

**** NO SPECIMENS ACCEPTED WITHOUT PRIOR CONSULTATION ****

Call (404) 639-1510 or (404) 639-1115 for authorization to ship specimens.

Instructions for submitting Diagnostic Specimens to CDC's Viral Special Pathogens Branch

1 Label all samples with the following information: Patient's name or ID number, specimen ID number, date of collection

For PCR/virus isolation, submit:

- Preferred: whole blood (purple, yellow, or blue top tube), fresh frozen tissue. Serum can also be used if only sample available.
- Minimum sample volume: 4 mL
- Fresh frozen tissues should be at least 1 cm³, except for biopsies.
- Please ship sample frozen on dry ice in a plastic tube. Do not freeze glass tubes.

For serologic testing, submit:

- Serum (red top tube or serum separator)
-- or --
- Whole blood (purple, green, or blue top tube)
- Minimum sample volume: 4 mL
- Please ship sample refrigerated or frozen on ice packs.

Immunohistochemistry, submit:

- Formalin-fixed or paraffin-embedded tissues may be submitted:
Preferred: lung, kidney, liver, spleen
Other tissues can be submitted if available.
- Paraffin blocks are preferred, particularly if death was not recent.
- Ship paraffin blocks or formalin-fixed tissue at room temperature. Do not freeze.
- An autopsy or surgical report must accompany the specimen.

The following forms should be completed for each patient:

- CDC Specimen Submission Form
- VSPB Diagnostic Specimen Submission Form, on following page.
- For Hantavirus Pulmonary Syndrome testing, also submit the HPS Case Report Form
- Include a copy of all above Forms with the specimens.

Specimen packaging requirements:

- Please contact your state health department for approval to submit a specimen to CDC for laboratory testing.
- Contact your state and/or local health department and CDC to determine the proper category for shipment based on clinical history and risk assessment by CDC. State guidelines may differ and state or local health departments should be consulted prior to shipping.
- Package in accordance with the International Air Transport Association, regulations to prevent leakage. (See <https://www.iata.org/publications/dgr/Pages/manuals.aspx> and http://www.hercenter.org/regsandstandards/Transporting_Infectious_Substances_Safely.pdf)
- Include the following information on the Diagnostic Specimen Submission Form: your name, the patient's name, test(s) requested, date of collection, laboratory or accession number, and the type of specimen being shipped.
- On the outside of the box, specify how the specimen should be stored: **Frozen, Refrigerated, or Do Not Refrigerate.**
- Send specimens by overnight courier. International submitters should consider door-to-door shipment via air transport to expedite specimen delivery to CDC.
- Be sure to check '**Saturday Delivery**' if desired.
- Email the tracking number to the Viral Special Pathogens Branch.

5 HOW TO SUBMIT THE SPECIMENS AND FORMS TO CDC

Specimen submission address (if approved by state):

Centers for Disease Control and Prevention
ATTN STAT LAB: VSPB, Unit #70
1600 Clifton Road NE
Atlanta, GA 30333
Phone: (404) 639-1115

Form submission by email:

Hit the 'Send to CDC' button at the bottom right of page 2. Your computer will generate an email containing the completed information. Hit the 'Send' button in your email application to send the email to CDC. Acknowledgement of receipt is not provided.

Form submission by fax:

(404) 639-1118 or (404) 639-1509

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Viral Special Pathogens Branch Diagnostic Specimen Submission Form

| | | |
|---|--|---|
| • Hantavirus Pulmonary Syndrome (HPS)* and other hantaviruses | • Tick-borne Encephalitis | PLEASE COMPLETE ONE FORM PER PATIENT |
| • Ebola HF* | • Lymphocytic choriomeningitis (LCM) | |
| • Marburg HF* | • Hemorrhagic Fever with Renal Syndrome (HFRS) | |
| • Lassa Fever* | • Rift Valley Fever | |
| • Crimean-Congo hemorrhagic fever (CCHF)* | • Other hemorrhagic fevers: _____ | |

* indicates a Notifiable Disease

** Please check off boxes to indicate testing request(s).**

| | |
|-----------------------|------------------------|
| PATIENT NAME: | Patient ID no.: |
| DOB: | DATE OF SYMPTOM ONSET: |
| CLINICAL DESCRIPTION: | |

| No. | Specimen ID No. | State Lab ID No. | Date collected | Specimen type |
|-----|-----------------|------------------|----------------|---------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

| FOR STATE HEALTH DEPARTMENTS | |
|----------------------------------|--|
| Report/send results to: | Phone no., fax no., and email address: |
| Person's name: | |
| Affiliation: | |
| State Health Lab: | Phone no. and email address: |
| Person shipping specimen(s): | |
| Affiliation: | |
| Physician's name: | |
| Affiliation: | |
| State health department contact: | Phone no. and email address: |
| | Airway bill # (if known): |

Instructions: You must have internet access and an email address to submit this Form electronically. Upon hitting the 'Send to CDC' button, a PDF is created, attached to an email, which you should then send to the address which appears in the address header; you may also cc: others. Acknowledgement of receipt by CDC is not provided. To print this form in order to fax or mail it, be sure to Save this form first.

SEND TO CDC

For hantavirus/HPS, be sure to provide a copy of this Form - to your state Health Department. -