

Office of Epidemiology Laboratory Screening in the Clinical Setting



Division of Disease Prevention:
STD Prevention and Surveillance (SPS)

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VDH VIRGINIA
DEPARTMENT
OF HEALTH

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Purpose

This document provides information for Virginia Department of Health (VDH) and Division of Disease Prevention (DDP) contracted agency personnel responsible for the collection and transport of specimens for reportable conditions. Specimen analysis, outcome, diagnosis, and therapeutic decisions are highly sensitive to deviations in collection method, container, transportation, and storage; therefore, all personnel in contact with specimens must ensure the proper collection, preparation, and transportation of specimens to the laboratory.

Supply Ordering

To order specimen kits, use the LabCorp order form provided to your site or the order form in Attachment A. If the local agency conducts other laboratory testing through LabCorp, follow local procedures.

Eligibility

The clinician should obtain a thorough sexual history. Client-reported exposure, regardless of condom use, should inform screening. Ascertaining specific sexual activities and recent partners during the sexual health history will guide clinical decisions. A resource for taking a complete sexual health history is available at: <https://www.cdc.gov/std/treatment/sexualhistory.pdf>.

Providers caring for transgender persons should have knowledge of their patients' current anatomy and sexual behaviors before counseling them about STD and HIV prevention. Additional information about caring for transgender persons is available at <https://www.cdc.gov/lgbthealth/transgender.htm>.

For local health departments (LHDs), the VDH sexual health history form should serve as the basis for informing screening. This form should not be used in lieu of a thorough sexual history obtained by the clinician, but as a tool to complement the assessment.

Completing the Requisition Form

Tests for reportable conditions covered by the Office of Epidemiology (OEpi) are preprinted on the requisition form. These tests include chlamydia, gonorrhea, syphilis, HIV, viral hepatitis B (HBV), viral hepatitis C (HCV), and Hemoglobin A1c (for LHDs only). OEpi covers specific tests identified by unique LabCorp test numbers. To ensure ordering of the correct test number and avoid charges being transferred to the ordering agency, please use the OEpi paper requisitions. See Attachment B2 for additional information.

Additional testing for infections such as Trichomoniasis, HPV, Pap tests, and bacterial vaginosis are not covered by the OEpi account. These tests should be charged to a patient's insurance or covered by the ordering agency's account (general account for LHDs). If a patient needs testing for an additional non-reportable condition, an additional specimen must be collected and submitted using a non-OEpi account requisition form.

If an unauthorized test is ordered through the OEpi requisition form, the test charge will be sent back to the ordering agency at the end of the month.

LHDs can refer to billing guidance for patients attending STD clinics at <http://vdhweb.vdh.virginia.gov/community-health-services/sti-billing-transition/>.

Collecting Blood Specimens

All phlebotomy must be performed by VDH or contracting agency personnel. OEpi funding does not support additional costs for phlebotomy or administrative expenses; therefore, if clients are referred to a LabCorp drawing location, the cost must be paid by the agency.

Labeling Specimens

- Affix a sticker label to the specimen collection tube with the following information:
 - Name (must be an exact match to the lab requisition);
 - Date of birth;
 - Date of specimen collection;
 - Specimen type;
 - LabCorp test number; and
 - Additional patient identifier, if available (e.g., WebVision number for local health departments).
- Do not cover the expiration date on the specimen collection tube with the sticker label.
- See Attachment B1 for additional information.

Chlamydia/Gonorrhea Testing

Nucleic Acid Amplification Testing (NAAT)

NAAT testing represents a significant advancement in chlamydia/gonorrhea (CT/GC) testing. Previously, a culture, a test with comparatively poor sensitivity, was required to diagnose. On May 23, 2019, the FDA cleared Hologic's Aptima Combo 2 Assay and the Cepheid Xpert CT/NG for extragenital NAA testing¹. These tests had previously been cleared for CT/GC NAAT in urine, vaginal, and endocervical samples only. Prior to this approval, laboratories were required to conduct analytical validation of their methodology in order to perform the extragenital testing.

Specimens for screening may be obtained for any, or all, of the following anatomical sites: genital (urine, vaginal, endocervical), pharyngeal, and/or rectal. Due to the high sensitivity of the tests, a period of four weeks must elapse between a positive screening test or treatment for CT/GC and a subsequent test for re-exposure, regardless of the anatomical site.

A test-of-cure is not needed for persons who receive a diagnosis of uncomplicated urogenital or rectal chlamydia or gonorrhea and who are treated with any of the recommended or alternative regimens; however, any person with pharyngeal gonorrhea who is treated with an alternative regimen should return 14 days after treatment for a test-of cure using either culture or NAAT. If the NAAT is positive, efforts should be made to perform a confirmatory culture before retreatment. All positive cultures for test-of-cure should undergo antimicrobial susceptibility testing².

¹ FDA Clears First Diagnostic Tests for Extragenital Testing for Chlamydia and Gonorrhea. <https://www.fda.gov/news-events/press-announcements/fda-clears-first-diagnostic-tests-extragenital-testing-chlamydia-and-gonorrhea>

² 2015 Sexually Transmitted Disease Treatment Guidelines: Gonococcal Infections. <https://www.cdc.gov/std/tg2015/gonorrhea.htm>

The LabCorp test numbers for CT/GC NAA testing (at the time of developing this manual) are:

183194	CT/GC Amplified (urine, endocervical, vaginal)
188698	CT/GC NAA, Pharyngeal
188672	Ct/GC NAA, Rectal

Urine Specimen Collection

Research evidence indicates the performance of male first catch urine samples is equivalent to, and in some situations superior to, urethral swabs. In men, the use of urine samples is highly acceptable and may improve the likelihood of uptake of routine screening.

Clients who provide urine samples for a CT/GC screening must:

- Have not urinated in the past hour; and
- Have not had a positive lab test or been treated for CT or GC in the past 4 weeks.

Any female who has had a hysterectomy should collect a urine specimen. Without a uterus/cervix, there will not be sloughed endocervical cells in the vaginal vault for adequate testing³.

Specimen collection for transgender persons should be determined by the sexual anatomy that is present.

To obtain a urine specimen please do the following:

- Label the specimen collection cup before use. It may also be helpful to mark the volume required on the specimen cup.
- Review the collection process with the client. Instruct them to collect 20-30mL of first catch urine and secure the lid. For best results, female patients should not cleanse the labial area prior to collection.
- While the urine specimen in the collection cup can be stored at 2°C to 30°C for up to 24 hours, it should be transferred to the urine specimen kit **as soon as possible**.
- Transfer 2mL of urine into the transport tube using the provided disposable pipette. The correct volume of urine has been added when the fluid level is between the two black lines on the tube label.
- Do not pour the clear liquid out prior to transferring the urine sample from the cup to the tube. The clear liquid is a preservative that provides the specimen with more stability for longer storage.
- Re-cap the urine specimen transport tube tightly. Ensure the lid is tightened on the transport tube to prevent spillage.
- Processed urine specimens must be kept at room temperature or refrigerated until courier collection. Do not freeze processed urine specimens.

³ Medscape. Sexually Transmitted Diseases. Retrieved from https://www.medscape.com/viewarticle/458822_4.



