

Vermont Department of Health Laboratory
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**INSTRUCTIONS FOR COLLECTION AND PACKAGING OF
SEROLOGICAL SPECIMENS**

VDHL KIT # 13 and #14

PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COLLECTING SPECIMEN

In order to comply with postal regulations and ensure the safety of laboratory personnel and those involved in the transport of specimens, and to maintain integrity of the sample, the VT Department of Health Laboratory will accept for testing only those specimens that are packaged according to the instructions below.

Kit #13 contains:

- 1 Red Top or Tiger Top blood collection tube
- Metal inner container
- Cardboard outer container
- 1 VDHL "**Clinical Test Request Form**" (Micro 220)
- 1 collection/packaging instruction sheet (Micro 405)

Kit #14 contains: all of the above, except the blood collection tube.

Kits can be stored at room temperature until needed.

Instructions

Collection of Specimen:

1. **Print or affix patient name or sample ID # on the blood collection tube and print date of collection.**
2. Aseptically collect approximately 7mL of blood into the collection tube, allow the blood to clot thoroughly and then centrifuge the tube to remove the serum from the clot. Gel separation tubes should be centrifuged no longer than 2 hours after blood collection. **A minimum of 1mL of serum is required for testing.**
3. Keep serum specimens at refrigerated temperature (2-8°C) until shipment to the laboratory. **Specimens need to be received at the laboratory within 48 hours of collection.**
4. Place the **labeled** tube into the metal container. **Screw the cap on tightly.**
5. Fill out the VDHL Clinical Test Request form (Micro 220) completely. **The following information is required to ensure accurate and efficient processing of the specimen and reporting of test results.**
 - ◆ **If the specimen you are sending to the lab is serum separated from the clot, please check the box for serum on the Vermont Department of Health Clinical Test Request Form (Micro 220) under the heading for Specimen.**

- ◆ Name, address and phone number of health care provider
 - ◆ Patient's ID # or name and date of birth
 - ◆ Date of specimen collection
 - ◆ Test requested
 - ◆ Medical Insurance information (if applicable)
6. Fold the requisition form and wrap around the **outside** of the metal container. **Do not** wrap the form around the collection tube.
 7. Place the requisition form and metal container into the cardboard outer container. **Screw the cap on tightly.**
 8. Mail or deliver the container so it is received at the VT Department of Health Laboratory at the above address **within two days** after collection to maintain the integrity of the specimen. Serum specimens for HIV tests and/or Hepatitis C Antibody Screen may be shipped at ambient temperature but **to ensure the highest quality results, specimens for other serology tests should be shipped at 2-8° C.**

THE LABORATORY WILL DECONTAMINATE AND DISCARD ANY SPECIMEN WHICH IS IMPROPERLY PACKAGED AND MAY PRESENT A RISK TO PERSONNEL.

The specimen may be rejected if:

- Patient ID/name is missing on the specimen and form
- Medical provider name/address is missing on the form
- Specimen container is leaking
- Date of collection is missing on the form
- Specimens other than serum

If you have any comments or questions regarding these instructions, please call one of the telephone numbers listed on the front of this form. Thank you.