



STATE OF ALABAMA

DEPARTMENT OF PUBLIC HEALTH  
DONALD E. WILLIAMSON, M.D. • STATE HEALTH OFFICER

BUREAU OF CLINICAL LABORATORIES  
SHARON P. MASSINGALE, Ph.D., HCLD(ABB) • DIRECTOR

## 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\*
  
- **ADPH Surveillance Reporting Network (SRN) Providers**
  - **Additional Instructions for ADPH SpeciNet Providers**
    - Sampling from outpatient visits with ILI\*
    - Up to **four** specimens per week, regardless of number of physicians in the practice
    - Do not collect more than **one** specimen per family, household, or close contact.

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

### What form should be used to request testing?

- Complete the attached **orange** ADPH BCL Lab Slip BCL-300 09/10 (page 5).

### 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 and wooden shafted swabs are not recommended.**
- Swab specimens should not be collected using calcium alginate swabs. Calcium alginate can inhibit laboratory testing procedures.
- 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

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

### Nasopharyngeal 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 and specimen source.
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 completed lab slip in second, sealable plastic bag and place in the box.
6. Place the Styrofoam lid on the box, then close and seal the cardboard box.
7. 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 ship the box?**

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

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

**Mailing Address**  
Bureau of Clinical Laboratories  
P O BOX 244018  
Montgomery, AL 36124-4018

**OR**

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). The specimen **MUST** be packaged as above before taking to the county health department.

### **How Do I Order Additional Flu Specimen Collection Kits and Supplies?**

- Please complete and fax the SpeciNet Collection Supply Order Form (page 4) to 334-274-9805 or email your request to [FluTestKit@adph.state.al.us](mailto:FluTestKit@adph.state.al.us).

### **Unsatisfactory Specimens**

- Specimens received warm or hot due to no ice packs or melted ice packs
- Specimens received in any other media besides viral/universal transport media
- Dry swabs (not in transport media)
- Specimens received in expired transport media
- Specimens received that were collected and stored longer than seven days
- Specimens received without positive patient identification
- Specimens where required CLIA demographics cannot be attained

### **How Do I Get the Results?**

- All PCR flu test results will be mailed directly to the healthcare provider.
- Additional testing may include adenovirus, RSV, parainfluenza 1, 2, and 3 by viral culture. The additional test results will be mailed when all testing is complete.

### **Influenza Testing & Surveillance Contact information**

- For more information about specimen collection, please go to [www.adph.org/bcl](http://www.adph.org/bcl), Seasonal Influenza or call 334-260-3429 or 334-260-3480.
- For more information about influenza surveillance, please go to [www.adph.org/influenza](http://www.adph.org/influenza) or call 1-800-338-8EPI (8374).

## ADPH Influenza Specimen Submitting Network (SpeciNet) 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	

Please fax the completed form to 334-274-9805 or email your request to [flutestkit@adph.state.al.us](mailto:flutestkit@adph.state.al.us).

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**INFLUENZA SPECIMEN SUBMISSION FORM**  
 (Shaded area for lab use only)

**ALABAMA DEPARTMENT OF PUBLIC HEALTH  
 BUREAU OF CLINICAL LABORATORIES  
 INFLUENZA SURVEILLANCE REPORTING**  
 8140 AUM Drive, P.O. Box 244018, Montgomery, AL 36124-4018 (334) 260-3400

**ADPH-BCL-300 09/2010**

Patient Last Name		Patient First Name		Patient MI	<b>Date Specimen Received</b> MM DD YYYY	
Patient Address						
Street		City		State	Zip	
Patient County of Residence		Patient Date of Birth MM DD YYYY		Patient SSN		
Patient Sex	Patient Race		Ethnicity	Rapid Test Results (if performed)		
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Unknown <input type="checkbox"/> Pacific Islander/Hawaiian Native		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	<input type="checkbox"/> Influenza A <input type="checkbox"/> Negative <input type="checkbox"/> Influenza B <input type="checkbox"/> Not Tested <input type="checkbox"/> Influenza A/B		
Onset Date MM DD YYYY		Respond to All Questions				Specimen Source  <input type="checkbox"/> Throat Swab <input type="checkbox"/> Nasopharyngeal Swab <input type="checkbox"/> Nasal Swab <input type="checkbox"/> Nasopharyngeal Wash/Aspirate
Specimen Collection Date MM DD YYYY		Is the patient pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Is (was) the patient admitted to the hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Has patient recently traveled outside of the country? <input type="checkbox"/> Yes (Where _____) <input type="checkbox"/> No <input type="checkbox"/> Unknown				
		Is your facility a member of the <b>ADPH Surveillance Reporting Network</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
Practice/Hospital Name			Practice/Hospital Address			
			Street		City	State Zip
Physician Name		Physician Phone Number (If applicable)		Practice/ Hospital Phone Number		Practice/Hospital County

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Practice/Hospital Name			Practice/Hospital Address			
			Street		City	State Zip
Physician Name		Physician Phone Number (If applicable)		Practice/ Hospital Phone Number		Practice/Hospital County