

SARS-CoV-2 NASOPHARYNGEAL AND OROPHARYNGEAL SWAB SPECIMEN COLLECTION AND SHIPPING INSTRUCTIONS

A. Test Requisition Form:

Please have each patient complete a test requisition form for the SARS-CoV-2 rRT-PCR test, shown in Appendix A.

B. Protection of Specimen Collector:

1. Before Collecting Specimens:

Before specimen collection, symptomatic patients should be kept separate from asymptomatic patients, in different rooms if possible. All patients should be wearing masks and social distancing of 6 feet or more from other patients.

2. Collecting Specimens:

For healthcare providers collecting specimens or within 6 feet of any patients, symptomatic or asymptomatic for COVID-19, should maintain proper infection control and use recommended personal protective equipment (PPE). PPE should include an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown, when collecting specimens.

Healthcare providers should not touch patients, or the end of the swab in contact with a patient. If contact occurs, gloves should be changed after finishing specimen collection from that particular patient.

3. Handling Specimens:

For healthcare providers who are handling specimens, but are not directly involved in collection and not working within 6 feet of the patient, follow Standard Precautions; gloves and a face mask are recommended at all times while in the healthcare facility.

C. Specimen Collection with Nasopharyngeal Swab or Oropharyngeal (Throat) Swab:

1. Nasopharyngeal (NP Swab):

- a. Tilt patient's head back 70 degrees. See Figure 1 below.

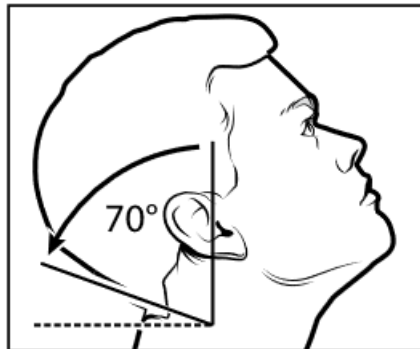


Figure 1. Tilt patient's head back 70°.

- b. Insert the flocked end of the swab through the nostril parallel to the palate (not upwards) until resistance is encountered or the distance is equivalent to that from the ear to the

nostril of the patient, indicating contact with the nasopharynx. Swab should reach depth equal to distance from nostrils to outer opening of the ear. See Figure 2.

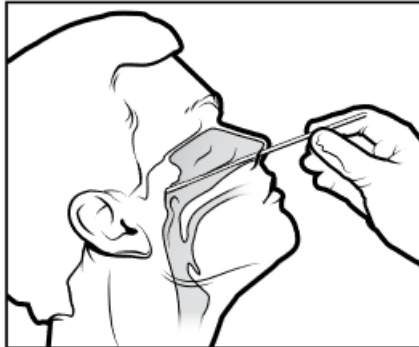


Figure 2. Insert swab into nostril parallel to palate.

- c. Use only synthetic fiber swabs with plastic or wire shafts. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing. CDC is now recommending collecting only the NP swabs, although OP swabs remain an acceptable specimen type. If both NP and OP swabs are collected, they should be combined in a single tube to maximize test sensitivity and limit use of testing resources.
- d. Gently rub and roll the swab while in the patient. Leave swab in place for several seconds to absorb secretions. Slowly remove swab while rotating it. Specimens can be collected from both sides using the same swab, but it is not necessary to collect specimens from both sides if the swab is saturated with fluid from the first collection. If a deviated septum or blockage create difficulty in obtaining the specimen from one nostril, use the same swab to obtain the specimen from the other nostril. See Figure 3.

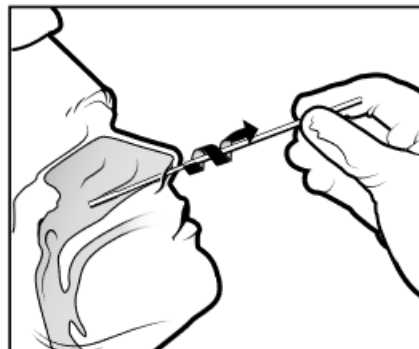


Figure 3. Slowly remove swab while rotating.

