



STATE OF ALABAMA

DEPARTMENT OF PUBLIC HEALTH
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BUREAU OF CLINICAL LABORATORIES
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Guidance for Laboratory Testing for Influenza Viruses

What specimens should be submitted?

Specimens should be collected from:

- **All hospitalized patients** with influenza-like illness (ILI*)
- **All pregnant females with** ILI*
- **All patients with recent international travel** and ILI*
- **Any healthcare provider can submit influenza specimens year round**
 - Sampling as directed from outpatient visits with ILI*
 - Do not collect more than **one** specimen per family, household, or close contact.
 - Guidance and specimen threshold may change during the season, depending on influenza activity. . Check adph.org/epi, Influenza Webpage.

*ILI symptoms include 100.4° fever along with cough or sore throat with no other known cause

How do I order a flu test kit?

- Email flutestkit@adph.state.al.us
- Enter in Subject line" flu test kit"
- Explain in the body of email what you need, for example the entire flu test kit or individual items, like cooler, ice packs, Dacron swabs, viral/universal transport media, etc.

What specimen should I collect?

- Nasopharyngeal swabs, nasopharyngeal aspirates/washes, throat swabs, and nasal swabs
- Swab specimens should be collected **only on swabs with synthetic tips** (polyester, Dacron, etc.) with aluminum or plastic shafts.
- Cotton swabs, wooden shafted swabs, and calcium alginate swabs are not acceptable. Calcium alginate can inhibit laboratory-testing procedures.
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- Specimens should be **collected within 72 hours of onset** of symptoms **and shipped immediately** to the Bureau of Clinical Laboratories (BCL).
 - ✓ If specimen cannot be shipped immediately, it must be stored in the refrigerator, but **must be received at the BCL within seven days of collection**.
 - ✓ **DO NOT FREEZE** the specimens as this reduces viral recovery.

How do I collect the specimen?

Nasopharyngeal swab or aspirate/wash

Specimen should be collected by trained personnel per the instructions used at

collecting facility.

Throat swab

1. Ask patient to cough; swab the posterior pharynx and tonsil areas (avoid tongue).
2. Place swab into tube of viral/universal transport medium.
3. **Break shaft of swab** so that it does not protrude above the rim of the tube.
4. Screw cap on tube securely to avoid leakage.
5. Label the transport tube with the patient's name, specimen source, collection date.
6. Refrigerate specimen(s) until ready to ship to the laboratory as described above.
Note that refrigerated specimens must arrive at the laboratory within seven days of collection.

Nasal Swab

1. Insert a sterile Dacron swab into the nostril that presents the most secretion under visual inspection.
2. Using gentle rotation, push the swab until resistance is met at the level on the turbinates (less than one inch into the nostril).
3. Rotate the swab a few times against the nasal wall.
4. Place swab into tube of viral/universal transport medium.
5. **Break shaft of swab** so that it does not protrude above the rim of the tube and cap.
6. Label the transport tube with the patient's name and specimen source.
7. Refrigerate specimen(s) until ready to ship to the laboratory as described above.
Note that refrigerated specimens must arrive at the laboratory within seven days of collection.

How do I package the specimen?

1. Place swab or aspirate into viral/universal transport media.
2. **Break the swab shaft** off low enough for the cap to screw on tightly.
3. Place the media tube into a sealable plastic bag with absorbent material and place in Styrofoam box. More than one media tube may be placed in the plastic bag. A canister may also be used.
4. Place a **frozen** cold pack on top of the specimen(s).
5. Place the Styrofoam lid on the box.
6. Place the printed form from the Web Portal (or completed Requisition Form, adph.org/bcl) in a separate sealable plastic bag and place on the cooler in the box. (Make sure your facility name is included.)
7. Close and seal the cardboard box.
8. Place the appropriate shipping labels on the box: address label and UN 3373 (biological substance) label if not already on the outer box.

How do I submit the specimen?

- Log in to the facility's State Lab's Web Portal account and print out a bar code for shipping. You will receive the patients' results electronically.

- If you have not signed up for the Web Portal yet, contact Ron Howard at the BCL to be set up. (334-260-3409 or ron.howard@adph.state.al.us)
- Alternatively, you may complete the ADPH BCL Requisition Form, but your results will be mailed.

How do I ship the box?

1. You may ship the package on Monday through Thursday (specimen must be received within seven days of collection) to:

**Bureau of Clinical Laboratories
8140 AUM Drive
Montgomery, AL 36117**

2. You may take the box to your local county health department to be placed into the courier system (to be received within seven days of collection) Monday through Friday. The specimen **MUST** be properly packaged before taking to the county health department. Coordinate delivery prior to arrival to meet daily shipping cut-off times.

Unsatisfactory Specimens

- Specimens received warm or hot because of missing or melted ice packs
- Specimens in media other than viral/universal transport media
- Dry swabs (not in transport media)
- Expired transport media
- Specimens that were collected and stored longer than seven days
- Specimens without patient identification
- Specimens where required CLIA demographics cannot be attained
- Incomplete lab slips

How Do I Get the Results?

