

Specimen Collection:

To increase the likelihood of detecting infection, CDC recommends collecting and testing of a Nasopharyngeal (NP) swab.

- Collect an NP swab and place in one tube with 1.5-3ml of either viral transport media, Aimes transport medium, or sterile saline as recommended by the CDC at the time of collection.
- Use only synthetic fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing.

DO NOT send additional specimen types (serum, urine, etc.) to the Laboratory. If an OP swab is received instead of an NP swab, the OP swab will be tested for SARS-CoV-2. If multiple specimens (e.g. NP Swab, OP Swab, and/or sputum) are sent for SARS-CoV-2 testing, **only** the NP Swab will be tested. Other specimens may be tested depending on laboratory resources.

Refrigerate all specimens at 2-8°C promptly after collection and ship to the laboratory on ice packs. If specimens will not arrive to the laboratory within 72 hours of collection, they should be stored frozen at -70°C and shipped on dry ice.

Labeling:

All specimens must be labeled with at least two patient specific identifiers (e.g. PUI's name [First and Last] and date of birth). The identifiers must appear on both the primary specimen container and the associated submission form.

Make sure the patient's name and other approved identifiers on the form exactly match what is written on the specimen tube. Each sample container *must* be labeled with the specimen type (Nasopharyngeal swab, etc) if more than 1 specimen is submitted.