

### **New Client Welcome Packet:**

- 1. Complete COVID-19 /Submitter Set-up Form**
- 2. Supplies Coordinated with Tom Blincoe (Tom.Blincoe@osumc.edu)**
- 3. Collection and Requisition Tip Sheets Reviewed**
- 4. Lab Admin Team notified before samples arrive:  
(COVIDLabClients@osumc.edu)**


## Specimen Collection Tip Sheet

- When sending a specimen to OSU Wexner Medical Center, all fields on the requisition form MUST be legibly and accurately documented to ensure successful specimen processing and results routing.
- Two identifiers must be placed on every collected specimen (Full Name and DOB Preferred). Information must be an exact match to the requisition.
- All completed forms (requisitions) must be placed on the outside pocket of the biohazard bag. Any forms placed inside the bag will delay results. One specimen and one form completed for each submission
- All specimens must be double bagged to reduce the aerosolization risk.
- These Patient and Submitter fields include, but are not limited to:

<b>Patient Information:</b>	<b>Submitter Information:</b>
1. First name; last name; middle initial	1. Agency Name: Institution Name
2. Complete address	2. Address: Institution Address
3. Date of Birth	3. Contact Name, Fax and Phone
4. Sex	
5. Chart or Patient ID (if available)	

NOTE: Missing, Incomplete or illegible information may impact the ability to process the specimen or delay the routing of results.

Example of a Completed Requisition Below

 <b>THE OHIO STATE UNIVERSITY</b> WEXNER MEDICAL CENTER	<b>Biomedical Research Tower</b> <b>Building 112, 460 W 12th Ave</b> <b>Columbus, OH 43210</b>	<b>CLIA Certification # 36D0329129</b>
<b>Buckeye-190099</b>	<b>Microbiology Specimen Submission Form</b> <small>Note: Fields marked with an asterisk (*) must be completed. Please print.</small>	
<b>Section 1: Patient Information</b>		
Patient Name* (Last, First, MI) <span style="float: right;">Brutus, Buckeye</span>		Date of Birth* (mm/dd/year) <span style="float: right;">1/1/1920</span>
Address <span style="float: right;">410 W. 10th Ave</span>	County <span style="float: right;">Franklin</span>	Sex* <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male
City <span style="float: right;">Columbus</span>	State <span style="float: right;">OH</span>	Zip <span style="float: right;">43210</span>
		Chart or* Patient ID# <span style="float: right;">OSU1</span>
<b>Section 2: Submitter Information</b>		
Agency* Name <span style="float: right;">Place Complete Institution Address Here</span>		Contact-Dir of Nursing* Name <span style="float: right;">Facility Contact</span>
Address <span style="float: right;">12345 Facility Road or Street</span>		Fax* Number <span style="float: right;">N/A</span> Facility Fax
City <span style="float: right;">Facility- City</span>	State <span style="float: right;">OH</span>	Zip <span style="float: right;">4XXXX</span>
		Phone-Director of Nursing* Number <span style="float: right;">Facility Number</span>
<b>Section 3: Specimen Information (Complete all that apply)</b>		
Collection* Date <span style="float: right;">Date of Collection</span>	Onset* Date <span style="float: right;">Date of Onset</span>	
Specimen* Type <input type="checkbox"/> Resident <input checked="" type="checkbox"/> Staff	Submitter* Specimen ID# <span style="float: right;">190099</span>	* Agent suspected <span style="float: right;">Sars-CoV-2</span>
<b>*Specimen Site (Check all that apply)</b>		
<input type="checkbox"/> Abscess-Specify ( <input type="checkbox"/> Aspirate <input type="checkbox"/> Swab)	<input type="checkbox"/> Respiratory, Upper-Specify ( <input checked="" type="checkbox"/> NP swab <input type="checkbox"/>	<input type="checkbox"/> Tissue-Specify: _____
<input type="checkbox"/> Blood-Specify ( <input type="checkbox"/> Plasma <input type="checkbox"/> Whole)	<input type="checkbox"/> Respiratory, Lower-Specify Below: <input type="checkbox"/> Sputum ( <input type="checkbox"/> Induced <input type="checkbox"/> Expecterated) <input type="checkbox"/> BAL <input type="checkbox"/> TA For mycobacteria only: <input type="checkbox"/> Processed <input type="checkbox"/> Unprocessed	<input type="checkbox"/> Urine _____
<input type="checkbox"/> Body Fluid-Specify Below: <input type="checkbox"/> CSF <input type="checkbox"/> Other: _____	<input type="checkbox"/> Stool-Specify Below: <input type="checkbox"/> Cary Blair <input type="checkbox"/> Enteric Broth <input type="checkbox"/> 10% Formalin <input type="checkbox"/> Bulk	<input type="checkbox"/> Wound-Specify: _____
<input type="checkbox"/> Serum-Specify ( <input type="checkbox"/> Acute <input type="checkbox"/> Conv.)		<input type="checkbox"/> Other: _____
<b>Section 4: Exam Requested (Check all that apply)</b>		