- All influenza tests submitted using the secure Web Portal and associated printed forms will receive PCR results electronically immediately, upon completion.
- PCR results for influenza tests submitted using the ADPH BCL Requisition Form will be mailed .

Influenza Testing & Surveillance Contact information

- For more information about specimen collection, please go to www.adph.org/bcl, Seasonal Influenza or call 334-260-3429.
- For more information about influenza surveillance, please go to www.adph.org/Influenza or call 1-800-338-8374.

ADPH Influenza Specimen Submitting Collection Supply Order Form

- Please order a month's supply of material.
- You may order complete kits or items individually.
- Please allow 1 week for shipments to be delivered.

Number Ordering	Item
	Complete Specimen Collection Kits

Number Ordering	Individual Items Not in a Complete Kit
	Styrofoam Cooler and Cardboard Shipping Boxes
	Dacron Swabs
	Ice Packs
	Plastic Zip Lock Bags
	UN 3373 Biological Substance Labels
	Flu PCR Lab Slips
	Viral Transport Media Vials

Ship To

Practice Name	
Contact Person	
Physical Address	Street Address
	Suite # or Building #
	City and Zip
Contact Person's Phone Number	

Fax the completed form to 334-274-9805 or email your request to:
FluTestKit@ADPH.state.AL.US.

For more information about specimen collection, please go to www.ADPH.org/BCL ,
Seasonal Influenza, or call 334-260-3429.

For more information about influenza surveillance, please go to www.ADPH.org/Influenza or
call 1-800-338-8374.

As of 1/1/14, all specimens (except newborn screening) require the patient's demographic and insurance information. Complete a separate form for each test requested.

Patient Information			Healthcare Provider Information			
Patient ID Number/MRN		Specimen Collection Date / /		Facility Name		
Patient Name (Last and First)		Date of Birth (mm/dd/yyyy) / /		Physician/Requestor Name (Last and First)		NPI#
Specimen Source	Race (mark all that apply) <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Unknown	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Unknown		Street Address		
Date of Onset / /		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		City	State	Zip
Hospitalized <input type="checkbox"/> Yes <input type="checkbox"/> No		Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone Number		Fax Number
Patient Street Address			Laboratory Use Only			
City	State	Zip				
Patient SSN	Patient Phone Number					

Insurance Information (Please include copy of insurance card)					
Bill To	<input type="checkbox"/> Patient's Insurance	<input type="checkbox"/> Patient	<input type="checkbox"/> Ordering Facility	<input type="checkbox"/> ADPH Program _____	
Insurance Carrier <input type="checkbox"/> BC/BS <input type="checkbox"/> United Healthcare <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> No Insurance <input type="checkbox"/> Other (Specify) _____	Policy Holder's Name (Last, First, MI)		ID Number	Group Number	
	Policy Holder's DOB (mm/dd/yyyy)		Policy Holder's Mailing Address		Patient's Relationship to Policy Holder (Self, Child, Spouse, Unknown)
	Diagnosis Code(s)	Code 1	Code 2	Code 3	

Test Requested	
Frequently Ordered Recent Travel? Yes/No When and where? _____ Recent Vaccine? Yes/No When and what type? _____ <input type="checkbox"/> CT/GC/TV <input type="checkbox"/> Syphilis History of treatment? Yes / No <input type="checkbox"/> HIV EIA HIV EIA Form # _____ <input type="checkbox"/> Blood Lead <input type="checkbox"/> Capillary <input type="checkbox"/> Venous Follow-up? Yes/No <input type="checkbox"/> HIV Viral Load <input type="checkbox"/> HIV Genotyping <input type="checkbox"/> Lymphocyte Subset (CD4) <input type="checkbox"/> Hepatitis B Surface Antibody <input type="checkbox"/> Hepatitis B Surface Antigen Post Vaccine Employee? Yes/No Needle Stick? Yes/No <input type="checkbox"/> CBC without differential Chemistry Panel (Only one form required per Chemistry Request) <input type="checkbox"/> Comprehensive Metabolic <input type="checkbox"/> Lipid <input type="checkbox"/> Basic Metabolic <input type="checkbox"/> Thyroid <input type="checkbox"/> Renal Function <input type="checkbox"/> TB <input type="checkbox"/> Hepatic Function <input type="checkbox"/> Electrolytes <input type="checkbox"/> Chemistry Analyte (s) _____ <input type="checkbox"/> Influenza Rapid test result: _____ <input type="checkbox"/> Urine Culture Symptomatic / Post Treatment / Other: _____ <input type="checkbox"/> Arboviral Testing Agent suspected: _____ <input type="checkbox"/> Other Test _____	AFB/Mycology/Microbiology <input type="checkbox"/> AFB <input type="checkbox"/> Mycology <input type="checkbox"/> Microbiology – Reference/Gram Stain _____ <input type="checkbox"/> Microbiology – <i>Salmonella/Shigella</i> <input type="checkbox"/> Microbiology – PCR Test _____ <input type="checkbox"/> Other _____ Agent suspected: _____ Special Instructions: _____ _____ _____ _____ _____ _____