



Meritus Medical Laboratory, LLC

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Date: January 9, 2013

To: Medical Staff, Laboratory, and Key Personnel

From: John G. Newby M.D. Director of Laboratories

A handwritten signature in blue ink, appearing to read "John G. Newby".

RE: **Influenza A and B Virus Collection and Testing**

Meritus Medical Laboratory with the rest of the community is struggling with a significantly aggressive FLU season.

Meritus Medical Laboratory Patient Service Centers will not collect nasopharyngeal swab, nasal swab, or nasal washing for virus testing to minimize the exposure of uninfected patients and staff to potentially infected individuals.

We will provide a collection kit for respiratory viruses; composed of Universal Transport Medium (UTM) with two different sizes of flocced swabs.

- **Nasopharyngeal Swab:** Use 1 ml Universal Transport Medium (UTM) with Minitip Flocced Swab. The Minitip Flocced Swab is recommended to use for **infant, toddler/ preschooler**. Forward promptly at ambient temperature.
- **Nasal Swab:** Use 1 ml Universal Transport Medium (UTM) with Standard Flocced Swab. The Standard Flocced Swab is recommended to use for **school age children, adolescent and adult**. Forward promptly to the laboratory at ambient temperature.

With the shortage of the influenza reagent for Real time PCR testing, the laboratory has returned to performing a rapid enzyme immunoassay detecting the presence of influenza A and/or B Viral antigen. This test does not differentiate between H1N1 and H3N2 type A viral infections.

Please feel free to contact me at (301) 665- 4900 or Chanhpheng Phengvath, Microbiology Technical Specialist at (301) 665- 4936 with any microbiology questions or comments.

Thank you in advance for your cooperation and understanding.

NASAL SPECIMEN COLLECTION PROCEDURE



1



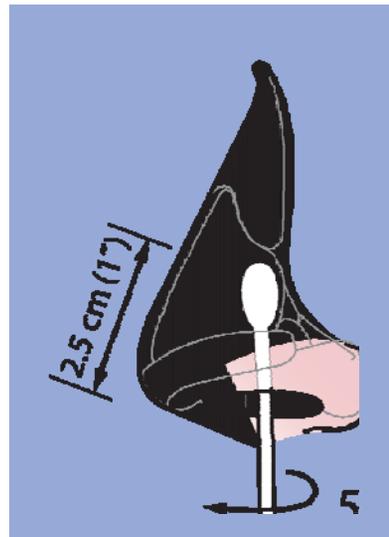
- Standard Flocked Swab (School age children, adolescent and adult)
- 1ml of Universal Transport Medium (UTM).
- Aseptically move cap from vial.
- Remove the swab from plastic wrap

2



Carefully insert the swab into the patient's nostril (the swab tip must be inserted up to 2.5 cm [1 inch] from the edge of the nares), or until resistance is met at the level of the turbinates (which might be slightly less than that in some neonates and infants). Roll the swab 5 times.

3



Insert the same swab into the second nostril and repeat sampling as in the preceding step.

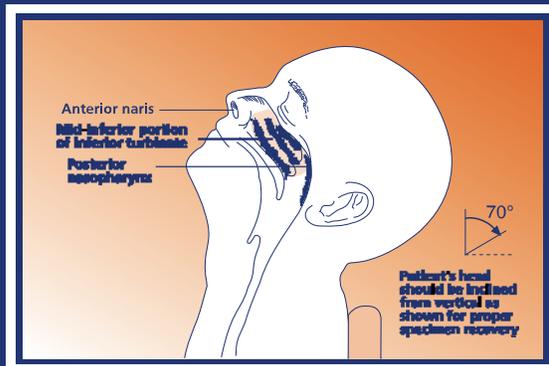
4



Insert swab into the vial medium. Break swab shaft by bending it against the vial wall evenly at the pre-score line.

Replaced cap on vial and closely tightly. Label with appropriate patient information. Send to the laboratory for immediate analysis.

