



STATE OF CONNECTICUT

Connecticut Department of Public Health
Dr. Katherine A. Kelley State Public Health Laboratory
395 West Street, Rocky Hill, CT 06067

10/05/2017

Dear Healthcare Provider,

Due to recent changes in the national Zika virus testing guidelines (available at http://www.ct.gov/dph/lib/dph/infectious_diseases/zikavirus/dph_zika_virus_testing_protocol_fnl.pdf), the Connecticut Department of Public Health (DPH) has made modifications to the protocol for how specimens should be submitted to the State Public Health Laboratory (SPHL) for Zika virus testing. Specimens will no longer require approval from the Epidemiology and Emerging Infections Program before being accepted for testing. However, testing of clinical specimens for viral RNA by RT-PCR and IgM antibodies by ELISA will continue to be offered at the SPHL only for patients who meet specific clinical and exposure criteria as defined in the link provided above. Therefore, in order to determine acceptability for testing, the SPHL will require additional information that is not currently provided on the Clinical Test Requisition, Form OL-9B. Please use the attached Zika Clinical Test Requisition submission form just for Zika virus testing to provide the required information.

- **Pregnant women:** collect serum (≥ 3 ml) and urine (≥ 1 ml) within 12 weeks of potential exposure
- **Infants:** collect serum (≥ 1 ml) and urine (≥ 1 ml) within 2 days of birth
- Urine should be collected in a sterile container with a tight fitting screw cap (preferably film secured)
- Specimens can be stored refrigerated (2-8°C) and shipped to the SPHL with adequate ice packs if they are received at the SPHL within 3 days of collection.
- If transit time is expected to exceed 3 days, freeze specimens (-70°C) and ship on dry ice to ensure they remain frozen while in transit to the SPHL.
- When submitting **placental tissue** include sections of the placental disk (3 full thickness pieces from the middle third and one from the margin), fetal membranes 5x12 cm strip, and pathologic lesions when possible. Fix specimens in formalin with a volume 10x the mass of tissue. Specimens can be shipped at room temperature.

Specimens should be packaged and shipped as *Category B Biological Substances* in accordance with the Department of Transportation Hazardous Materials Regulations (49 CFR Part 171- 180).

For questions regarding **Zika virus testing criteria** please call the DPH Epidemiology and Emerging Infections Program at **860-509-7994**. For questions regarding **specimen handling** please call the SPHL at **860-920-6662** or **920-6506**.

ZIKA VIRUS CLINICAL TEST REQUISITION
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
CLIENT SERVICES 860-920-6635



ACCESSION LABEL

FOR CTDPH
LABORATORY USE ONLY

◆ **Name and Address of Authorized Submitter**

LAB PROFILE Number:

◆ **DENOTES REQUIRED INFORMATION**

Section 1: Patient Information (Please Print Clearly)

◆ **Name (Last, First, M.I.) or Identifier:**

◆ **Street Address:** ◆ **City, State, Zip:**

◆ **Date of Birth:** Gender: Female Male Unknown

Section 2: Specimen Information

Submitter Sample ID: ◆ **Date Collected:** Time Collected: AM PM

◆ **Specimen Source/Type:**
 Blood Serum Urine CSF Amniotic Fluid
 Fetal/Placental Tissue; specify type _____

◆ **Specimen Storage (Prior to Delivery):** Refrigerated (2-8° C) Frozen (<-20° C) Ambient Temperature

◆ **Specimen Transport/Delivery:** Cold (Ice pack) Frozen (Dry Ice) Ambient Temperature

For questions regarding **specimen handling** please call the Virology laboratory of the CT SPHL at **860-920-6662**

◆ **REQUIRED INFORMATION FOR ZIKA VIRUS TESTING**

Testing of clinical specimens for viral RNA by RT-PCR and IgM antibodies by ELISA is offered at the CT SPHL ONLY for patients who meet clinical and exposure criteria

Pregnant Yes No Estimated due date: _____

International travel during pregnancy? Yes No Location(s) _____

Unprotected sex during pregnancy with someone who has travelled within the previous 2 weeks Yes No Location(s) _____

Zika Virus associated Symptoms: Arthralgia Conjunctivitis (non-purulent) Fever Rash (maculopapular and pruritic)

Date of Symptom Onset _____

Fetus or infant with Congenital Zika Virus Syndrome* Yes No

*Reference: *CDC Defines Congenital Zika Syndrome – Medscape – Nov 03, 2016*

FOR INFANTS: Mother's Zika virus Test Results _____

Ordering Healthcare Provider: Phone: _____

◆ **Section 3: ZIKA VIRUS TESTING ONLY**

Zika Virus Testing (IgM MAC-ELISA and Flavivirus Triplex rRT-PCR)

For pregnant women, current Zika virus testing guidelines* recommend PCR on serum and urine and IgM on serum, all done concurrently on specimens collected within 12 weeks of potential exposure. For infants, guidelines recommend PCR testing of urine and serum collected within 2 days of birth.

* http://www.ct.gov/dph/lib/dph/infectious_diseases/zikavirus/dph_zika_virus_testing_protocol_fnl.pdf

<i>For Laboratory Use Only</i>	Comments
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