Specimen Collection Instructions – ANY Lab - Updated 4-9-2020

Collect a nasopharyngeal specimen (NP swab, preferred)

- Use a narrow synthetic fiber swab with plastic shaft.
- Insert swab into nostril parallel to the palate. Swab should reach depth equal to distance from nostrils to outer opening of the ear. Leave swab in place for several seconds to absorb secretions. Slowly remove swab while rotating it.
- Place swab immediately into a sterile tube containing 2-3 ml of viral transport media (VTM).

Acceptable alternatives if a nasopharyngeal swab cannot be collected:

- **Oropharyngeal (OP) specimen** collected by a healthcare professional (HCP). Use a synthetic fiber swab with plastic shaft. Swab the posterior pharynx, avoiding the tongue. Place swab immediately into a sterile tube containing 2-3 ml of VTM. CDC recommends collecting just the NP swab, but if collecting both NP and OP swabs, place them together in a single tube of VTM to maximize test sensitivity and limit resources.

- **Nasal mid-turbinate (NMT) specimen** collected by a HCP or on-site self-collection. Use a single flocked tapered swab to sample both nares. Place immediately into a transport tube containing either viral transport medium, Amies transport medium, or sterile saline.

- **Anterior nares (nasal swab; NS) specimen** collected by a HCP or by onsite self-collection, using a single round foam swab with a plastic shaft to sample both nares. Place immediately into a transport tube containing either viral transport medium, Amies transport medium, or sterile saline.

Do not perform nasal mid-turbinate or nasal testing in asymptomatic persons; use NP or OP specimens instead.

Specimen types above are preferred. To test any of the following specimens, please call SFDPH at 415-554-2830 to discuss:

- **Sputum**: Collect sputum only if the patient is producing sputum; do not perform sputum induction procedures. Have the patient rinse the mouth with water and then expectorate deep cough sputum directly into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.

- **Bronchoalveolar lavage, tracheal aspirate, or pleural fluid**: 2-3 mL in a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.

- **Nasopharyngeal wash/aspirate or nasal aspirate**: Collect 2-3 mL into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.

Store all specimen types at 2-8°C for up to 72 hours after collection. If a delay in testing or shipping is expected, store specimens at -70°C or below.
Specimen Handling Instructions – San Francisco Public Health Lab ONLY

Updated 4-9-2020

(Note: these instructions are for sending specimens to SFPHL only. If you are sending to another clinical or commercial lab, check with the specific laboratory for details regarding its specimen handling guidelines.)

**Prior Approval is No Longer Necessary to Submit COVID-19 Specimens to SF Public Health Lab**

- In order to increase the availability of COVID-19 testing for prioritized patient populations and streamline test ordering for providers, the SFDPH Public Health Lab (SFPHL) will now accept COVID-19 specimens without prior approval from SFDPH Communicable Disease Control and Prevention.

- See the associated SFDPH Health Advisory at: [https://www.sfcdcp.org/health-alerts-emergencies/health-alerts/](https://www.sfcdcp.org/health-alerts-emergencies/health-alerts/)

- Hospitals and other large private providers should arrange for transport of the specimens to SFPHL. The lab will accept specimens between the hours of 8 a.m. and 8 p.m. weekdays at 101 Grove St, Room 419, or 8 a.m. to 5 p.m. on the weekend.

- If you are a provider without the capacity to arrange for specimen transport (e.g. through a courier service), please coordinate with SFDPH for pickup by calling 415-554-2830 and following the prompts.

- Specimens should be submitted along with the NEW SFPHL COVID-19 Testing Form, available here: [https://www.sfcdcp.org/public-health-lab/forms-specimen-culture-submission/](https://www.sfcdcp.org/public-health-lab/forms-specimen-culture-submission/).

Use Category B infectious substance packaging instructions and transport on a cold pack.

Do not send specimens directly to CDC or CDPH.

For biosafety reasons, it is not recommended to perform viral isolation in cell culture or initial characterization of viral agents recovered in cultures of specimens from a person under investigation for 2019-nCoV.


### Additional Information

**Infection control procedures for collection of diagnostic respiratory specimens**

- Ensure the patient wears a surgical mask and isolate the masked patient in an examination room with the door closed. **Use of an airborne infection isolation room for NP, OP, NMT, or NS specimen collection is not required.**

- Wear an N-95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown. **If respirators are not readily available, they should be prioritized for other procedures at higher risk for producing infectious aerosols (e.g., intubation), instead of for collecting NP swabs.**
• Limit the number of HCP present during specimen to only those essential for patient care and procedure support. Visitors should not be present.

• Clean and disinfect procedure room surfaces promptly.

Disposition

• While awaiting COVID-19 test results, patients sick enough to require hospitalization should be managed according to CDC guidelines for infection control in healthcare settings. See: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html

• While awaiting COVID-19 test results, patients well enough to recuperate at home may be discharged to home with instructions to self-isolate at home until results of testing are available.

• Health Officer Isolation & Quarantine Orders and printable patient instructions in multiple languages are posted at https://www.sfcdcp.org/covid19hcp