FIRST CATCH URINE SPECIMEN
(20-30 mL)



TRANSFER URINE TO TRANSPORT TUBE
FOLLOW INSTRUCTIONS FOR HANDLING



FILL IN BETWEEN THE TWO BLACK LINES

Vaginal Specimen Collection

The vaginal or endocervical swab sample is preferred for females unless they have had a hysterectomy. First catch urine from women can detect up to **10% fewer** infections when compared with vaginal and endocervical swab samples⁴. Please refer to the urine specimen collection section for guidelines on urine samples.

Specimen collection for transgender males should be determined by the sexual anatomy that is present and discussion with the patient.

The **orange** Hologic® Aptima Multitest Swab Specimen Collection Kit (formally Aptima Vaginal Swab Collection Kit) should be used to collect vaginal specimens. Given adequate instruction, self-collection of a vaginal specimen is equivalent to, or better than, clinician collection^{5,6}. Vaginal specimens may be collected during menstruation. Diagrams may be posted for patient reference (Attachments C and D).



For vaginal collection:

- Label the specimen collection tube.
- Review the collection process with the client and instruct them to collect the vaginal specimen. Clinicians may collect a specimen during physical exam in lieu of self-collection, if desired.
- Put the swab inside the specimen collection tube, align score line with the top edge of the tube and carefully break the swab shaft. Seal the tube.
- Visually inspect the swab to assure there is evidence of use, the preservative liquid is still in the tube, and the lid on the specimen collection tube is tight to prevent spillage.

⁴ Centers for Disease Control and Prevention. Recommendations for the Laboratory-Based Detection of *Chlamydia trachomatis* and *Neisseria gonorrhoeae*. *MMWR* March 14, 2014;63:2.

⁵ Sexton ME, Baker JJ, Nakagawa K, et al. How reliable is self-testing for gonorrhea and chlamydia among men who have sex with men? *J Fam Pract.* 2013;62:70-78.

⁶ Freeman AH, Bernstein KT, Kohn RP, et al. Swabs for the detection of *Chlamydia trachomatis* and *Neisseria gonorrhoeae* pharyngeal infection among men who have sex with men. *Sex Transm Dis.* 2011;38:1036-1039.

Extragenital Specimen Collection

Extragenital testing for CT/GC is critically important, particularly among some high-risk populations. Seventy-seven percent (**77%**) of CT and **95% of GC infections are missed** among men who have sex with men (MSM) if screening is only performed at urethral sites⁷. Symptoms of rectal and pharyngeal CT/GC are nonspecific and often silent. In fact, 85% of rectal CT/GC infections are asymptomatic in MSM⁸.

Rectal Specimen Collection

The **purple** Hologic® Unisex Swab Specimen Collection Kit should be used to collect rectal specimens. Given adequate instruction, self-collection of a rectal specimen is equivalent to, or better than, clinician collection^{9,10}. Diagrams may be posted for patient reference (Attachments E and F).

Clients who provide a swab sample for rectal CT/GC screening must:

- Be over 15 years old;
- Have had receptive anal intercourse within the past year, regardless of condom use; and
- Have not had a positive lab test or been treated for CT or GC in the past 4 weeks, regardless of anatomical site.

For rectal specimen collection:

- Label the specimen collection tube.
- Review the collection process with the client and instruct them to collect the rectal specimen. Clinicians may collect a specimen during physical exam in lieu of self-collection, if desired.
- Put the swab inside the specimen collection tube, align score line with the top edge of the tube and carefully break the swab shaft. Seal the tube.
- Visually inspect the swab to assure there is evidence of use, ensure the swab is not contaminated with significant fecal matter, and ensure the lid is tight on the specimen collection tube to prevent spillage.



Pharyngeal Specimen Collection

The **purple** Hologic® Unisex Swab Specimen Collection Kit should be used to collect pharyngeal specimens. Given adequate instruction, self-collection of a pharyngeal specimen is equivalent to, or better than, clinician collection^{11,12}. Diagrams may be posted for patient reference (Attachments G and H).

Clients who provide a swab sample for pharyngeal CT/GC screening must:

- Be over 15 years old;



⁷ Marcus JL, Bernstein KT, Kohn RP, et al. Infections missed by urethral-only screening for chlamydia or gonorrhea detection among men who have sex with men. *Sex Transm Dis*. 2011;38:922-924.

⁸ Kent CK, Chaw JK, Wong W, et al. Prevalence of rectal, urethral, and pharyngeal chlamydia and gonorrhea detected in 2 clinical settings among men who have sex with men: San Francisco, California, 2003. *Clin Infect Dis*. 2005;41:67-74.

⁹ Sexton ME, Baker JJ, Nakagawa K, et al. How reliable is self-testing for gonorrhea and chlamydia among men who have sex with men? *J Fam Pract*. 2013;62:70-78.

¹⁰ Freeman AH, Bernstein KT, Kohn RP, et al. Swabs for the detection of *Chlamydia trachomatis* and *Neisseria gonorrhoeae* pharyngeal infection among men who have sex with men. *Sex Transm Dis*. 2011;38:1036-1039.

¹¹ Sexton ME, Baker JJ, Nakagawa K, et al. How reliable is self-testing for gonorrhea and chlamydia among men who have sex with men? *J Fam Pract*. 2013;62:70-78.

¹² Freeman AH, Bernstein KT, Kohn RP, et al. Swabs for the detection of *Chlamydia trachomatis* and *Neisseria gonorrhoeae* pharyngeal infection among men who have sex with men. *Sex Transm Dis*. 2011;38:1036-1039.

- Have had receptive oral intercourse within the past year, regardless of condom use; and
- Have not had a positive lab test or been treated for CT or GC in the past 4 weeks, regardless of anatomical site.

For pharyngeal specimen collection:

- Label the specimen collection tube.
- Review the collection process with the client and instruct them to collect the rectal specimen. The swab should make contact with the key areas of the throat: uvula and left/right posterior walls and tonsils¹³. Clinicians may collect a specimen during physical exam in lieu of self-collection, if desired.
- Put the swab inside the specimen collection tube, align score line with the top edge of the tube and carefully break the swab shaft. Seal the tube.
- Visually inspect the swab to assure there is evidence of use and that the lid is tight on the specimen collection tube to prevent spillage.
- Some patients prefer clinician collection. The same collection technique of making contact with the key areas of the throat: uvula and left/right posterior walls and tonsils should be observed. An instructional video is available at <https://www.youtube.com/watch?v=KJtqyvAstCo>.

Gonorrhea Culture

Gonorrhea culture testing is required to evaluate suspected cases of gonorrhea treatment failure.

A specimen source must be included with the requisition in order to successfully perform the test and prevent rejection of the specimen.

The LabCorp test number (at the time of developing this manual) is:

- 008128 GC Culture Only SOURCE: _____

Syphilis Testing

Screening Cascade

The screening test for syphilis available through LabCorp is the T Pallidum Screening Cascade, which uses the reverse sequence screening. The first test that is conducted is an EIA, if it is positive, a quantitative RPR is conducted; if the RPR is negative, an additional treponemal test, different from the initial test, is conducted. See Attachment I for the Syphilis Testing Algorithm. Some potential reasons for false positives are available at: <https://www.cdc.gov/std/tg2015/syphilis.htm>.

