX	COMMENTS
BSB Chief	505-383-9122	Contact for general inquiries
BSB QA Manager	505-383-9154	Contact for quality issues
SLD Front Desk	505-383-9000; 505-383-9150	Contact for general inquiries and if uncertain whom to call
Epidemiology and Response Division (ERD)	505-827-0006	Emergency reporting of diseases
BSB Fax	505-383-9121	
SLD Fax	505-383-9011	
Specimen Receiving Phone	505-383-9068; 505-383-9059; 505-383-9066	For inquiries regarding courier service
Kit Prep Phone	505-383-9056	For request forms and kits
Kit Prep Fax	505-383-9062	For request forms and kits



Contact Information:

TITLE	PHONE/FAX	COMMENTS
GM Supervisor	505-383-9128	Contact for inquiries regarding bacteriology, mycobacteriology, and mycology testing
GM Line Supervisor	505-383-9127	Contact for inquiries regarding bacteriology
TB/Mycology Line Supervisor	505-383-9126	Contact for inquiries regarding mycobacteriology and mycology testing
VS Supervisor	505-383-9124	Contact for inquiries regarding virology or serology testing
VS Line Supervisor	505-383-9125	Contact for inquiries regarding virology or serology testing
MB Supervisor	505-383-9130	Contact for inquiries regarding molecular testing
MB Line Supervisor	505-383-9160	Contact for inquiries regarding molecular testing
EM Supervisor	505-383-9129	Contact for inquiries regarding food, water, and dairy testing
EM Line Supervisor	505-383-9104	Contact for inquiries regarding food, water, and dairy testing

What is a submitter code?

- Submitter codes are used to determine who the final report is sent to for the requested test. The submitter code is correlated to the submitter name, address, and phone number to ensure the report is sent to the intended recipient.

What is a user code?

- User codes determine who is fiscally responsible for the test requested.

What is EIP isolate?

- The Emerging Infections Program (EIP) is a collaboration with the CDC to collect isolates that might represent epidemiological patterns from pathogens that cause invasive infections, such as *Streptococcus pneumoniae*, and Group A & B Streptococcus



What is specimen source?

- The specimen source identifies the anatomic site from where the specimen originated.
- Examples include blood, BAL, pleural biopsy, NP swab etc.
- This is critical information to ensure that the specimen submitted is appropriate for the testing requested.

What is a patient identifier?

- One of the most important aspects of submitting a specimen is having at least two forms of identification on both the specimen and the Clinical Request Form. The patient must be identified and distinguishable from other patients.
- The patient's name, date of birth, and/or the medical record number are considered identifiers.
- The identifiers on the specimen label **MUST** match those on the Clinical Request Form.



Basic Principles:

- If possible, collect the specimen in the acute phase of the infection and before antibiotics are administered.
- Select the correct anatomic site for collection of specimen.
- Collect the specimen using the proper technique and supplies with minimal contamination of normal biota.
- Collect the appropriate quantity of specimen
- Package the specimen in a container or transport medium designed to maintain the viability of the organism and avoid hazards that result from leakage.
- Label the specimen accurately with the specific anatomic site and the patient information – name and a unique identification number.
- Transport specimen promptly or make provisions to store in an environment that does not degrade suspected organism(s).
- Notify the laboratory in advance if unusual pathogen or agents of bioterrorism are suspected.

Two Forms of Patient Identifiers on Specimen



Examples:

- Patient name; first and last name count as ONE
- Date of birth
- Hospital number/ Medical Record Number
- Social Security Number
- Requisition number
- Accession number
- Unique random number

