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TO: Clinical and Laboratory Partners

FROM: Nicolas Epie PhD, HCLD, TS (ABB); MLS(ASCP), Laboratory Director

RE: Checklist for Collection, Handling and Transport of Suspect VHF Specimens to the MA State Public Health Laboratory (MASPHL)

DATE: November 6, 2024

ALL specimens sent for viral hemorrhagic fever (VHF) testing must be pre-approved by ID Epidemiology at 617-983-6800

- ☐ Notify your facility's clinical laboratory director/supervisor prior to sample collection.
- ☐ Assemble collection and transport supplies and review PPE procedures prior to room entry. Follow established facility collection protocols.
<https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/index.html>
<https://www.cdc.gov/viral-hemorrhagic-fevers/php/laboratories/specimen-collection.html>
- ☐ Wearing appropriate PPE, draw **two** (> 4 mL) purple top (EDTA) plastic tubes of blood with safety needles.
- ☐ Label both tubes with two primary identifiers (e.g. patient first and last name, MRN, or date of birth).
- ☐ Disinfect tubes with the approved EPA-approved disinfectant.
- ☐ Place both tubes in a sealable plastic bag containing adsorbent material. Disinfect the outside of the bag with EPA-approved disinfectant.
- ☐ Place the bag in a durable, leak-proof secondary transport container.
- ☐ Disinfect outside of the secondary container with EPA-approved disinfectant.
- ☐ Hand-carry the secondary container to the facility laboratory and physically hand it off to the laboratory.
Do NOT use the pneumatic tube or other automated transport system.

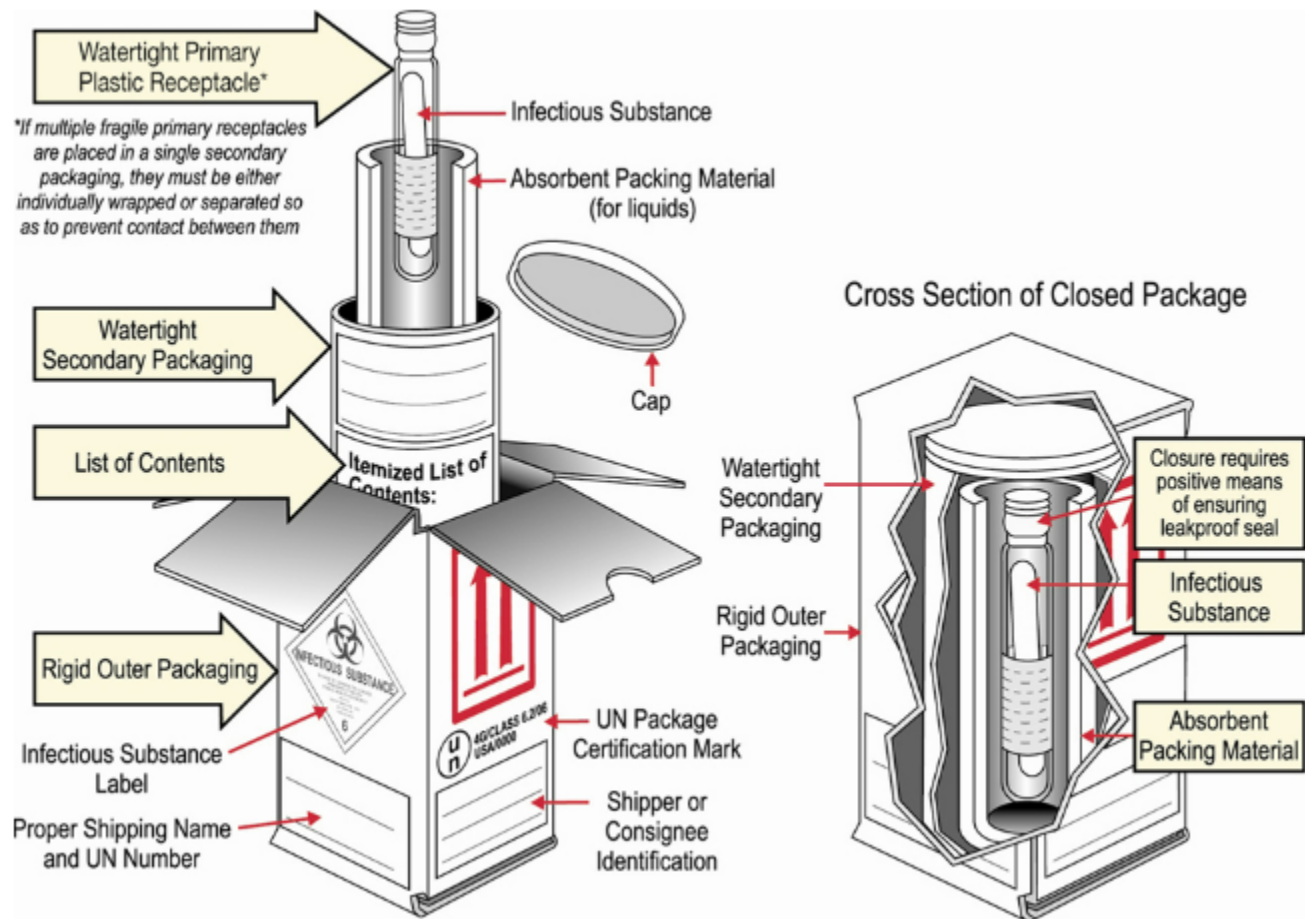
Sample Packaging for Transport to the MA SPHL

Each laboratory that packages and ships specimens is required to comply with U.S. Department of Transportation (USDOT) and/or International Air Transport Association (IATA) regulations when shipping by air.

- ☐ Remove the sealed bag containing tubes from the transport container and disinfect the exterior surface.
- ☐ Verify that tubes are appropriately labeled and place in the secondary packaging container with cushioning materials.
- ☐ Complete the MA SPHL Specimen Submission Form with patient information and place in a separate sealed bag.
- ☐ Place the secondary packaging container inside the tertiary rigid outer packaging.
- ☐ Add frozen ice packs and the bagged MA SPHL Specimen Submission Form between the secondary and outer packaging container.

- ❑ Finish packaging per Div. 6.2 Packaging and Shipping Guidelines. NOTE: Motor vehicle courier transport must include a completed DOT shipper's manifest form (attached) and DOT ERG Guide 158.
<https://www.phmsa.dot.gov/sites/phmsa.dot.gov/files/2024-04/ERG2024-Eng-Web-a.pdf>.
- ❑ Call MA SPHL (24/7) @ 617-590-6390 to arrange transportation.

Triple Packaging System



<https://www.cdc.gov/viral-hemorrhagic-fevers/php/laboratories/specimen-packing.html>

All people involved in packaging and shipping potentially infectious substances should be trained and certified in compliance with DOT or IATA.

U.S. DOT Hazardous Materials Information Center at 1-800-467-4922. <https://www.ecfr.gov/current/title-49/subtitle-B/chapter-I/subchapter-C/part-173/subpart-E/section-173.196>

IATA <https://www.iata.org/en/publications/store/infectious-substances-shipping-regulations/>

DOT Shipper's Manifest Form for Division 6.2 Materials (Category A/Category B)

SHIPPER'S NAME & ADDRESS: (submitting facility to complete)		
Consignee:		
Street		
City:	State:	Zip Code:

(Please circle the type of box you are shipping and list the number of boxes below:)

# Boxes	Basic Description UN #, Proper Shipping Name, Hazard Class	Total Quantity (i.e. gm or ml)
	UN2814, Infectious substance, affecting humans (suspected category A infectious substance), 6.2	2 x 4 mL
	-or-	
	UN3373, Biological substance, affecting humans (Category B), 6.2	2 x 4 mL
24 hr. Emergency Contact Phone (include area code):		
Offeror's Name or Contract # (complete only if shipper is NOT the emergency contact) :		

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER'S NAME :

SIGNATURE:

DATE: