



Chikungunya, Dengue, and Zika PCR and Serology Specimen Criteria



<p>Testing Criteria</p>	<ul style="list-style-type: none"> ● All REQUIRED items on submission form(s) must be completed prior to testing ● Complete the <i>Chikungunya, Dengue, and Zika Testing Supplemental Information</i> form www.texaszika.org/docs/DSHS-Chik-Den-Zika-Supplemental-Form.pdf ● PRIOR TO SHIPPING: contact your Local Health Department or DSHS Health Service Region (www.dshs.texas.gov/idcu/investigation/conditions/contacts/) to ensure patient meets criteria for testing ● TESTING CRITERIA Please refer to the guidance in the following links. Testing every patient who meets these criteria is not mandatory; the decision to test a patient is appropriately made by the patient's attending physician in consultation with public health. Specimens from individuals in these categories will be prioritized for testing based on resources. If resources at DSHS are at capacity, specimens meeting testing criteria may be forwarded to other public health laboratories for testing. <ul style="list-style-type: none"> ○ Testing of Pregnant Women: www.cdc.gov/zika/hc-providers/pregnant-women/testing-pregnant-women.html ○ Testing at Time of Birth: www.cdc.gov/zika/hc-providers/test-specimens-at-time-of-birth.html ○ Testing of Infants and Children: www.cdc.gov/zika/hc-providers/infants-children/zika-testing-infants.html ○ Testing of Symptomatic Individuals: www.cdc.gov/zika/hc-providers/types-of-tests.html ○ Individuals who have a clinical illness consistent with Zika virus disease but no history of travel or known epidemiologic link to an individual diagnosed with Zika virus disease: Please contact your Local Health Department or DSHS Health Service Region (www.dshs.texas.gov/idcu/investigation/conditions/contacts/) to determine whether testing is indicated and which specimens to submit. <p>NOTE: At this time, testing of exposed, asymptomatic men for the purpose of assessing risk for sexual transmission is not recommended.</p>
<p>Specimen Types</p>	<ul style="list-style-type: none"> ● Serum Aliquot: Please ship a minimum of 3-5 mLs. ● Whole Blood: For PCR only. Please ship a minimum of 3-5 mLs. DO NOT FREEZE WHOLE BLOOD SPECIMENS. A serum sample <u>must</u> be submitted in parallel. ● Urine Aliquot: For PCR only. Please ship a minimum of 3-5 mLs. A serum sample <u>must</u> be submitted in parallel. ● Placenta and other tissue specimens require pre-approval for testing at CDC and must be submitted through DSHS. Please see www.cdc.gov/zika/hc-providers/tissue-collection-submission.html for information on collection. PLEASE NOTE: CDC will report results to DSHS; results will then be forwarded to the submitter. ● Contact the Viral Isolation or Serology team regarding testing of other specimen types
<p>Specimen Collection and Handling</p>	<ul style="list-style-type: none"> ● Collect the specimen(s) as soon as possible after onset of illness ● All specimens must be labeled with at least two patient specific identifiers; both a primary and a secondary identifier. The identifiers must appear on both the primary container and the associated submission form. Please see the specimen acceptance criteria update letter at http://www.dshs.texas.gov/lab/PDF/SpecAcceptCriteria-TwoPatientIdentifiers-072516.pdf for additional details and acceptable patient identifiers. ● Specimens must be labeled as to type (e.g. serum, urine, etc.) <p><u>Serum</u></p> <ul style="list-style-type: none"> ● Collect enough blood (~10 mL) to obtain at least 3-5 mLs of serum in a blood collection tube ● Centrifuge within 2 hours from the time of collection to separate the serum from the red blood cells (clot) ● Transfer the serum from the collection tube into a serum <i>transport</i> tube for shipment. DO NOT FREEZE SERUM SEPARATOR COLLECTION TUBES. <p><u>Whole Blood</u></p> <ul style="list-style-type: none"> ● Collect 3-5 mLs of blood in a whole blood collection tube (lavender top tube w/EDTA) ● DO NOT FREEZE WHOLE BLOOD SPECIMENS