NEW MEXICO DEPARTMENT OF HEALTH		SLD CLINICAL TEST REQUEST FORM		SLD LAB NO. ONLY ONE FORM PER SPECIMEN	
SLD Form 101 v2		USER CODES → <input checked="" type="checkbox"/> 51000 (Epidemiology) <input type="checkbox"/> 52325 (PHD: Adult Hepatitis) <input type="checkbox"/> 52330 (PHD: TB Program) <input type="checkbox"/> 51006 (EIP) DATE: 52000 (PHD: General) <input type="checkbox"/> 52110 (PHD: Prenatal) <input type="checkbox"/> 70704 (OMI) per form <<< TIME: 52120 (PHD: Family Plan) <input type="checkbox"/> Other: (Enter Number) <input type="text"/>		PLEASE PRINT LEGIBLY	
SLD: <<< EXAMPLE >>> ONLY: STAMP:		SUBMITTER INFORMATION SUBMITTER CODE: 123 FACILITY NAME: Name of Facility ADDRESS: 12345 Rainbow Rd City: Albuquerque, NM 87111 PHONE: (505) 555-2222 ATTENTION: Jane Smith		PATIENT INFORMATION PATIENT NAME: Doe, John GENDER: <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> TRANSGENDER DATE OF BIRTH: MM/DD/YYYY: 12 / 10 / 1962 ADDRESS: 11825 Plain Rd City: Santa Fe, NM 87505 PATIENT ID (MRN#): 1234567 SOCIAL SECURITY: _____ OTHER ID (H/W): _____	
CLINICIAN NAME: Who, Dr. PHONE # (505) 555-4444		RACE: Check all that apply. <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input checked="" type="checkbox"/> White <input type="checkbox"/> Other ETHNICITY: <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic		SPECIMEN INFORMATION S: Abscess PS: Aches/flu C: Blood, femoral M: Blood, heart I: Blood, plasma C: Blood, serum E: Blood, whole N: Bone E: Bone marrow Brain	
SPECIMEN COLLECTION Date/Time Collected: 10 / 31 / 2014 13:00 End of Quantiferon: MM/DD/YYYY Incubation (ITB Only): MM/DD/YYYY		SPECIMEN TYPE <input checked="" type="checkbox"/> Clinical <input type="checkbox"/> Reference <input type="checkbox"/> Asymptomatic <input checked="" type="checkbox"/> Symptomatic Date of onset: MM / DD / YYYY: 10 28 2014		CLINICAL SYMPTOMS Hepatitis A, B and C culture CDC referral (attach form 50 34) HIV-1 antibody HIV Rapid Test Confirmation Hepatitis A Diagnosis (IgM Only) Hepatitis A Immune Status Hepatitis B Pre Vaccination Hepatitis B Prenatal Screen Hepatitis B Post Vaccination Hepatitis B High Risk Contact Hepatitis B (HBV positive) Hepatitis B High Risk and HCV Hepatitis C Antibody (anti-HCV)	
ANALYSIS REQUESTED BACTERIOLOGY B. anthracis B. cereus/s. aureus Culture, OMI Culture, OMI anaerobic Campylobacter species E. coli O157:H7 GC culture H. influenzae typing L. monocytogenes Legionella culture Nocardizing bacilli H. meningitidis typing ID of Bacteria (specify) Anerobic Gram negative Gram positive EIP isolate (specify) Group A Streptococcus Group B Streptococcus S. pneumoniae		MYCOLOGY Acid fast bacilli Acid fast bacilli Cocci/diplococci Yeast/Mold Culture		VIRUS ISOLATION Agent(s) suspected: <input checked="" type="checkbox"/> Influenza <input type="checkbox"/> Rapid Test: Pos. / Neg. / Not Performed. <input type="checkbox"/> HSV <input type="checkbox"/> Other (Specify): _____	
AF/TUBERCULOSIS Culture ID isolate		MOLECULAR Pcr/tissue (bordetella sp.) PCR Other (ERD only)		MOLECULAR Dengue/Chikungunya PCR Zika PCR Other (ERD only)	

Submitter information

Specimen information

User codes - 1 per form

Patient information; 2 identifiers

Analysis (Test) requested

Yellow highlighted portions must be completed!



