**Packaging and Shipping COVID-19 specimens with**

**COVID-19 (SARS-COV-2) Molecular Detection Test Requisition (MDHHS-5891)**

Step 1: Before submitting specimens please call/email:

Dr. Diana Riner at (517) 335-8099, [rinerd@michigan.gov](mailto:rinerd@michigan.gov)

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Step 2: Complete Documentation

**Before filling out the requisition** - important things to check:

1. Before collecting the specimen, label the transport tube
2. Each tube must have 2 identifiers written on the label of the tube: also, write the specimen source on the tube
   1. Patient name - Last Name and First Name I.e. Smith, John
   2. Patient date of birth
   3. Source of specimen, examples are NP, OP, Nares
3. Collect the specimen, then place the swab inside a transport media tube
4. Make sure to break off the swab handle at the right height (place swab ½ way in tube NOT all the way in, then begin to bend handle to break off) that will fit inside the tube. If the handle is too long, the tube will leak
   1. Leaking specimens will be rejected.
5. Make sure that each transport tube collected has a tight lid and is not leaking
6. If the label looks like it is peeling off or may not stick to the tube, take a piece of scotch tape and tape around the label on the tube, so the label does not come off in transit
7. Place each tube in a 4 X 8 zipper bag (this will prevent cross contamination with other tubes in case it leaks)

**Filling Out COVID-19 (SARS-COV-2) Molecular Detection (MDHHS-5891):**

1. Under “Date Received in Laboratory” - Leave area blank
2. Under “Laboratory Specimen Number” - Leave area blank
3. Under “Submitter information” - List your facility name and address
4. Under “Agency Code (If Known)” - List agency code or leave area blank if unknown
5. Under “Telephone” - List your facility telephone number with area code
6. Under “Fax” - List your facility fax number with area code that is secure if you will receive results by fax
7. Under “Contact Person/Ordering Physician/Provider Name”- Insert the first and last name of the ordering provider
8. Under “National Provider Identifier #” - List the provider’s NPI identifier number
9. Under “Name (Last, First, M.I.)” - List the name of the patient exactly the way it is labeled on the tube. If the tube does not match the specimen, the specimen will be rejected.
   1. This is a CLIA requirement that is required by law.
   2. Example: if the specimen tube has Smith, John and the Test Requisition states “Smith, Jonathan ”, the specimen cannot be accepted
10. Under “Address” - List the street address of the patient
11. Under “Apt. #” - List the apartment number of the patient or leave blank if not applicable
12. Under “City” - List the city where the patient resides
13. Under “State” - List the abbreviation for the state where the patient resides
14. Under “Zip” - List the zip code where the patient resides
15. Under “Phone Number” - List the patient’s phone number with area code
16. Under “Submitter Patient #” - List the submitter’s patient identifier or leave blank if not applicable
17. Under “Symptomatic” – Select either “Yes” or “No” depending on if the patient is exhibiting COVID-19 symptoms
18. Under “Sex” - List the biological sex of the patient
19. Under “Race” – Select the patient’s race by marking one of boxes
20. Under “Ethnicity” – Select the patient’s ethnic background by marking one of the boxes
21. Under “Date of Birth” - List the patient’s date of birth using the format MM-DD-YYYY so that it is the same date as listed on the specimen tube (they must match for the lab to accept the specimen).
22. Under “Pregnant (if known)” - Select “Yes” or “No” if you know the status of female patients
23. Under “Onset Date” - List the onset date using format MM-DD-YYYY
24. Under “Submitter Specimen #” - Record the submitter’s specimen number or leave blank if not applicable
25. Under “Collection Date” - Record the date the specimen was collected using format MM-DD-YYYY
26. Under “Collection Time” - Record the time the specimen was collected using military time
27. Under “Specimen Source” – Select the specimen source by marking one of the boxes
28. Under “Reason for Testing” - Mark if testing is for “Diagnosis” or “Surveillance”

**COVID-19 Specimen Packaging Instructions:**

1. Place an absorbent square inside the 95 KPA bag (which is the secondary container for shipping) that has the orange biohazard label on the front.
2. Rotate the bag and on the back where there is no writing-place the test requisition forms in the back pouch that match the specimens that will go inside the 95 KPA bag.
3. Place up to **10** specimen zipper bags inside the 95 KPA bag with the orange biohazard label on the front.
4. Remove the white adhesive strip and fold over the bag to seal the specimens inside the bag.
5. Retrieve a Category B box that is lined with styrofoam (or you may be use a styrofoam cooler).
6. Place frozen ice packs inside the styrofoam box/ cooler.
7. Place blue pads (or other packing material) on top of the ice packs to help pad the specimens when they are jostled during transport.
8. Place the 95 KPA bag (that holds up to 10 patients’ specimens) on top of the ice pack inside the styrofoam box.
9. Place the styrofoam lid on top of the 95 KPA bag.
10. Close the Category B box.
11. Tape the box crisscross with packing tape.
12. Fill in your facility name and address on the category B label.
    1. Tape the Category B **UN3373** label on the outside of the box
    2. Fill in the full name and phone number including area code of the responsible person
    3. The yellow “refrigerate upon arrival” sticker should be showing on the outer lid



Fill in the full name and phone number with area code of the Responsible Person from your facility for who they can contact if there is an issue with the package

Fill in your facility name and address