Attachment C

SPECIMEN COLLECTION FOR ISOLATION OF RUBELLA VIRUS FROM CASES OF CRS OR ACUTE RUBELLA

Specimen type:	**Throat swabs (preferred for acute rubella).**
Collection procedure:	Swab throat using sterile swab as if obtaining a bacterial culture.
Optimum collection time:	At birth or as soon as possible after birth in case of CRS. At onset of rash or up to 4 days after onset of rash in case of acute rubella.
Transportation container:	Swab in Viral Transport Media (VTM). Ship swab in media if possible. If not, swab should be left in media with some agitation for at least 1 hour before removal.
Volume:	2-5 mls. of VTM.
Transport:	Cold. It is important to ship on day of collection (except Friday) if possible. Ship with ice packs. If shipment is delayed, specimens can be stored in refrigerator for up to 48 hrs. For longer than 48 hrs., specimens should be frozen at –70 C and shipped on dry ice. Use next morning delivery.

Specimen type:	**Nasopharynx (preferred for CRS).**
Collection procedure:	Insert sterile swab into nasopharynx, rotate and remove. Alternative method is a nasal wash using a syringe attached to a small, plastic tube and 3-5 mls. of VTM. After placing VTM in nose, aspirate as much of the material as possible.
Optimum collection time:	As above.
Transportation container:	Swab as above. Aspirate in leak-proof plastic tube.
Volume:	2-5 mls. of VTM.
Transport:	As above.

Specimen type:	**Urine—isolation rates using urine are very low**, but can be tried in nothing else is available.
Collection procedure:	Collect clean void, first morning if possible.
Optimum collection time:	As above.
Transportation container:	Sterile plastic leak-proof container.
Volume:	10 mls.
Transport:	As above.

MA SLI will ship to:	Dr. Teryl Frey Georgia State University, Dept. of Biology 50 Decatur St. Atlanta, GA 30303 404-651-3105 (office) biotkf@panther.gsu.edu
GSU lab contact:	Emily Abernathy, 404-651-0927

Massachusetts Department of Public Health
State Laboratory Institute
Specimen Request

(*This form must be included with the specimen)*

Epidemiologist:_________________ **Requested from:________________**

Date of Request: ________________ **Contact name: _________________**

***Please complete the following information*.**

Test(s) requested: ____

<u>Send Report To:</u>

Physician: ____________________________

Facility: ____________________________

Street: ____________________________

City/State/Zip: ____________________________

Telephone: ____________________________

<u>Specimen Information</u>:

Patient Name: ______________________________

Patient Address_____________________________

____

Date of Birth: ___/__/_______ Sex:__________

Onset of Symptoms: __/__/_________

Date(s) of Specimen Collection: __/___/_______
__/___/_______

Brief summary of symptoms/clinical history/hospitalization:

Recent travel history? (If yes, please explain):

Relevant Vaccine History: _____________ _____/___/___ ___/___/___ ___/___/___
Type of vaccine date of 1st dose date of 2nd dose date of 3rd dose

Specimen Type:_______________ Shipping Requirements: [ ]Room Temp. [ ]Refrigerate [ ]Frozen

Send Completed Form and Specimen to:

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State Laboratory Institute
____(Specific Laboratory Contact)
305 South Street
Boston, MA 02130
(617) 983-6200