The LabCorp test number (at the time of developing this manual) is:

- 082345 Treponema pallidum (Syphilis) Screening Cascade

Volume Required: 1mL in red-top or gel-barrier tube

Storage: Room temperature; centrifuge within two hours of collection

Stability: Room temperature for seven days; refrigerated for 14 days; frozen for 14 months



¹³ San Francisco City Clinic. Patient instructions for self-collected specimens: pharyngeal and rectal. Available at: <http://www.sfcityclinic.org/providers>.

RPR

A standalone **RPR** can be requested on the OEPI account. The RPR should only be used for post-treatment titers; the RPR is **NOT** a screening or diagnostic test.

The LabCorp test number is (at the time of developing this manual):

- 006099 RPR

Volume Required: 1mL in red-top or gel-barrier tube

Storage: Room temperature

Stability: Room temperature for seven days; refrigerated for 7 days; frozen for 7 days; freeze/thaw cycles x3

HIV Testing

The screening test for HIV available through LabCorp is the HIV 1/0/2 4th Generation, which automatically reflexes to antibody differentiation and qualitative NAA if necessary. See Attachment J for additional information.

The LabCorp test number (at the time of developing this manual) is:

- 083935 Panel 083935

Volume Required: dedicated unopened, 2mL in red-top or gel-barrier tube

Storage: Room temperature; refrigerated for shipping

Stability: Room temperature for 48 hours; refrigerated/frozen for 14 days; freeze/thaw cycles x 5

Viral Hepatitis Testing

Both hepatitis B and C tests reflex automatically if necessary. Additional information about eligibility and test interpretation is available at <http://www.vdh.virginia.gov/disease-prevention/disease-prevention/viral-hepatitis/providers/>.

Hepatitis A

The OEPI account does not cover any tests for hepatitis A. Clinics should recommend the hepatitis A vaccine; contact the VDH Immunization Program for more information: <http://www.vdh.virginia.gov/immunization/>.

Hepatitis B

Use the OEPI LabCorp requisition form to request a HBV combo test (HBsAb+HBcAb+HBsAg) with reflex to IgM test for patients who meet at least one defined criteria (Attachment K) and are uninsured or non-chargeable. Clinics should recommend the hepatitis B vaccine if warranted; contact the VDH Immunization Program for more information: <http://www.vdh.virginia.gov/immunization/>.

The LabCorp test number (at the time of developing this manual) is:

- 219949 HBcAb+HBsAb+Ag

Volume Required: 10mL in red-top or gel-barrier tube

Storage: Room temperature

Stability: Room temperature/refrigerated/frozen for 14 days; freeze/thaw cycles x 3

Hepatitis C

Use the OEpi LabCorp requisition form to request a HCV Antibody reflex to NAA for patients who meet the defined criteria (Attachment L) and are uninsured or non-chargeable (e.g., reactive rapid HCV antibody test from a VDH-affiliated testing site). The “reflex to NAA” indicates that if the HCV Ab is positive, LabCorp will automatically test for HCV RNA via NAA. HCV RNA is the confirmatory test. Other hepatitis C tests are not authorized on the account. If an alternative test is clinically indicated, contact the viral hepatitis testing coordinator for assistance.

The LabCorp test number (at the time of developing this manual) is:

- 144045 HCV Antibody reflex to NAA

Volume Required: 5mL in red-top or gel-barrier tube. If tube other than a gel-barrier tube is used, transfer separated serum to a plastic transport tube. Do not freeze gel-barrier tube (pour off serum first)

Storage: Refrigerate

Stability: Room temperature for 3 days; refrigerated/frozen for 14 days; freeze/thaw cycles x 3

Hemoglobin A1c

The Hemoglobin A1c test is available for LHDs on the Office of Epidemiology requisition form for suspected Tuberculosis (TB) cases. Additional information on the TB program is available at:

<http://www.vdh.virginia.gov/tuberculosis-and-newcomer-health/tuberculosis/>.

The LabCorp test number (at the time of developing this manual) is:

- 001453 Hemoglobin A1c

Volume Required: 4mL in Lavender-top (EDTA) tube, green-top (lithium heparin) tube, or gray-top (sodium fluoride) tube

Storage: Room temperature

Stability: Room temperature/refrigerated/frozen for 14 days; freeze/thaw cycles x 3

Adding Tests after the Specimen Has Been Collected

If you have a [LabCorp Link™ login/password](#), you can submit your add-on test request electronically. You may also call your local laboratory and add-on the test request. For verbal add-ons, you may receive a request for written authorization. LabCorp will provide a fax number to submit the signed formed and any other additional information that is required.

Issues that Delay Testing or Prompt Rejections

The following are some common reasons for rejections by the laboratory. Additional reasons are available at <https://www.labcorp.com/resource/introduction-to-specimen-collection>.

1. Incorrect swab or tube used to collect specimen.
2. Missing or inconsistent patient name; patient name on the specimen collection tube label and the lab requisition form must be consistent. Use printed specimen tube labels whenever possible and put identical labels on all locations.

3. Incorrect or missing specimen source on the specimen collection tube label and/or the lab requisition form.
4. Missing or inconsistent collection date listed on the specimen collection tube label and/or the lab requisition form.
5. Missing indication of “requested test” on the lab requisition form.
6. Use of whiteout on specimen tube label or lab requisition form. Mistakes must be corrected by marking a line and rewriting the correct information above or beside it. Any evidence of whiteout will prompt rejection.
7. Missing or broken foil top of specimen tube; the foil must be intact to preserve the sample integrity. The caps on the specimen tube must be tight to prevent spillage of the preservative.