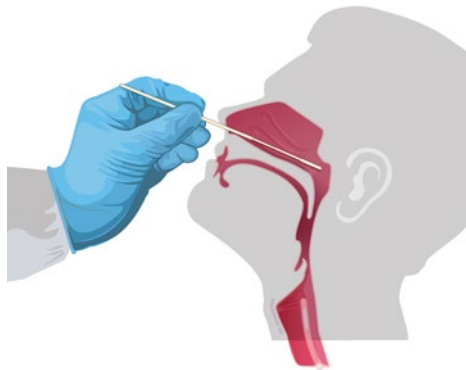
# COVID-19 Specimen Collection Step-by-Step Instructions

5/29/20

- **The preferred specimen type for testing is nasopharyngeal (NP)**, followed by oropharyngeal plus anterior nares and lastly oropharyngeal alone (least preferred).
  - Nasopharyngeal PCR swab is indicated for symptomatic patients (both inpatients and outpatients), pre-procedure testing and asymptomatic patients.
  - Nasopharyngeal dry swab is indicated for symptomatic ED and admitted patients only.
  - Oropharyngeal Plus Anterior Nares PCR swab, and oropharyngeal alone, is indicated only for patients with high risk of epistaxis, inability to obtain NP swab or patient refusal of NP swab.
- Prior to obtaining any specimen, perform hand hygiene and don appropriate Personal Protective Equipment (PPE).
- When collecting a COVID-19 specimen, ensure the use of a foam-tipped swab (rayon, polyester or flocked swab) and NOT a cotton swab.

**Nasopharyngeal PCR swab is indicated for symptomatic patients, (both inpatient and outpatient), pre-procedure testing and asymptomatic patients. Follow the steps below when performing a nasopharyngeal PCR swab.**

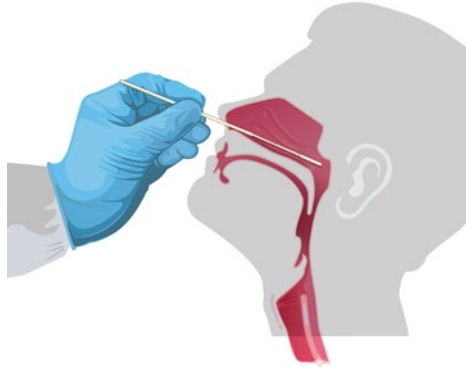
1. Obtain swab and the viral transport media.
2. Verify patient identification.
3. Have the patient sit in an upright position with their head slightly tilted backwards.
4. Have the swab and viral transport media ready.
5. Carefully insert the swab into on nares, parallel to the palate until resistance is met. Rotate the swab quickly, leave the swab in place for 10-15 seconds to allow secretions to absorb. Complete the procedure on the opposite side.



6. Transfer the swab to the viral transport media.
7. Place patient lab and "Rule Out COVID-19" labels on specimen tube.
8. Place the specimen into a biohazard bag and seal shut.
9. Place specimen into a second biohazard bag.
10. Affix with additional "Rule Out COVID-19" label and hand carry to the lab.