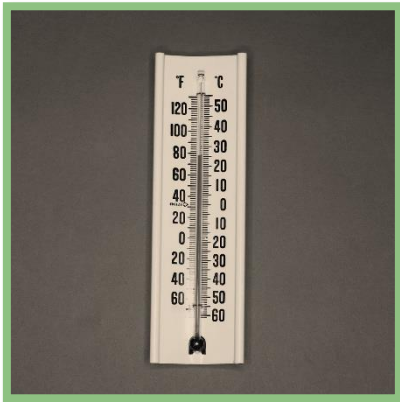
Please remember to

- Submit a clinical request form
- Complete all yellow highlighted sections
- Submit only 1 specimen per form

DELAYED TESTING = DELAYED RESULTS!

Each specimen is to be maintained and shipped at a specific temperature which is dependent on the type of specimen requirements.

These requirement can be found in the DOS.



Refrigerated (2-8°C)

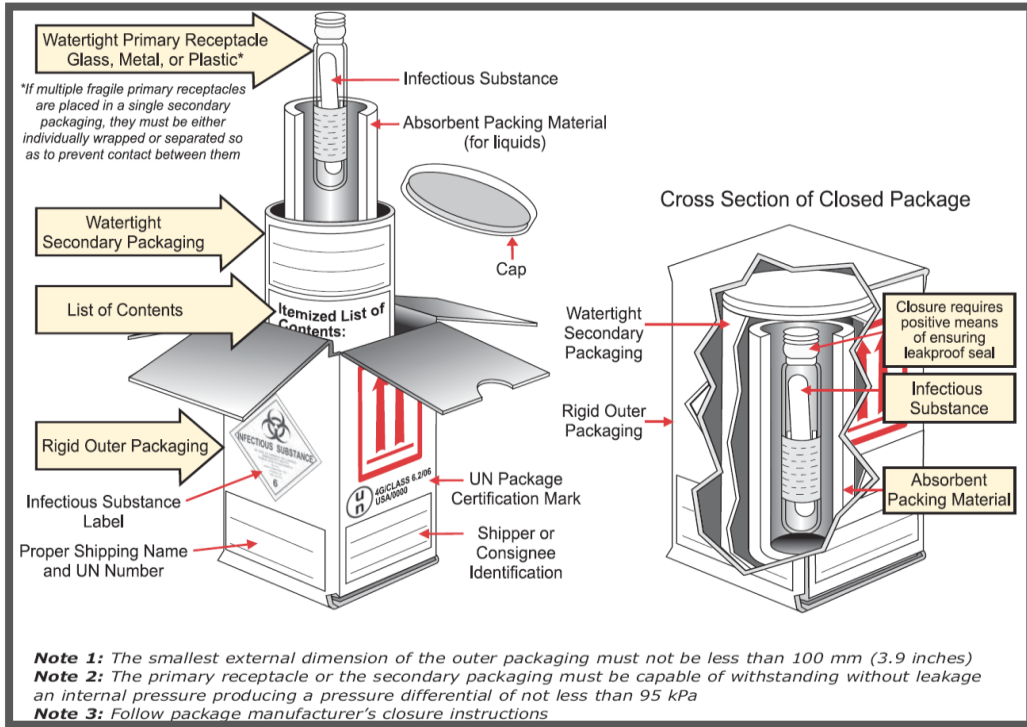
OR

Room Temperature

OR

Frozen

Category A



Documented training and certification required to ship Category A

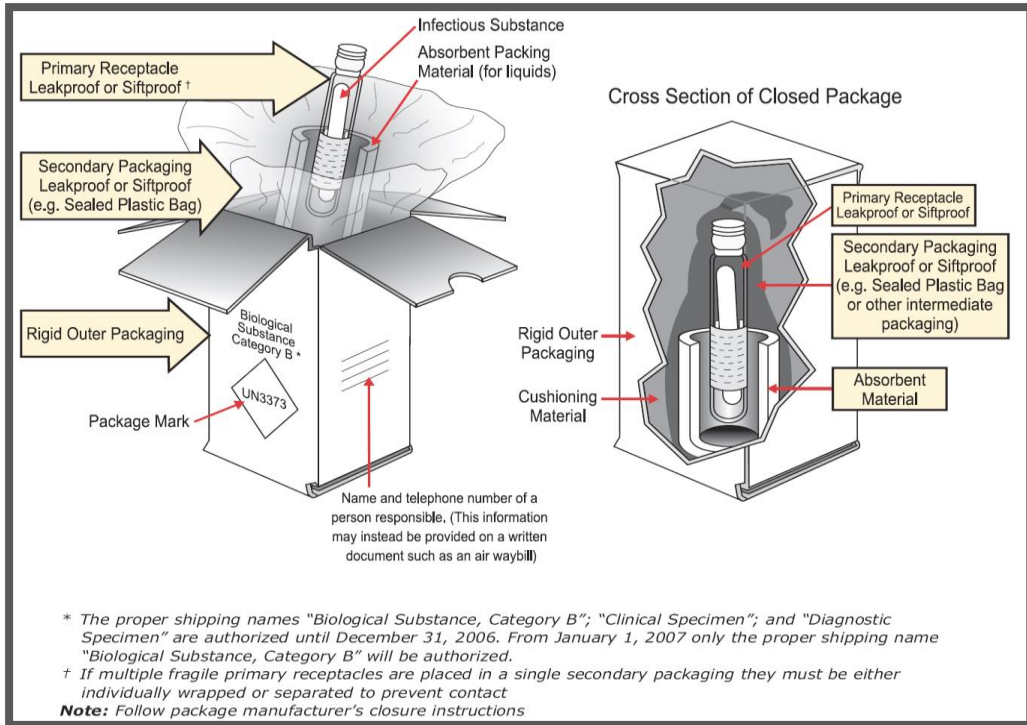


Micro-organism
Bacillus anthracis (cultures only)
Brucella abortus (cultures only)
Brucella melitensis (cultures only)
Brucella suis (cultures only)
Burkholderia mallei (cultures only)
Chlamydia psittaci – avian strains (cultures only)
Clostridium botulinum (cultures only)
Coccidioides immitis (cultures only)
Coxiella burnetti (cultures only)
Crimean-Congo hemorrhagic fever
Dengue virus (cultures only)
Eastern Equine encephalitis virus (cultures only)
Escherichia coli, verotoxigenic (cultures only)