Attachments

Attachment A- LabCorp Supply Order Form



FAX ORDER TO 804-261-9340 OR EMAIL ORDER TO RVSUPPLY@LABCORP.COM

PLEASE ALLOW 72 HOURS FOR DELIVERY OF ALL SUPPLY ORDERS

Account Name: _____

Phone# _____

Address: _____

Acct # _____

Delivery Route: _____

Ordered by: _____

Date Ordered: _____

SUPPLY ORDERS MAY ONLY BE PLACED EVERY 5 BUSINESS DAYS OR SUPPLY SYSTEM MAY REJECT AS DUPLICATE

TEST REQUEST FORMS				HISTOLOGY				MICROBIOLOGY			
QTY ORD	UOM	DESCRIPTION	PS#	QTY ORD	UOM	DESCRIPTION	PS#	QTY ORD	UOM	DESCRIPTION	PS#
	EA	Form # _____ (top corner)			EA	Pre-Filled Formalin 40ml	19500		EA	Swab:Pink Amies Gel Bact Cult	49481
	EA	Form # _____ (top corner)			EA	Pre-Filled Formalin 90ml	19164		EA	Swab:Purple UTM-Viral	24674
	EA	Form # _____ (top corner)			CONTAINERS				EA	NASOPHARYNGEAL SWAB ORANGE	93307
	REPORT FORMS				EA	24HR COLLECTION (NO PRES)	20681		EA	Swab: White Top MRSA	33346
	Reem	Laser Report Paper (Copy Paper)	4889		EA	24HR COLLECTION (BORIC)	48782		EA	Swab:Red,Double,Dry,Dacron (Strep)	48222
	PACK	Laser Request Form W/ Labels	2719		EA	24HR COLLECTION (HCL)	21584		EA	Aptima Urine:CT,NG	33291
	PAD	Patient Service Cntr Maps			EA	24HR COLLECTION (ACETIC)	23301		EA	Aptima Unisex:CT,NG,TVag	57677
	TUBES				EA	Light Protected Sterile Cups	20656		EA	Aptima Orange Nu-Swab	119391
	EA	SST 3.5ML	39999		EA	URINE HATS	20669		EA	PEDIATRIC BLOOD CULTURES BOTTLES	50054
	EA	SST 5ML	40004		EA	SINGLE DRUG SCREEN KITS	47399		EA	ADULT BLOOD CULTURE BOTTLES	50053
	EA	SST 8.5ML	39996		EA	SPLIT DRUG SCREEN KITS	99333		EA	Vacutainer, no add: fluid trans	44370
	EA	RED 3ML	39955		EA	Temp Strip Sterile Cups	115880		EA	iFOBT Occult Stool Bottle ONLY	97839
	EA	RED 10ML	39902		EA	STERILE YELLOW CAP CONTAINER 90ML	20648		EA	iFOBT Occult Stool Kit	66668
	EA	LAVENDER 3ML	40008		EA	PEDIATRIC URINE COLL BAGS	19871		EA	Urine Culture Tubes	23643
	EA	LAVENDER 4ML	40006		Pack	Paper Urine Coll Cup W/ Lid	90492		EA	Affirm ATTS	56228
	EA	GRAY 4ML	40021		Pack	Paper Urine Coll Cup W/O Lid	48780		EA	inPouch TV Transport	89997
	EA	GRAY 6ML	39872		BAGS				EA	HPV Transport Tube	22495
	EA	LIGHT BLUE 2.7ML	39961		PACK	6"x9" Transport w/ Pouch	19805		STOOL		
	EA	ROYAL BLUE 8ML	39975		EA	Large Bags	19913		EA	Para-Pak Stool C&S (Orange)	49628
	EA	GREEN(SODIUM) 4ML	39944		CYTOLOGY				EA	Para-Pak O&P(Pink & Gray)	49627
	EA	GREEN(SODIUM) 6ML	39874		TRAY	Thin Prep W/Lavender Broom	33288		EA	Para-Pak C-Diff (White)	59517
	EA	GREEN(SODIUM) 10ML	23636		TRAY	Thin Prep W/Brush/Spatula	48123		EA	Fecal Fat Can (72hr Collection)	3192
	EA	GREEN(LITHIUM) 4ML	39924		TRAY	Sure Path Blue Broom	45726		MISCELLANEOUS		
	EA	GREEN(LITHIUM) 6ML	39931		TRAY	Sure Path Brush/Spatula	45727		EA	Frozen Keeper	117967
	EA	URINALYSIS TUBE W/ PRES	23439		EA	PAP Coll Kit (one slide)w/ brush	38925		EA	ORANGE GLUCOLA 50G	26593
	EA	YELLOW ACD SOL A 8.5ML	39935		EA	Fixative Cyto Cytex Pump Spray	21310		EA	ORANGE GLUCOLA 75G	26594
	EA	YELLOW ACD SOL B 6ML	39887		NEEDLES				EA	ORANGE GLUCOLA 100G	26595
	EA	LipoProfile Bumble Bee Tube	60360		BOX	Eclipse Needle 21g X 1 1/4"	33401		EA	FRUIT PUNCH 50G	26596
	EA	PPT Tube	39876		BOX	Eclipse Needle 22g X 1 1/4"	33406		EA	FRUIT PUNCH GLUCOLA 75G	26597
	EA	PST GEL LITH HEP 4.5ML	39878		EA	Butterfly Needle 21g	33435		EA	FRUIT PUNCH GLUCOLA 100G	26598
	EA	K2EDTA TAN TUBE 3ML	39884		EA	Butterfly Needle 23g	33437		EA	Tourniquet's Blue Latex Free	120712
	EA	LAV MICROTAINERS	40001		EA	Butterfly Needle 25g	33439		EA	Urine Transfer Straws	25067
	EA	SST MICROTAINERS	23589		EA	Needle Holder one Time Use	33357		BOX	Clean Catch Wipes	26684
	EA	RED TOP MICROTAINERS	23720		BOX	ALCOHOL PADS	90007		EA	Plastic Pipettes	22178
	EA	SERUM TRANSFER TUBES	23597		BOX	BAND-AIDS	47909		EA	Microarray (POC)	89063
	EA	AMBER "LIGHT SENSITIVE" TUBES	23598		EA	PAPER TAPE	108043		EA	Informseq Prenatal Kit	107762
	EA	FROZEN TRANSFER (Purple)	49482		Pack	2X2 GAUZE	93212		EA	FNA Kits	100708
	LABELS				ADDITIONAL REQUEST				EA	QuantIFEROn TB Kit	121725
	EA	SPECIMEN ID							EA	BREATHTEK H. PYLORI	116773
	EA	PLASMA							EA	Bio Fire Kit	93307/24674
	EA	FROZEN									
	EA	STAT									
	EA	Multi-Requisition									

Revised 9/14/18

PLEASE PAY CLOSE ATTENTION TO THE UNIT OF MEASURE. EXAMPLE - 1 EACH = 1 TUBE/1 SWAB/1 CUP

Proper Specimen Identification & Labeling

Positive Specimen Identification

According to LabCorp's laboratory accreditation agency, all primary specimen containers must be labeled with 2 identifiers at the time of collection.

In order for a specimen to be considered to have positive identification, the test request form (TRF) and each related specimen container must contain exactly the same name and unique patient identifier.

Examples of acceptable identifiers include, but are not limited to, the following:

- Patient's name
- Patient's date of birth
- Patient's Social Security number
- Hospital number
- Requisition number
- Accession number
- Unique random number

A location (eg, hospital room number) is not an acceptable identifier.



Specimen Labeling

Use of LabCorp-provided specimen collection containers is always advised. Contact your local LabCorp Service Representative for collection devices. In many cases, the collection devices and labels provided by LabCorp are selected to be used in conjunction with LabCorp's automated laboratory systems.

Labels placed on containers that were not provided by LabCorp may have to be trimmed to accommodate our analyzers.



LABCORP TEST REQUEST FORM REQUIREMENTS

Check One

03 Client Bill

04 Patient Bill

05 Medicare, Traditional

ST* Medicaid, Traditional

XI Private Insurance/Managed Care

ST* = State Abbreviation

Patient's Legal Name (Last, First, MI)		Sex	Date of Birth MO DAY YR			Collection Time AM <input type="checkbox"/> Yes PM <input type="checkbox"/> No	Fasting <input type="checkbox"/> Yes <input type="checkbox"/> No	Collection Date MO DAY YR			Urine hrs/vol hrs ____ vol ____
NPI		Physician's ID #		Patient's ID #			Hospital Patient Status: <input type="checkbox"/> In-Patient <input type="checkbox"/> Out-Patient <input type="checkbox"/> Non-Patient				
Physician's Name (Last, First)		Physician/Authorized Signature X			Patient's Address			Phone			
Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service Highest Specificity REQUIRED					City			State		ZIP	
Name of Policy Holder (if different from patient)					Address of Policy Holder			APT #			
City					State		ZIP				
I hereby authorize the release of medical information related to the service described herein and authorize payment directly to LabCorp. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.											
X Patient's Signature _____ Date _____											
MEDICARE ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN) Refer to Determining Necessity of ABN Completion on reverse.											