Specimen Collection and Handling (continued)	<p><u>Urine</u></p> <ul style="list-style-type: none"> • Please submit 3-5 mLs of urine. The urine specimen should be transferred to a screw cap, leak-proof transport tube. Please do not submit original urine cups. Please wrap urine container in parafilm to prevent leakage in transport. A serum sample <i>must</i> also be submitted for testing in parallel. PLEASE NOTE: The use of gloves, lab coat, mask, and eye protection/face shield are recommended when transferring specimens between containers. For additional information, see www.cdc.gov/hicpac/2007IP/2007ip_part3.html. • Specimens should be placed in a biohazard bag and stored at 4°C or -20°C as indicated below: <ul style="list-style-type: none"> ○ Specimens that are shipped the same day of collection and will arrive at the lab within 48 hours of collection can be stored at 4°C and should be shipped with cold packs ○ Specimens that will be stored and arrive at the lab more than 48 hours after collection should be stored at -20°C and shipped on dry ice. DO NOT FREEZE WHOLE BLOOD SPECIMENS.
Specimen Shipping	<ul style="list-style-type: none"> • Transport specimens to the laboratory as soon as possible • Do not ship on Fridays or before government holidays. Ship specimens Monday-Thursday by overnight delivery. Serum specimens collected Friday-Sunday should be centrifuged, transferred into a serum transport tube, stored at -20°C, and shipped as described above. • Complete a <i>DSHS G-2V Virology Specimen Submission Form</i> (July 2016 revision): <ul style="list-style-type: none"> ○ A separate G-2V is required for each specimen (serum, urine, etc.) submitted ○ A submitter ID is required to submit specimens. To request a submitter ID, please complete the <i>Submitter Identification (ID) Number Request Form</i> available at www.dshs.texas.gov/lab/MRS_forms.shtm#Microbiological and follow the instructions for submitting the form. Please include an email address in section 3 of the <i>Submitter ID Request Form</i> for a faster response. ○ For Payor Source (Section 6 of the G-2V): <ul style="list-style-type: none"> ▪ Do NOT check a DSHS program as a Payor Source if the patient has Medicaid, Medicare, or private insurance; the submitter should provide all insurance information. ▪ FOR ZIKA-RELATED TESTING REQUESTS ONLY: please mark “Zoonosis” as the Payor Source IF THE PATIENT DOES NOT HAVE Medicaid, Medicare, or private insurance. • For specimens submitted using the G-2A form or the old G-2V form marked with Zika serology only or Zika PCR only respectively, the test performed by the laboratory will be determined using the most current CDC guidelines for testing and epidemiological information. • Specimens submitted without the proper DSHS form and/or complete information may be delayed. • Ship to the physical address: TX DSHS Lab Services, ATTN: Walter Douglass 512-776-7569, 1100 W. 49th Street, Austin TX, 78756 • Record the shipping tracking number and notify your local health department that a specimen is being shipped
Additional Information	<ul style="list-style-type: none"> • The G-2V form has been updated to include both Serology and PCR testing for chikungunya, dengue, and Zika. If a G-2A form is needed for other serology testing, you can request one per the instructions in the Specimen Shipping section. • Laboratory results will be mailed to the submitter unless the submitter has requested reports via fax or the Results Web-Portal <ul style="list-style-type: none"> ○ To obtain access to the web portal please go to www.dshs.texas.gov/lab/remotedata.shtm and follow the instructions ○ To obtain reports by fax, please use the <i>Submitter Identification (ID) Number Request Form</i> found at www.dshs.texas.gov/lab/mrs_forms.shtm and follow the instructions to update your preferred method for delivery of test results • For questions about chikungunya, dengue, or Zika PCR testing, please contact the Viral Isolation Team at 512-776-7594 or 512-776-7515. • For questions about chikungunya, dengue, or Zika Serology testing, please contact the Serology Team at 512-776-7514 or 512-776-7760. • For other laboratory-related questions, please email LabInfo@dshs.texas.gov or call (512) 776-7318.