Ebola virus
Flexal virus
Francisella tularensis (cultures only)
Guanarito virus
Hantaan virus
Hantavirus causing hemorrhagic fever with renal syndrome
Hendra virus
Hepatitis B virus (cultures only)
Herpes B virus (cultures only)
Human immunodeficiency virus (cultures only)
Highly pathogenic avian influenza virus
Junin virus
Kyasanur Forest disease virus
Lassa virus

Category A agents

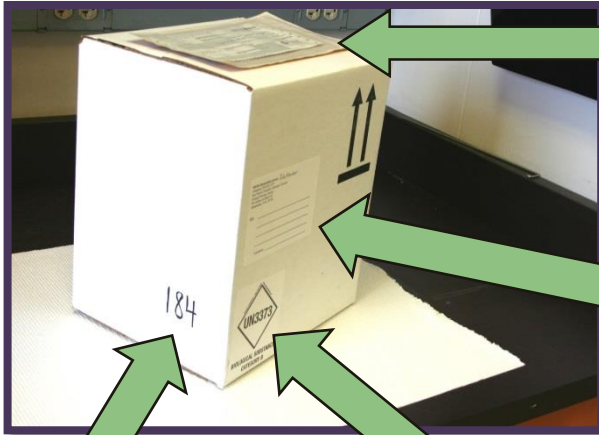
Micro-organism
Machupo virus
Marburg virus
Monkeypox virus
Mycobacterium tuberculosis (cultures only)
Nipah virus
Omsk hemorrhagic fever virus
Poliovirus (cultures only)
Rabies virus (cultures only)
Rickettsia prowazekii (cultures only)
Rickettsia rickettsii (cultures only)
Rift valley fever virus (cultures only)
Russian spring-summer encephalitis virus (cultures only)
Sabia virus
Shigella dysenteriae type 1 (cultures only)
Tick-borne encephalitis virus (cultures only)
Variola virus
Venezuelan equine encephalitis virus (cultures only)
West Nile virus (cultures only)
Yellow fever virus (cultures only)
Yersinia pestis (cultures only)