PRIMARY BILLING PARTY	SECONDARY BILLING PARTY
Insurance Carrier *	Insurance Carrier *
ID #	ID #
Group #	Group #
Insurance Address	Insurance Address
Name of Insured Person	Name of Insured Person
Relationship to Patient	Relationship to Patient
Employer Name	Employer Name
*If Medicaid State Physician's Provider # _____ Workers Comp <input type="checkbox"/> Yes <input type="checkbox"/> No	

Client Bill

- Billing Option
- Date Collected
- Time Collected
- Patient Legal Name (Last, First, MI)
- Patient Gender
- Patient Date of Birth
- Physician Last & First Name

Optional

- Patient ID N°
- Physician ID N°

Client

+ Patient

+ + + + Medicare, Traditional

+ + + Medicaid, Traditional

+ + + Private Insurance/Managed Care

Fields not highlighted may be necessary for certain types of testing or to meet individual payor-specific requirements.

Patient Bill

- Billing Option
- Date Collected
- Time Collected
- Patient Legal Name (Last, First, MI)
- Patient Gender
- Patient Date of Birth
- Patient Address (city, state, & ZIP code)
- Patient Telephone N°, with area code
- Physician Last & First Name

Medicare, Traditional

- Billing Option
- Date Collected
- Time Collected
- Patient Legal Name (Last, First, MI)
- Patient Gender
- Patient Date of Birth
- Patient Address (city, state, & ZIP code)
- Patient Telephone N°, with area code
- Physician Last & First Name
- NPI
- Authorized Signature for Medical Release
- ICD-CM Diagnosis Codes (in format in effect at date of service and at highest specificity)
- ABN Signed & Dated when applicable (Refer to instructions on back of test request form)
- Primary Billing Party - complete Traditional Medicare information
- Secondary Billing Party - complete insurance information as applicable to patient

Medicaid, Traditional

- Billing Option
- Date Collected
- Time Collected
- Patient Legal Name (Last, First, MI)
- Patient Gender
- Patient Date of Birth
- Patient Address (city, state, & ZIP code)
- Patient Telephone N°, with area code
- Physician Last & First Name
- Physician Signature
- NPI
- Authorized Signature for Medical Release
- ICD-CM Diagnosis Codes (in format in effect at date of service and at highest specificity)
- Primary Billing Party - complete Traditional Medicaid information
- List State Abbreviation
- Physician's State Assigned Provider N°

Private Insurance/Managed Care

- Billing Option
- Date Collected
- Time Collected
- Patient Legal Name (Last, First, MI)
- Patient Gender
- Patient Date of Birth
- Patient Address (city, state, & ZIP code)
- Patient Telephone N°, with area code
- Physician Last & First Name
- NPI
- Authorized Signature for Medical Release
- ICD-CM Diagnosis Codes (in format in effect at date of service and at highest specificity)
- Responsible Party, if different from patient
- Primary Billing Party - complete insurance information, specify if MC or MD HMO/PPO
- Secondary Billing Party - complete insurance information as applicable to patient



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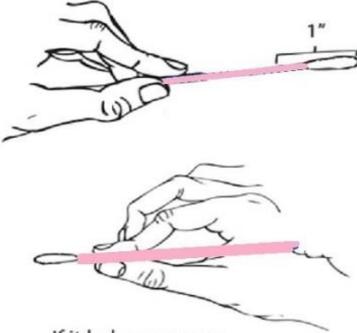
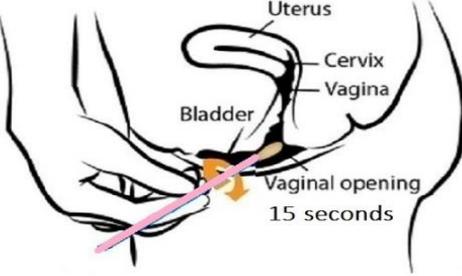
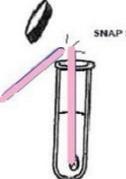
Optional

- Hospital Status

Attachment C- Self Collection of Vaginal Swab for CT/GC (English)

Self-Collection of Vaginal Swab ATTENTION: Read ALL instructions before you begin!



<p>STEP 1 Wash your hands thoroughly.</p>  <p>Step 2 Undress from the waist down. Get into a position where you can comfortably insert a swab into your vagina - such as sitting on the toilet, standing with one foot on a chair, or any position that you would use to insert a tampon.</p> 	<p>Step 3 Open the wrapper and remove the swab with the pink handle. Do NOT touch the tip of the swab.</p> 	 <p>STEP 4 Insert the white tip of the swab about one inch inside the opening of your vagina.</p>	 <p>If it helps, you can grip the swab 1" away from the end of the soft tip, so your fingers will touch your body when the swab is in far enough.</p>
<p>Step 5 Rotate the swab for 15 seconds, making sure the swab touches the walls of your vagina so that moisture is absorbed into the swab.</p>  <p>STEP 6 Remove the swab from your vagina. Don't let the tip of the swab touch anything else.</p> 	<p>Step 7 Uncap tube and keep upright (do NOT pour out the clear liquid). Place the swab into the tube.</p> 	<p>STEP 8 Align the score line with the top edge of the tube and carefully break the shaft of the swab.</p> 	
<p>STEP 9 Swab will drop to the bottom of the tube. Screw cap on tightly so it does not leak.</p> 	<p>STEP 10 Wash your hands.</p>  <p>STEP 11 Return the tube to your health care provider.</p>		

Attachment D- Self Collection of Vaginal Swab for CT/GC (Spanish)

Auto recogida de hisopo vaginal

Importante: ¡Lea estas instrucciones antes de comenzar!



Paso 1

Lávese bien las manos.



Paso 2

Desvístase de la cintura para abajo. Póngase en una posición cómoda para insertar el aplicador en la vagina. Puede sentarse en el inodoro, pararse y colocar la pierna en una silla, o, acomodarse en la posición que usaría para colocarse un tampón.



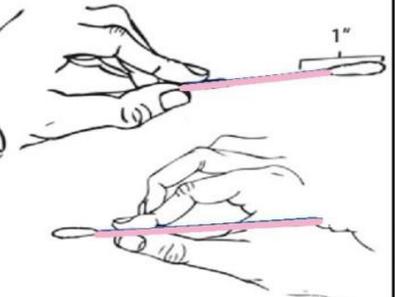
Paso 3

Abra la envoltura y remueva el aplicador agarrándolo por el mango rosado. No toque el área del algodón.



Paso 4

Introduzca la parte del aplicador con algodón dentro de la vagina.



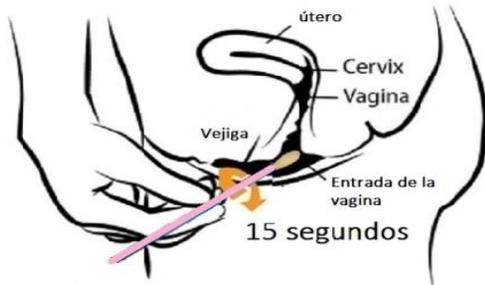
Si le ayuda, puede agarrar el aplicador a una pulgada del algodón de manera que sus dedos tocarán su cuerpo cuando el aplicador esté a la distancia deseada.

