# Guidelines for Orthopox Rule-Out Specimen Submission

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Collection Materials</th>
<th>Instructions</th>
<th>Storage Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>A minimum of 2* swabs of base of lesion(s) (NO transport media) <strong>Required by CDC</strong></td>
<td>Sterile nylon, polyester, or Dacron swab with a plastic, wood, or thin aluminum shaft. Place in a sterile container with NO transport media. Use multiple containers when collecting specimens from multiple lesions.</td>
<td><strong>Prior to specimen collection, sanitize area with alcohol and let dry.</strong> 1. Use a disposable scalpel (or a sterile 26 Gauge needle) to open and remove the top of the vesicle or pustule (do not send the scalpel or needle). Retain lesion roof for testing. (See below) 2. Swab the base of the lesion with a sterile polyester or Dacron swab. 3. Place swabs in individual sterile containers. DO NOT ADD ANY VIRAL OR UNIVERSAL TRANSPORT MEDIA. 4. Collect specimens from lesions at different anatomic locations if possible</td>
<td>Refrigerate after collection at 2-8°C. Deliver immediately to MDH.</td>
</tr>
<tr>
<td>1 swab of base of a lesion (in viral transport media) <strong>Required by MDH</strong> (Used for reflex testing if no orthopox viruses found)</td>
<td>Sterile nylon, polyester, or Dacron swab with a plastic, shaft. Tube of viral transport media. Use multiple containers when collecting specimens from multiple lesions.</td>
<td>Same as above EXCEPT place swab in viral transport media in order to allow testing for other viral pathogens if the above specimens test negative for orthopox viruses.</td>
<td></td>
</tr>
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</tbody>
</table>
| Crust, scab, or biopsy of lesion (If able to remove crust/roof during swab collection, send as additional specimen) | Sterile tube with O ring seal (As needed, sterile scalpel, 26 gauge needle, and forceps.) | 1. Sanitize lesion with an alcohol wipe, allow to dry.  
2. Use a disposable scalpel (or a sterile 26 Gauge needle) to open and remove the top of the vesicle or pustule (do not send the scalpel or needle). Retain lesion roof for testing.  
3. Place specimen in a 1.5 or 2 mL screw-capped tube with O-ring. DO NOT ADD ANY VIRAL TRANSPORT MEDIA.  
4. Collect specimens from lesions at different anatomic locations if possible | Refrigerate after collection at 2-8C. Deliver immediately to MDH.  
Specimens may be kept at 2-8C for up to 7 days, after which point they must be frozen at minimum -20C. They may stay frozen for up to two months. |

**Required Personal Protective Equipment (PPE) to collect specimens**

- Disposable Gown  
- Gloves  
- Fit tested N95 or PAPR *Surgical mask if not available  
- Eye protection- face shield or goggles (note that eye-glasses are not eye protection)

Alcohol based hand sanitizer or sink with soap and water for hand hygiene

**Required Data Elements on Specimens and Requisition Forms**

- All specimens may be listed out on the **FEBRILE RASH (LOW TO MODERATE RISK)** form (Appendix 2).  
- Each individual specimen must be labeled with the following:  
  - Patient name  
  - DOB  
  - Collection date  
  - Specimen site  
- Unlabeled specimens will be AUTOMATICALLY REJECTED.  
- Under Presumptive Clinical Diagnosis, specify Other: **Monkeypox**  
- Test Request Authorized By is your ordering provider. Please only list an MD, DO, PA-C, or CRNP.  
- Health Care Provider is the submitting facility name.  
- All patient demographic elements are required.  
- Consult with MDH Epidemiology to determine risk category.
Appendix 1: Packaging and Shipping

Specimens must be shipped using Category B shipping requirements.

Refer to the attached document (Basic Triple Packaging) for packaging and shipping guidelines. If necessary, the MDH Laboratories Administration will arrange for an emergency courier, but will only do so after consultation with the patient’s physician and MDH Physician-On-Call or Epidemiologist.

BASIC TRIPLE PACKAGING

Basic triple packaging systems include a primary receptacle such as a tube with adhesive tape around the screw cap or a plate with parafilm around the edges. The primary (1°) receptacle, along with required absorbent and cushioning material, is placed inside a secondary (2°) container. The 2° container for diagnostic specimens should be a sealed biohazard or Ziploc bag. The 2° container is then securely placed within an outer shipping container (tertiary (3°) container), generally a corrugated cardboard box with cushioning material inside to surround the 2° container. This outermost container bears the name, address, and telephone number of shipper, name of person responsible with 24/7 telephone number, and the complete name, shipping address, and telephone number of the recipient, plus all the required markings. Include an itemized list of contents in a sealed plastic bag, placed between the 3° and 2° containers.

BASIC TRIPLE PACKAGING:

- A watertight primary receptacle.
- A watertight secondary receptacle.
- An outer packaging of adequate strength for its capacity, mass and intended use.

Note: For a liquid specimen, absorbent material must be placed between the primary and secondary containers and be capable of absorbing the entire contents of the primary receptacle(s).

Certified packaging systems are designed to withstand specific pressure changes and drop tests. Packaging systems that meet the
packing instruction standards are currently available from vendors specializing in products certified to meet the IATA, USPS, and other carriers’ requirements. Packaging systems using fiberboard or aluminum canisters, zip-lock bags, or other uncertified components may not be in compliance.

**IT IS THE RESPONSIBILITY OF THE SHIPPER TO COMPLY WITH ALL LAWS AND REGULATIONS REGARDING THE SHIPPING OF INFECTIOUS SUBSTANCES.**
# Appendix 2: Febrile Rash (Low and Moderate Risk) Form

[Image of the form]

## FEBRILE RASH (Low and Moderate Risk)

<table>
<thead>
<tr>
<th>Health Care Provider</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>County</td>
</tr>
<tr>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>Contact Name</td>
<td></td>
</tr>
<tr>
<td>Phone #</td>
<td>Fax #</td>
</tr>
<tr>
<td>Test Request Authorized by:</td>
<td></td>
</tr>
</tbody>
</table>

**TYPE OR PRINT**

Patient's SS# (last 4 digits) _ _ _ _

Patient: ____________________________________________

Last Name: _______ First: _______ Middle: _______

Date of Birth __/__/____ Sex M F

Address: __________________________________________

City: _______ County: _______ State: _______ Zip: _______

**Risk Category:**

Low Risk Moderate Risk

For Low Risk and Moderate Risk testing, collect the following specimens:

REMEMBER TO PLACE ONLY ONE LESION PER TUBE

<table>
<thead>
<tr>
<th>tube id</th>
<th>collection device</th>
<th>specimen type needed</th>
<th>body site of collection (arm, chest, face, etc.)</th>
<th>description of site (vesicle, pustule, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>tube with transport media</td>
<td>swab of base of lesion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>swab of base of lesion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>long tube with swab and no liquid</td>
<td>swab of base of lesion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>swab of base of lesion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>small empty tube with O ring seal</td>
<td>crust of lesion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>crust of lesion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>crust of lesion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>crust of lesion</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Presumptive Clinical Diagnosis: Chickenpox, Herpesvirus, Smallpox, Smallpox vaccine (Vaccinia), Other: ____________________________ (specify)

Date of Onset: __/__/____

(Month / Day / Year)

Date Specimen Collected: ____________________________ Reported: ____________________________

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