Category B



SHIPPING

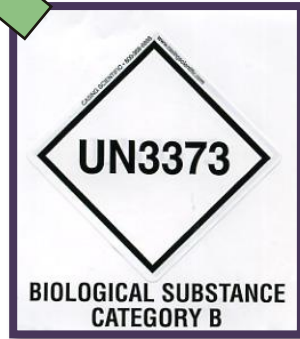
Documentation of training recommended



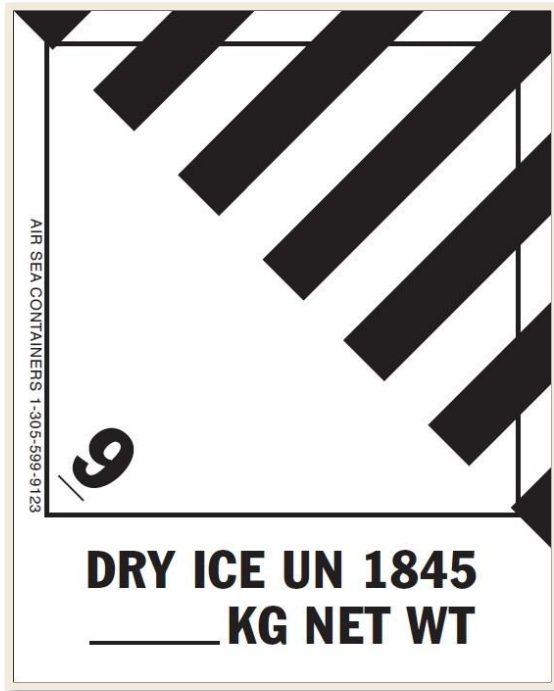
Courier form

To/From address label (can include responsible person information)

Submitter code will ensure return of box



Shipping with Dry Ice



Affix new no-line label

Ensure box or label says
DRY ICE and UN1845

Write quantity of dry ice
used

Maximum quantity =
2.5 kg

Compromised Specimen

- Leaking container
- Broken container
- Incorrect shipping temperature
- Errors with specimen
- Incorrect holding time
- Incorrect volume

Improperly labeled specimen

- No identifier
- Only one identifier
- Specimen identifier does not match form

**EACH SPECIMEN HAS SPECIFIC REJECTION CRITERIA
LOCATED UNDER EACH TEST IN THE DIRECTORY OF SERVICES**



Specimen



- Refrigerated/Frozen NP swab.

Collection



- Rayon, Dacron®, flocked swabs.
- Inoculate swab per kit instructions.
- Return swab to original tube.

Handling



- Ambient ≤ 4 hrs.
- Refrigerated ≤ 2 days.
- Frozen ≤ 2 weeks.

Shipping



- Ship with -20°C (-4°F) cold packs following DOT/IATA regulations.

Specific Rejection Criteria



- Calcium-alginate swabs (shown to inhibit PCR).
- Respiratory aspirates or Nasal swabs.
- Swabs in transport medium.

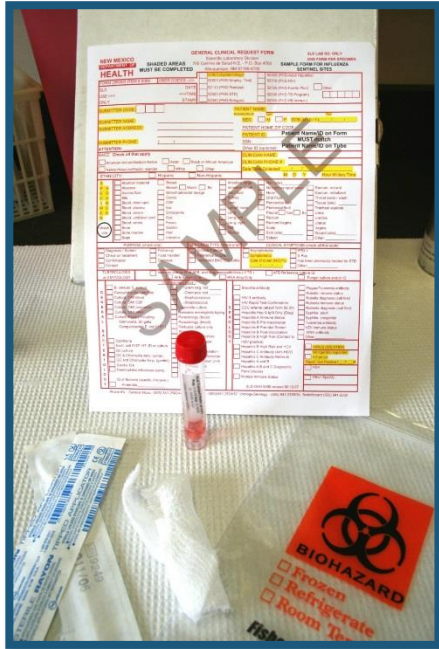
Specimen

- NP, nasal, or throat swab
- Nasal aspirate
- Nasal wash
- Dual NP/throat swab
- BAL – Culture only, NOT RT-PCR
- Bronchial wash
- Tracheal aspirate
- Sputum
- Lung tissue
- *For Collection see Directory of Services*

Handling

- Delivery to lab \leq 72 hrs = 2-8°C (35 – 46°F)
- Delivery > 72 hrs = -70°C (-94°F) or on dry ice
- Do not freeze at -20°C (-4°F), such as in a household type freezer.