Paso 5

Rote (gire) el aplicador por 15 segundos. Asegúrese que el algodón toque las paredes de la vagina de manera que pueda absorber la humedad en ella.



15 segundos



Paso 6

Remueva el aplicador de la vagina. No permita que el algodón toque cualquier otra superficie.

15 segundos

Paso 7

Remueva la tapa y mantenga el tubo de ensayo derecho. No vierta el líquido claro. Coloque el aplicador dentro del tubo.



Paso 8

Centralice el aplicador y pártalo cuidadosamente por la marca.



Paso 9

Coloque la tapa en el tubo de ensayo. Cuidado que no perforo (rompa) el papel de aluminio al cerrar el tubo.



Paso 10

Lávese bien las manos.



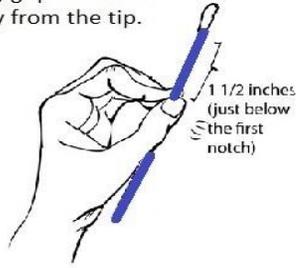
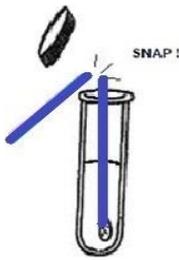
Paso 11

Devuelva el tubo a su proveedor médico.

Attachment E- Self Collection of Rectal Swab for CT/GC (English)

Self-Collection of Rectal Swab ATTENTION: Read ALL instructions before you begin!



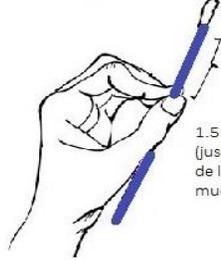
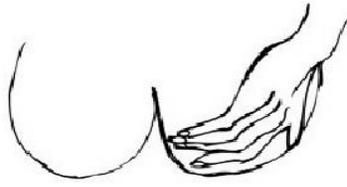
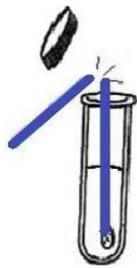
<p>STEP 1 Wash your hands thoroughly.</p>  <p>STEP 2 Open the wrapper and remove the swab with the blue handle.</p>  <p>Do not touch the tip of the swab.</p>	<p>STEP 3</p> <p>Pull underwear down or off. Squat down, or lift one leg up on a ledge, toilet, or chair.</p> 	<p>STEP 4</p> <p>With one hand, grip the swab 1.5 inches away from the tip.</p>  <p>Do NOT use any kind of lubricant (soap, saliva, etc) on either the swab or your body.</p>	<p>STEP 5</p> <p>Use your other hand to lift one cheek for easy access to the rectum.</p> 
 <p>STEP 6 Insert the swab 1.5 inches into your rectum until you feel your fingers touch your anus.</p> <p>STEP 7 Once the swab is in, walk your fingers halfway down the swab (away from your body) and grip it there for stability.</p> <p>STEP 8 Gently turn the swab in circles for approximately 30 seconds.</p> <p>STEP 9 When removing the swab from your rectum, slowly turn it in a circle while pulling it out.</p>	<p>STEP 10 Uncap tube and keep upright - do not pour out the clear liquid. Place the swab into the tube.</p>  <p>STEP 11 Align the score line with the top edge of the tube and carefully break the shaft of the swab.</p> 	<p>STEP 12 Swab will drop to the bottom of the tube. Screw cap on tightly so it doesn't leak.</p>  <p>STEP 13 Wash your hands thoroughly.</p>  <p>STEP 14 Return the tube to your health care provider.</p>	

Attachment F- Self Collection of Rectal Swab for CT/GC (Spanish)

Auto Coleccion de Muestra Rectal

Importante: ¡Lea estas instrucciones antes de comenzar!



<p>Paso 1 Lávese bien las manos.</p>  <p>Paso 2 Abra el envoltorio y extraiga el hisopo con mango azul. NO toque la punta del hisopo que tiene el algodón.</p> 	<p>Paso 3 Baje su ropa interior, agachese o levante una pierna y pongala en una repisa, inodoro o una silla.</p> 	<p>Paso 4 Con su mano, agarre el hisopo, dejando una pulgada y media (1.5") libre entre sus dedos y la punta del hisopo con algodón. NO utilice ningún tipo de lubricante (jabón, saliva, etcetera) en el hisopo ni en su recto.</p>  <p>1.5 pulgadas (justo debajo de la primera muesca)</p>	<p>Paso 5 Utilice su otra mano para abrir un poco mas su trasero y facilitar el acceso del hisopo en su recto.</p> 
 <p>Paso 6 Inserte el hisopo una pulgada y media (1.5") dentro de su recto hasta sentir sus dedos tocar su ano.</p> <p>Paso 7 Una vez haya introducido el hisopo en su recto, mueva sus dedos hacia el lado opuesto de su ano, hasta la mitad del hisopo y sostengalo para que se mantenga estable mientras esta introducido en su recto.</p> <p>Paso 8 Suavemente y con cuidado gire el hisopo en círculos por aproximadamente 30 segundos, mientras aun este dentro de su recto.</p> <p>Paso 9 Al retirar el hisopo de su recto, girelo lentamente en un círculo mientras lo hala hacia fuera.</p>	<p>Paso 10 Destape el tubo y mantengalo en posición vertical en una superficie plana. NO tire el líquido claro que se encuentra adentro, y luego coloque el hisopo dentro del tubo.</p> 	<p>Paso 12 El hisopo con la punta de algodón debe ser introducido hasta el fondo del tubo. Vuelva a tapar firmemente el tubo dejando adentro el hisopo y el líquido.</p> 	
<p>Paso 11 Alinee la línea con el borde de la entrada del tubo y rompa con cuidado el eje del hisopo marcado con la hendidura.</p> 	<p>Paso 13 Lávese muy bien las manos</p>  <p>Paso 14 Regrese el tubo con su muestra rectal a su proveedor de salud.</p>		

Attachment G- Self Collection of Pharyngeal Swab for CT/GC (English)

Self-Collection of Pharyngeal Swab

Attention: Read ALL instructions before you begin!

Step 1.

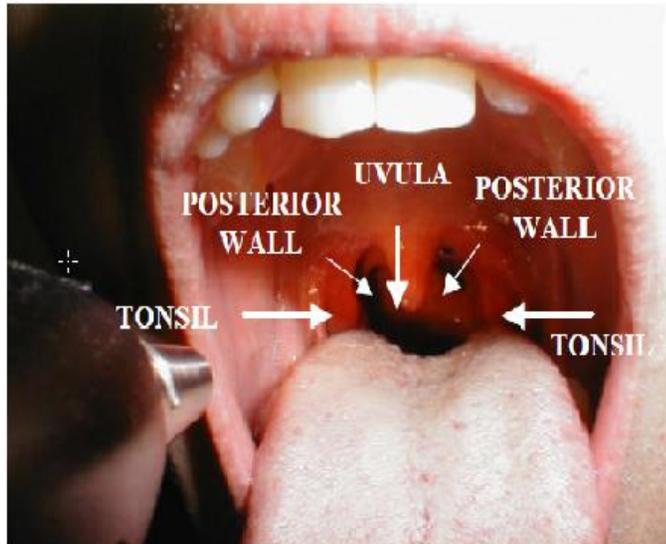


Wash your hands thoroughly.