- e. Place the tip of the swab into a sterile vial of UTM or VTM and break off the applicator stick at the marked indentation. If there is no indentation, cut the applicator stick with sterile scissors. See Figure 4.

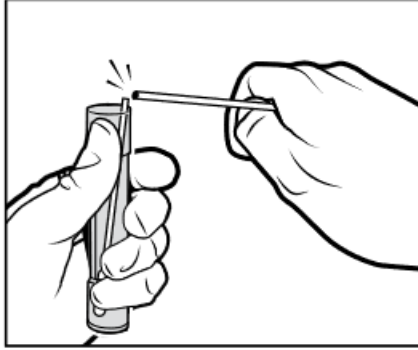


Figure 4. Break the applicator stick into the sterile UTM vial.

- f. Securely replace the cap on the specimen tube.
- g. Place the specimen and the completed test requisition form into a small specimen biohazard bag.
- h. Refrigerate the specimen if it will not be shipped immediately.

2. Oropharyngeal swab (OP):

- a. Insert swab into the posterior pharynx and tonsillar areas. Rub swab over both tonsillar pillars and posterior oropharynx and avoid touching the tongue, teeth, and gums.
- b. Place the tip of the swab into a sterile vial of UTM or VTM and break off the applicator stick at the marked indentation. If there is no indentation, cut the applicator stick with sterile scissors. See Figure 4.
- c. Securely replace the cap on the specimen tube.
- d. Place the specimen and the completed test requisition form into a small specimen biohazard bag.
- e. Refrigerate the specimen if it will not be shipped immediately.

II. SPECIMEN STORAGE BEFORE SHIPPING:

Store specimens at 2 to 8°C (refrigerated) for up to 72 hours after collection. If a delay in testing or shipping is expected, store specimens at -70°C or on dry ice.¹

III. SPECIMEN SHIPPING:

If specimens will ship without delay, store specimens at room temperature or 2 to 8°C (refrigerated), and ship overnight on ice packs. If a delay in shipping will result in receipt at the laboratory more than 72 hours after collection, store specimens at -70°C or below and ship overnight on dry ice.

IV. REFERENCES:

- 1. <https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html>
- 2. Marty FM, Chen K, and Verrill KA. How to obtain a nasopharyngeal swab specimen. NEJM Videos in Clinical Medicine DOI: 10.1056/NEJMvcm2010260; <https://www.nejm.org/doi/full/10.1056/NEJMvcm2010260>

APPENDIX A: SARS-CoV-2 RT-PCR Test Requisition Form



Applied Genomics
Louisville

12701 Plantside Dr. Louisville, KY 40299
(502) 302-6313 FAX: (502) 261-8241

All account and specimen fields are required with each requisition. By submitting this order, you are certifying that this patient or his/her legally authorized representative has provided informed consent for testing and that this consent has been documented in accordance with applicable laws.

Account Number _____
Account Name _____
Contact Name _____ Phone _____
Address 1 _____
Address 2 _____
City _____ State _____ Zip Code _____

Test Request Form for Coronavirus SARS-CoV-2 RT-PCR

*** Required Information**

Patient Information			Ordering Physician or Facility		
Name (Last, First, MI)*			Facility Name*		
Date of Birth* (month/day/year)	Medical Record Number		Physician Name (Last, First, MI)*		
Phone*	Email		Address 1*		
Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female	If female, is the patient pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No		Address 2*		
Address 1*		City*	State*	Zip*	
Address 2*		Phone*	National Provider Number		
City*	State*	Zip*	Test Requested		
Additional Patient Information Required for NEW YORK			<input type="checkbox"/> Coronavirus SARS-CoV-2 RT-PCR †		
Patient Occupation*			Test Code: SCV2-PCR Respiratory		
Patient Employer*			Specimen Information		
Employer Address 1*			Select Sample Type: <input type="checkbox"/> Nasopharyngeal Swab <input type="checkbox"/> Oropharyngeal Swab		
Employer Address 2*			<input type="checkbox"/> Nasal swab <input type="checkbox"/> Oral swab		
City*			<input type="checkbox"/> Other _____		
Employer Phone*			Date Collected: (Day/month/year)	Time Collected:	
Employer Email			_____/_____/_____	_____:____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	

† Test available for New York samples.