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| <b>Subject:</b>  | COLLECTION GUIDELINE FOR LABORATORY DIAGNOSIS OF COMMON VIRAL INFECTIONS USING THE MOLECULAR RESPIRATORY VIRAL PANEL |                        |          |                       |          |
| <b>Approved by:</b> Laboratory Director, Jerry Barker (electronic signature)                   |  |                        |          |                       |          |
| <b>Approved by:</b> Laboratory Medical Director, Mark P. Burton MD (electronic signature)      |  |                        |          |                       |          |
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| <b>Approved by:</b> Affiliate Lab Medical Director, Paul J. Sims, MD (electronic signature)    |  |                        |          |                       |          |
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## COLLECTION GUIDELINE FOR LABORATORY DIAGNOSIS OF COMMON VIRAL INFECTIONS USING THE MOLECULAR RESPIRATORY VIRAL PANEL

### (Respiratory Viral Panel in Powerchart)

Laboratory diagnosis of viral infections is dependent upon appropriate selection, collection, and transport of clinical specimens early in the course of the patient's illness. Specimens obtained within the first 3 days of onset of patient's symptoms will increase the likelihood of virus isolation. All specimens should be transported immediately to the Laboratory.

Note: Specimen collection should be performed using Dacron or Rayon tipped swabs with plastic or aluminum shafts. DO NOT utilize cotton or calcium alginate tip swabs or swabs with wooden shafts.

For further information regarding specimen collection please contact Microbiology at 731-541-7328 or Molecular Diagnostic Services at 731-541-7406.

#### **SPECIMEN COLLECTION**

***Note: All specimens should be properly labeled at the time of collection with the patient's name and at least one other unique identifying qualifier (example: Account number, Date of Birth, or Social Security Number). Refer to Specimen Rejection Criteria.***

### Nasopharyngeal Swab Specimen:

NOTE: **Minimum Sample Volume with Viral Transport Media or VTM - 300  $\mu$ L of sample is required for testing.**

- Carefully insert a flexible-wire Dacron-tipped swab through the nose into the posterior nasopharynx, and rotate the swab. (Keep the swab near the septum and floor of the nose.)
- Using sterile techniques, immediately place NP swab in properly labeled Viral Transport Media or VTM, such as M4RT.
- Cap tightly and send to the lab for testing.

### Bronchial Washing (BRWA) or BAL:

NOTE: **Minimum Sample Volume required to inoculate VTM – 0.5mL**

- Bronchial washing and BAL specimens should be collected according to standard technique.
- Specimens are collected by Physician and should be delivered on ice to the microbiology laboratory by Respiratory Therapist immediately after collection.

### TRANSPORT:

- Specimens in VTM should be processed and tested as soon as possible.
- Specimens may be transported in VTM to the test site at 18–30 °C if time frame does not exceed 4 hours.
- If delay is expected, transport at 2-8 °C.

### STORAGE:

- Specimens in VTM may be stored at 18-30°C for up to 4 hours.
- Specimens in VTM may be stored at 2-8°C for up to 3 days.
- Specimens in VTM may be stored at <-15°C for up to 30 days.

### SPECIMEN REJECTION CRITERIA

**It is the Laboratory General Rejection Criteria not to accept improperly labeled specimens, such as wrong name or account number. Those specimens received unlabeled are also unacceptable unless it can be relabeled by the collecting personnel and an affidavit completed with the physician accepting full responsibility that the specimen belongs to that patient.**

- Specimen sources not listed above as validated for test request.
- Specimens not stored at appropriate temperatures for transport time.
- Specimens collected not using the appropriate swab for viral molecular testing as noted above.