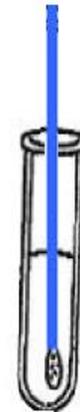
Step 2. Open the wrapper and remove the swab with the blue handle. Do NOT touch the tip of the swab.



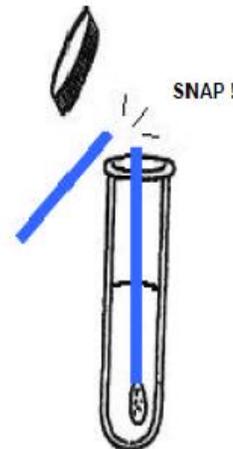
Step 3. Open mouth widely and touch the end of the swab to the 5 areas of the throat.



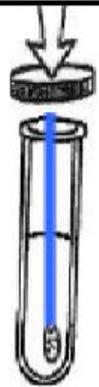
Step 4. Uncap tube and keep upright - do not pour out the clear liquid. Place the swab into the tube.



Step 5. Align the score line with the top edge of the tube and carefully break the shaft of the swab.



Step 6. Place cap back on the test tube and tighten (do not puncture the foil).



Step 7. Throw away wrapper and unused swab.

Step 8. Wash your hands thoroughly.



Step 9. Return the tube to your health care provider.

Attachment H- Self Collection of Pharyngeal Swab for CT/GC (Spanish)

Auto-colección de muestra de la faringe

Atención: ¡Lea todas las instrucciones antes de comenzar!



Paso 1

Lávese bien las manos.



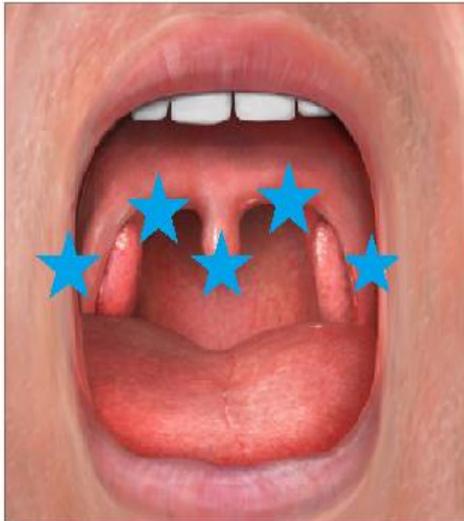
Paso 2

Abra la envoltura y remueva el aplicador agarrándolo por el mango rosado. No toque el área del algodón.



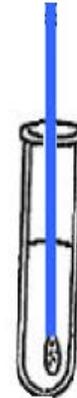
Paso 3

Abra bien la boca y que el algodón toque las cinco áreas indicadas de la garganta.



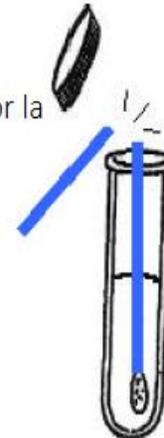
Paso 4

Remueva la tapa y mantenga el tubo de ensayo derecho. No vierta el líquido claro. Coloque el aplicador dentro del tubo.



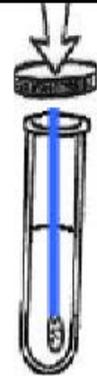
Paso 5

Centralice el aplicador y pártalo cuidadosamente por la marca.



Paso 6

Coloque la tapa en el tubo de ensayo. Cuidado que no perfore (rompa) el papel de aluminio al cerrar el tubo.



Paso 7

Descarte la envoltura y la parte del aplicador que no necesita.

Paso 8

Lávese bien las manos.

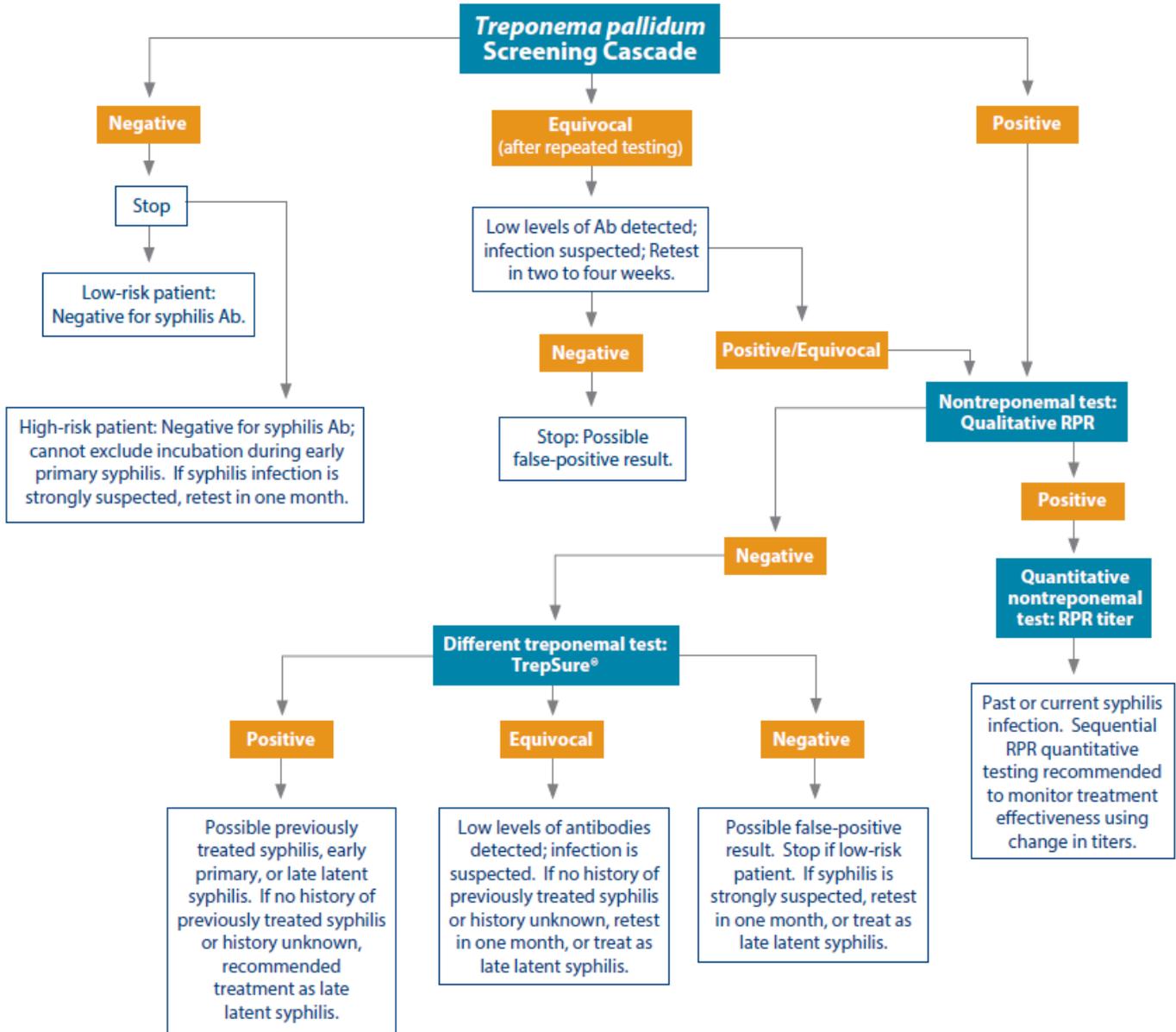


Paso 9

Devuelva el tubo a su proveedor médico.