NASOPHARYNGEAL SPECIMEN COLLECTION



Vacuum-assisted Nasopharyngeal Aspirate Method



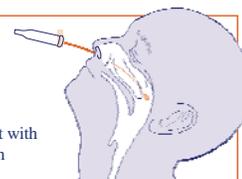
Materials: Suction outlet (Portable/wall)
Sterile suction catheter
Mucus trap (i.e., Luken's tube)
Universal Transport Medium Kit (UTM)

1. Attach mucus trap to suction outlet and catheter, leaving wrapper on suction catheter; turn on suction and adjust to suggested pressure.
2. Without applying suction, insert catheter into the nose, directed posterior and toward the opening of the external ear. **NOTE:** Depth of insertion necessary to reach posterior pharynx is equivalent to distance between anterior nares and external opening of the ear.
3. Apply suction. Using a rotating movement, slowly withdraw catheter. **NOTE:** Catheter should remain in nasopharynx for a minimal period of time, not to exceed 10 sec.
4. Hold trap upright to prevent secretions from going into pump.
5. Rinse catheter (if necessary) with 1mL UTM; Disconnect suction; connect tubing to arm of mucus trap to seal.
6. Repeating procedure for the second nostril will deliver optimal combined sample.
7. After collection, immediately transport specimen to the laboratory for viral testing and viral antigen detection. If transport to the laboratory is delayed, place specimen on ice or in refrigeration.

Patient Age	Catheter Size (French)**	Suction Pressure
Premature infant	6	80-100 mmHg
Infant	6	80-100 mmHg
Toddler / Preschooler	8	100-120 mmHg
School age	8	100-120 mmHg
Adolescent / Adult	8	120-150 mmHg

** To determine length of catheter tubing, measure distance from tip of nose to external opening of ear.

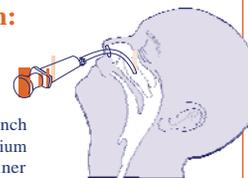
Nasopharyngeal Swab Method



Materials: 1ml Universal Transport kit with Minitip flocked swab with scored plastic shaft.

1. Insert swab into one nostril.
2. Rotate swab over surface of posterior nasopharynx.
3. Withdraw swab from collection site; insert into transport tube or container with UTM.
4. Repeating procedure for the second nostril will deliver optimal combined sample.
5. After collection, immediately transport specimen to the laboratory for viral testing and viral antigen detection. If transport to the laboratory is delayed, place specimen on ice or in refrigeration.

Nasopharyngeal Wash: Syringe Method

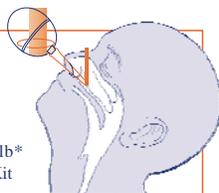


Materials: Saline
3-5 mL syringe*
2" Sterile NG tube 8-french
Universal Transport Medium (UTM) Specimen container

1. Fill syringe with saline; attach tubing to syringe tip.
2. Quickly instill saline into nostril.
- 3a. Aspirate the recoverable nasopharyngeal specimen. Recovery must occur immediately, as the instilled fluid will rapidly drain.
- 3b. (Alternate) in appropriate cases, patients may tilt head forward to allow specimen to drain into suitable sterile container.
4. (If aspirated) Inject aspirated specimen from syringe into sterile specimen container with suitable UTM, according to virology laboratory requirements.
5. Repeating procedure for the second nostril will deliver optimal combined sample.
6. After collection, immediately transport specimen to the laboratory for viral testing and viral antigen detection. If transport to the laboratory is delayed, place specimen on ice or in refrigeration.

* Length and diameter of syringe and tubing as appropriate for infant, child or adult.

Nasopharyngeal Wash: Bulb Method



Materials: Saline
1-2 oz. tapered sterile rubber bulb*
Universal Transport Medium Kit (UTM) Specimen container

1. Suction 3-5 mL saline into a new sterile bulb.
2. Insert bulb into one nostril until nostril is occluded.
3. Instill saline into nostril with one squeeze of the bulb and immediately release bulb to collect recoverable nasal specimen.
4. Empty bulb into sterile specimen container with suitable UTM, according to virology laboratory requirements.
5. Repeating procedure for the second nostril will deliver optimal combined sample.
6. After collection, immediately transport specimen to the laboratory for viral testing and viral antigen detection. If transport to the laboratory is delayed, place specimen on ice or in refrigeration.

* Length and diameter of bulb as appropriate for infant, child or adult.