SLD Virus Isolation Kit



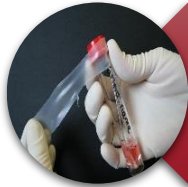
Clinical Request Form

Specimen bag with outer sleeve

Viral transport medium

2 swabs

Gauze pad



Break off plastic shaft so swab fits within tube.
Cap tightly; parafilm/masking tape to seal; refrigerate.



Place specimen, with parafilm and absorbent material,
into a zip-lock bag.
Only 1 specimen per bag.



Place form in outer sleeve of zip-lock bag to separate it
from specimen, in case of leakage.



Place the bagged specimen in shipping container on ice
packs to keep specimen cold until arrival at SLD. If >72
hrs, ship on sufficient dry ice to keep frozen.



Specific Rejection Criteria

- Specimens older than 72 hrs and not frozen.
- Calcium Alginate swab for RT-PCR.
- Cotton swabs and/or swabs with wooden shafts for RT-PCR & Virus Isolation.

Special Requirements

- Place specimen in viral transport medium.
- Do not freeze at -20°C (-4°F), such as in a household type freezer.

Specimen Types Accepted by SLD

Sputum

- Instruct patient on importance of good quality sputum.
- 3-10 ml in a 50 ml tube supplied by SLD kit prep.

Gastric Lavage

- Neutralize specimen before sending.
- Notify SLD before collection.

Stool/Feces

- Notify SLD before sending.

Urine

- 3-5 daily, consecutive collections first thing in the morning.
- Avoid pooled, midstream, or 24 hr collections.

