

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH


Deidre S. Gifford, MD, MPH  
Acting Commissioner



Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

**BLAST FAX 2021-9**

TO: Nursing Homes and Assisted Living Facilities

FROM: Acting Commissioner Deidre S. Gifford, MD, MPH 

CC: Deputy Commissioner Heather Aaron, MPH, LNHA  
Adelita Orefice, MPM, JD, CHC, Chief of Staff  
Vivian Leung, MD, Healthcare Associated Infections & Antimicrobial Resistance Program

DATE: March 30, 2021

SUBJECT: SARS-CoV-2 Confirmatory Testing at the State Public Health Laboratory for Long Term Care Facilities

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Attached for your attention are:

1. Memorandum.
2. Laboratory Requisition Form.

These documents can also be found on the CT State Public Health Laboratory's website:  
<https://portal.ct.gov/DPH/Laboratory/Laboratory-Home/Katherine-A-Kelley-State-Public-Health-Laboratory>



Telecommunications Relay Service 7-1-1  
410 Capitol Avenue, P.O. Box 340308  
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### SARS-CoV-2 Confirmatory Testing at the State Public Health Laboratory for Long Term Care Facilities

As part of the statewide effort to better understand and enhance surveillance for SARS-CoV-2 variants across the state, the Connecticut Department of Public Health (DPH) is offering Long-Term Care Facilities (LTCFs) the option of submitting specimens for PCR confirmation at the CT State Public Health Laboratory (SPHL) when indicated after antigen testing.

SPHL can provide facilities with confirmatory PCR tests with a rapid turnaround time, and specimens positive for SARS-CoV-2 by PCR can then undergo genomic sequencing. Results of SARS-CoV-2 PCR testing will be reported to the submitting facility. *However, note that federal regulations do not authorize SPHL to report variant identification to submitting facilities.* Genomic sequencing results are strictly for public health surveillance purposes.

LTCFs can submit specimens for confirmatory PCR testing to SPHL for the following scenarios:

- **Positive** antigen test results for **asymptomatic** staff and/or residents.
- **Negative** antigen test results for **symptomatic** staff and/or residents.

If confirmatory tests are performed, the confirmatory specimen should be collected as soon as possible after the antigen test, and not longer than 48 hours after the initial antigen test.

LTCFs are responsible for proper labeling, handling, and delivery of specimens to SPHL. A [COVID-19 Clinical Test Requisition Form](#) is required for each specimen. Please check "reside or work in a congregate setting" at the top.

Questions about this process can be directed to the Healthcare-Associated Infections and Antimicrobial Resistance (HAI-AR) Program at [DPH.HAIAR@ct.gov](mailto:DPH.HAIAR@ct.gov) or 860-509-7995. Questions about specimen submission can be directed to CT SPHL at 860-920-6689.



Phone: (860) 509-7995 • Fax: (860) 509-7910  
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## Coronavirus Disease 2019 (COVID-19) CLINICAL TEST REQUISITION

<b>Name/address of submitting facility</b>
<b>LAB PROFILE #:</b>

STATE OF CONNECTICUT  
 Dr. Katherine A. Kelley State Public Health Laboratory  
 395 West Street, Rocky Hill, CT 06067  
 CLIA ID 07D0644555 / CT License CL-0197  
 Phone 860-920-6500



<b>ACCESSION LABEL</b>
<b>FOR CT SPHL</b>
<b>USE ONLY</b>

◆ DENOTES REQUIRED INFORMATION

In order to submit specimens for testing to the CT State Public Health Laboratory, patients must be in one of the following categories: (Please specify)

- Potential Vaccine Breakthrough Case: Case onset  $\geq$  14 days past last dose of COVID-19 vaccine regimen.
- Reside or work in a congregate setting.

### Section 1: Patient Information (Please Print Clearly)

◆Name (Last, First, M.I.) or Identifier:		
◆Street Address:	◆City, State, Zip:	
Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown	

### Section 2: Specimen Information

Submitter Sample ID:	◆Date Collected:	Time Collected: <input type="checkbox"/> AM <input type="checkbox"/> PM
◆Specimen Source/Type: <input type="checkbox"/> Bronchoalveolar lavage/ wash <input type="checkbox"/> Tracheal aspirates <input type="checkbox"/> Sputum <input type="checkbox"/> Nasopharyngeal (NP) Recommended		
◆Specimen Storage (Prior to Delivery): <input type="checkbox"/> Refrigerated (2-8° C) <input type="checkbox"/> Frozen (<-20° C)		
◆Specimen Transport/Delivery: <input type="checkbox"/> Cold (Ice pack) <input type="checkbox"/> Frozen (Dry Ice)		
For questions regarding specimen handling please call the Advances Molecular Diagnostics laboratory of the CT SPHL at 860-920-6689		
Ordering Healthcare Provider:	Phone:	
	Fax:	

### ◆Section 3: SARS-CoV-2 VIRUS TESTING

<b>This specimen submitted for SARS-CoV-2 rRT-PCR testing</b>	
<i>For Laboratory Use Only</i>	<b>Comments</b>