Attachment I – Syphilis Testing Algorithm

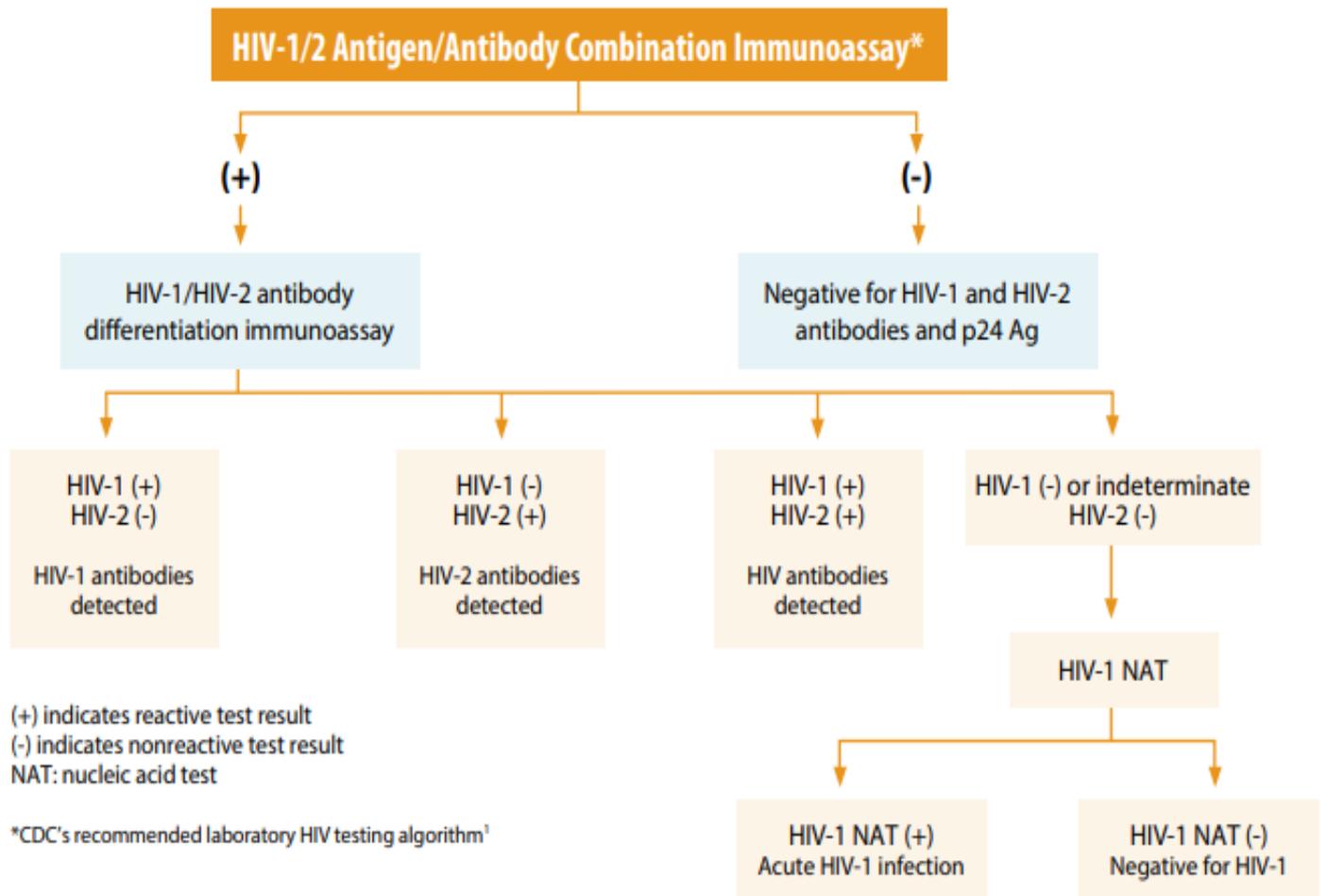
082345 *Treponema pallidum* (Syphilis) Screening Cascade



Legend

Test Names	Test Results	Actions
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Attachment J- HIV Testing Algorithm



Attachment K- Hepatitis B Screening Criteria

Hepatitis B Virus Testing Guidelines

Determining Eligibility for Hepatitis B Virus Testing

VDH funds HBV testing for uninsured and non-chargeable clients, over 9 months old, meeting at least one of the following criteria:

One-time testing
People from geographic regions with a HBsAg prevalence of greater than or equal to 2% ² (see Appendix G)
U.S. born person not vaccinated as infants, whose parent(s) were born in geographic regions with HBsAg prevalence of greater than or equal to 8% (see Appendix G)
Children born to a HBV infected mother
Clients who could benefit from a HBV test
Persons who have HIV infection
Persons with selected medical conditions who require immunosuppressive therapy
Persons with liver disease of unknown etiology (elevated ALT/AST)
Persons who are household contacts and/or sexual partners of HBV infected people
Persons who inject drugs (PWID/IDU) or have ever injected drugs
Men who have sex with men (MSM)
Persons who have been or are currently incarcerated
Persons who engage in transactional sex work for money or drugs
Persons who are the source of blood or body fluid exposures (e.g. needle stick injury)

Attachment L- Hepatitis C Screening Criteria

Hepatitis C Virus Testing Guidelines

Determining Eligibility for Hepatitis C Virus Testing

In accordance with CDC, USPSTF and WHO testing recommendations, VDH funds HCV testing for uninsured and non-chargeable clients who meet at least one of the following criteria:

One-time testing
Persons born from 1945 – 1965
Clients who could benefit from a HCV test
Persons who inject drugs (PWID or IDU) or have ever injected drugs
Persons who have HIV infection
Persons with liver disease of unknown etiology (i.e. elevated ALT/AST)
Persons engaging in intranasal cocaine use and other non-injecting illegal drug use
Men who have sex with men (MSM)
Persons who engage in transactional sex work for money or drugs
Persons who were ever on long-term hemodialysis
Persons who received a transfusion or an organ transplant before July 1992, or clotting factor concentrates produced before 1987
Persons with a history of tattooing or body piercing if the procedure was done where infection control practices are substandard
Persons with a long-term steady sexual partner who is HCV-positive
Persons who have been or are currently incarcerated
Testing based on recognized exposure
Healthcare, emergency medical and public safety workers after needle sticks, sharps, or mucosal exposures to HCV-positive blood
Children born to a HCV-infected mother (to avoid detecting maternal antibody, these children should not be tested before age 18 months)
Testing based on rapid test result
Persons with a reactive rapid HCV antibody test result from a VDH-affiliated testing site (e.g. Walgreens Pharmacy, community-based organization)