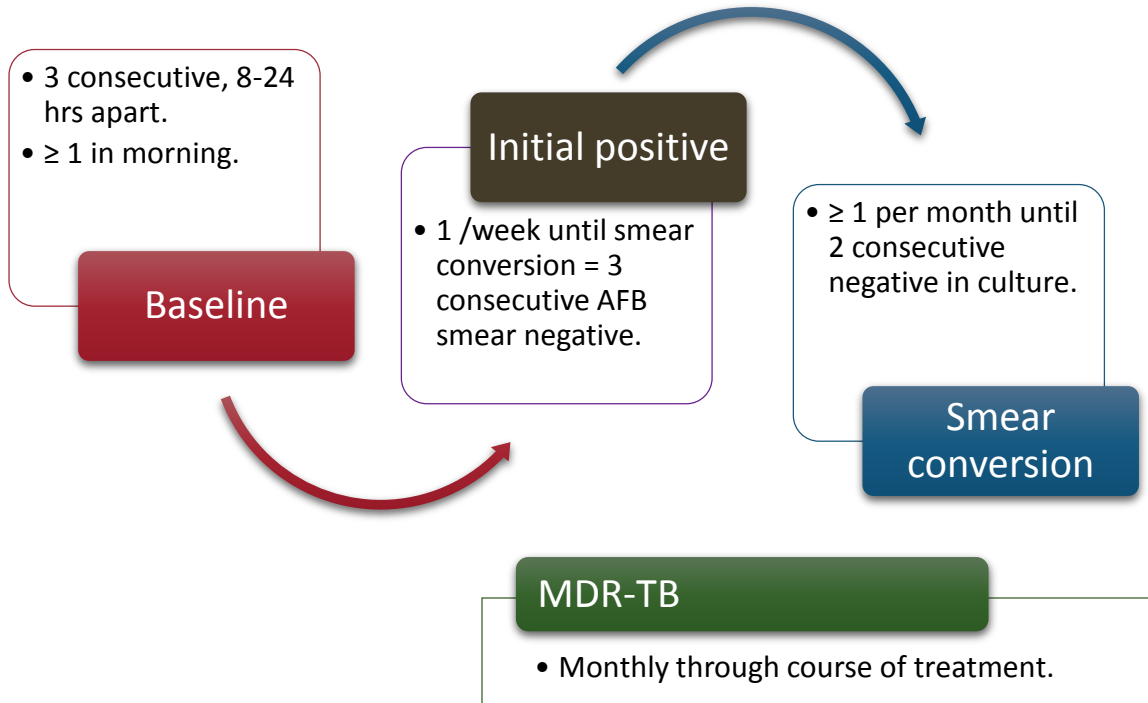
Tissue

- Collect aseptically and submit in 5 ml sterile saline.

CSF/other sterile body fluids

- Collect aseptically in sterile screw cap tube.
- Submit 5-50 ml to increase chance of detection.
- DO NOT SEND BLOOD.

Sputum Collection Schedule





Collection

- See Directory of Services for additional information.
- For questions about sputum collection contact the TB Control Program at (505) 827-2471.

Handling

- Refrigerate samples after collection.

Shipping

- Ship samples as they are collected. **DO NOT BATCH.**
- Send cold on ice pack. **DO NOT FREEZE.**

Specific Rejection Criteria

- Broken or leaking tubes.
- Specimen in preservative (formalin).
- Inadequate specimen volume.
- Received on a swab, in a swab transport device, in gauze, paper towel etc.
- Sputum specimens collected <8 hrs apart; urine collected < 1 day apart; specimens > 7 days old upon receipt.
- Improper temperature.
- Evidence of improper handling.

Special Requirements

- Use sterile 50 ml centrifuge tubes supplied in the collection kit.
- NO Collection cups.
- Legible, completed request form.

Description

- New Mexico Emerging Infections Program (EIP) bacterial isolates requested for Epidemiological Investigation as part of a CDC collaborative study.
- The EIP user code and the test requested are independent of one another.

Specimen

- Isolates of *Streptococcus pneumoniae*, Group B Streptococcus, or Group A Streptococcus isolated from sterile sites including blood, CSF, pleural fluid, peritoneal fluid, joint, bone, muscle, and internal body sites.
- Send on appropriate media.
- If specimen not from sterile site, mark Gram negative or positive ID.

Shipping

- Cold, on ice pack, or room temperature. DO NOT FREEZE.

Special Requirements

- On Clinical Request Form: check “EIP Isolate” and write “SPN”, “GAS”, or “GBS” corresponding to isolate sent.



Notifiable conditions in New Mexico

- The list is located here;
<http://nmhealth.org/publication/view/regulation/372/>
- Examples include anthrax, plague, listeria, salmonella. For a complete list see link above.
- ERD must be notified either immediately or routinely at 505-827-0006
- Suspect or confirmed cases of Tuberculosis or Nontuberculosis mycobacteria must be reported to the Tuberculosis Program at 505-827-2473
- Certain isolates/clinical specimens need to be submitted to SLD. See link above for a complete list.



Specimens



- Correct media/collection container for specimen
- Labeled with two identifiers that correspond with the General Clinical Test Request Form
- Lids are tightly sealed
- Stored at the appropriate conditions

Clinical Request Form



- Check appropriate User Code
- Write in your Submitter Code, Submitter name, address, and phone number
- Clinician Name
- Write in patient name, gender, complete date of birth, and patient ID (MRN#)
- Check the appropriate Specimen Source box
- Enter date & time of collection (military time)
- Select the analysis requested
- Place Clinical Test Request Form in OUTER sleeve of biohazard bag
- Any questions contact SLD

Packaging and Shipping



- Store at required temperature until DMC pick up
- Call DMC Courier for next day pick-up (1-800-825-7274)
- Place specimen/s in Styrofoam cooler with appropriate shipping requirement, i.e. coolie pack, dry ice, or room temperature
- Place cooler in cardboard box with correct labeling (UN3373/2814, submitter code bottom corner of box, and dry ice sticker if used)
- Fill out Packing List
- Fill out DMC Courier Form
- Put return address on box