**Nasopharyngeal dry swab is indicated for symptomatic ED and admitted patients only. Follow the steps below when performing a nasopharyngeal dry swab.**

1. Obtain swab package
2. Verify patient identification.
3. Peel back package and remove swab.
4. Have the patient sit in an upright position with their head slightly tilted backwards.
5. Carefully insert the swab into one nares, parallel to the palate until resistance is met. Rotate the swab quickly, leave the swab in place for 10-15 seconds to allow secretions to absorb. Complete the procedure on the opposite side.



6. After collection, place swab into the secured end of the package.
7. Fold over open end of package.
8. Affix patient lab and "Rule Out COVID-19" labels to seal packaging.
9. Place the specimen into a biohazard bag and seal shut.
10. Place specimen into a second biohazard bag.
11. Affix with additional "Rule Out COVID-19" label and hand carry to lab within 60 minutes of collection.

**Oropharyngeal plus Anterior Nares PCR swab is indicated only for patients with high risk of epistaxis, inability to obtain NP swab or patient refusal of NP swab. Follow the steps below when performing Oropharyngeal plus Anterior Nares PCR swab.**

1. Obtain swab, the viral transport media and tongue depressor.
2. Verify patient identification.
3. Have the patient sit in an upright position with their head slightly tilted backwards.
4. Have the swab and viral transport media ready.
5. Depress the tongue so that the back of the throat can be seen.
6. Insert the swab into the posterior pharynx and tonsillar area.
7. Avoid touching the tongue, teeth, and uvula.
8. Rub the swab over both tonsillar pillars for 10-15 seconds.
9. Continue with same swab to anterior nares collection.
10. Gently insert the swab into the nares. Do not insert more than one inch.
11. Rotate the swab against the nasal wall for 10-15 seconds. Complete the procedure on the opposite side
12. Transfer the swab to the viral transport media.
13. Place patient lab and "Rule Out COVID-19" labels on specimen tube.
14. Place the specimen into a biohazard bag and seal shut.
15. Place specimen into a second biohazard bag.
16. Affix with additional "Rule Out COVID-19" label and hand carry to lab.

*\*\*\* If doing Oropharyngeal alone (least preferred method) would follow above steps 1-8 and 12-16 but skip steps 9-11.\*\*\**

**Oropharyngeal PCR Swab is indicated only for patients with high risk of epistaxis, inability to obtain NP swab or patient refusal of NP swab. Follow the steps below when performing Oropharyngeal PCR Swab.**

1. Obtain swab, the viral transport media and tongue depressor
2. Verify patient identification.
3. Have the patient sit in an upright position with their head slightly tilted backwards.
4. Have the swab and viral transport media ready.
5. Depress the tongue so that the back of the throat can be seen.
6. Insert the swab into the posterior pharynx and tonsillar area.
7. Avoid touching the tongue, teeth, and uvula.
8. Rub the swab over both tonsillar pillars for 10-15 seconds.
9. Transfer the swab to the viral transport media.
10. Place patient lab and "Rule Out COVID-19" labels on specimen tube.
11. Place the specimen into a biohazard bag and seal shut.
12. Place specimen into a second biohazard bag.
13. Affix with additional "Rule Out COVID-19" label and hand carry to lab.

<b>Specimen Type</b>	<b>Indication</b>
*Nasopharyngeal PCR swab	Symptomatic patients Pre-procedure testing and asymptomatic patients
*Nasopharyngeal Dry swab	Symptomatic ED and admitted patients only
Oropharyngeal plus Anterior Nares PCR	Patients with high risk of epistaxis, inability to obtain NP swab or patient refusal of NP swab.
Oropharyngeal PCR swab	Patients with high risk of epistaxis, inability to obtain NP swab or patient refusal of NP swab.

\*Preferred method

This Form is to be Submitted with Each set of Samples:

By signing below, I understand the following:

- Each specimen needs two identifiers (Full Name and DOB preferred)
- All COVID-19 Samples submitted must be double bagged
- Specimens are to remain refrigerated until receipt at Biomedical Research Tower
- Requisitions are to be filled out entirely and placed in the outside pocket of the specimen biohazard bag
- Any issues can be communicated with OSUWMC Clinical Labs at 614-293-8375

Location:

Name (Printed):

Date:

Name (Signed):

Date: