The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

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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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_