





GOVERNMENT OF GUAM  
**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES**  
*DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT*

<b>(Cont.) For private clinics and providers:</b>	<p>pregnant females. Send forms with the specimen.</p> <p>3. Refrigerate specimens at 4°C or maintain on ice for no longer than 72 hours. If storage/transport will exceed 72 hours, freeze serum at -20°C or lower.</p> <p>4. Send specimens on ice to GPHL business day Mondays-Fridays 8AM-430PM.</p>
<b>Specimen Required:</b>	<p>The laboratory requires a blood sample in conjunction with urine sample taken during the acute period of the disease up to 14 days from onset of the symptoms. <b>Note: If the patient makes the first visit to the physician on or after day 7 of onset of the symptoms, blood sample collected is likely not to render a positive RT-PCR result. For asymptomatic pregnant females, the laboratory requires a blood sample taken during the first trimester (2-12 weeks) post travel or exposure.</b></p>
<b>Specimen Collection:</b>	<ul style="list-style-type: none"> <li>• Once there is a clinical diagnosis of suspected Zika virus, take a venous, whole blood sample, and collect a sterile container of urine sample.</li> <li>• Follow serum and urine specimen collection devices manufacturer instructions for proper collection, separation and storage methods. Separated serum samples must be maintained on ice or in a refrigerator before it is sent to GPHL.</li> </ul>
<b>Specimen Transport, Storage and Stability:</b>	<p>Store and transport specimens on ice.</p> <p>For USAPI Laboratories, follow the PIHOA Shipping Mechanism Guidelines.</p>
<b>Specimen Submission:</b>	<ul style="list-style-type: none"> <li>• Ensure that when transporting human blood, plasma or serum specimens, urine specimens or cerebral spinal fluid specimens all applicable regulations for transport of potentially infectious biological specimens are met.</li> <li>• Transport/ship human serum or plasma or urine or cerebral spinal fluid samples on ice.</li> </ul> <p>Follow instructions for Class B – Biological Substance of the U.S. Department of Transportation (U.S. DOT) and International Air Transport Association (IATA) for packing and shipping.</p> <p>The submitting facility must notify BT Microbiologist or alternate of GPHL at (671) 735-7153/158/355 prior to submitting/ shipping specimens.</p> <p><b>NOTE: It is the responsibility of the submitter to track the arrival of the specimens along with the Zika Specimen form at GPHL to ensure that these specimens are received by the Laboratory staff.</b></p>
<b>Rejection Criteria:</b>	<ul style="list-style-type: none"> <li>• Specimens not meeting criteria for testing;</li> <li>• Specimen is not collected in a proper container or special handling instruction is not followed;</li> <li>• Specimen quantity is insufficient to perform the test;</li> <li>• Specimen received in a container that is leaking;</li> </ul>

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<b>(Cont.) Rejection Criteria:</b>	<ul style="list-style-type: none"> <li>• Specimen is not received at 4°C or packed in ice pack;</li> <li>• Blood collected with heparin or EDTA tube;</li> <li>• Unlabeled specimens;</li> <li>• Illegible/ incomplete labeling/documentation.</li> </ul>
<b>Submission Form:</b>	<p>Specimen Laboratory Submission Form</p> <ul style="list-style-type: none"> <li>• Each specimen submitted must have a completed Guam Public Health Laboratory Submission Form GPHL DPHSS_FRM_05/18/16, with the patient name, patient identification number, type of specimen, date/time of collection, submitter, date of onset, travel history, date shipped/sent to GPHL, test(s) requested and other pertinent information.</li> <li>• Submission forms that are not consistent with the specimen submitted will be rejected and requesting facility will be asked to re-submit.</li> <li>• Submission forms must not be in direct contact with the specimen(s).</li> <li>• Fill out required form(s) <b>COMPLETELY</b>. &gt;Incomplete forms will be rejected.</li> </ul>
<b>Result Notification:</b>	<p>Laboratory reports will be forwarded by GPHL, to the submitting facility, territory epidemiologist, and the BCDC Administrator via Facsimile.</p> <p>Any other request for copies of laboratory reports, apart from that stipulated above will not be accepted.</p>
<b>Contact:</b>	<p>Alan Mallari, Microbiologist II, GPHL  (671) 735-7158/355  <a href="mailto:alanjohn.mallari@dphss.guam.gov">alanjohn.mallari@dphss.guam.gov</a></p> <p>Joy S. Villanueva, Medical Technologist II, GPHL(Alternate)  (671) 735-7153  (671) 735-7158 FAX  <a href="mailto:joy.villanueva@dphss.guam.gov">joy.villanueva@dphss.guam.gov</a></p> <p>Anne Marie Santos, GPHL Administrator  (671) 735-7153/7158  <a href="mailto:Annemarie.santos@dphss.guam.gov">Annemarie.santos@dphss.guam.gov</a></p> <p>Josephine T. O'Mallan, BCDC Administrator, Guam Department of Public Health &amp; Social Services  (671) 735-7142; (671) 888-9276 (emergency)  <a href="mailto:Josephine.omallan@dphss.guam.gov">Josephine.omallan@dphss.guam.gov</a></p>

Reference:

1. CDC Zika Virus Real Time RT-PCR Assay LPRP, BRS SOP
2. CDC Zika Clinical Evaluation and Disease; <http://www.cdc.gov/zika/hc-providers>
3. CDC Zika Reports in MMWR; <http://www.cdc.gov/mmwr/index.html>

(PLEASE PRINT LEGIBLY)

ORDERING/PRIMARY PHYSICIAN:  ADDRESS: Street: _____ City: _____ State: _____ Country: _____ Zip Code: _____ Phone No.: _____	<b>I. PATIENT IDENTIFICATION</b> LAST NAME _____ FIRST NAME AND MIDDLE INITIAL _____ RESIDENT ADDRESS (Physical place of residence Street, City, Zip Code) Street: _____ City: _____ Zip Code: _____ PHONE NO.: _____ OCCUPATION _____ RACE _____ DATE OF BIRTH _____ SEX _____
SUBMITTING LABORATORY:  ADDRESS: Street: _____ City: _____ State: _____ Country: _____ Zip Code: _____ Phone No.: _____	DATE OF ONSET _____ LABORATORY EXAMINATION REQUESTED _____ CATEGORY OF AGENT SUSPECTED _____ SPECIFIC AGENT SUSPECTED _____

<b>II. SPECIMEN INFORMATION</b> 1. SOURCE OF SPECIMEN <input type="checkbox"/> HUMAN <input type="checkbox"/> OTHER (Specify): _____ <hr/> 2. ORIGINAL MATERIAL *TYPE OF SPECIMEN: _____ DATE OF COLLECTION: _____ TRANSPORT MEDIUM: _____ *SPECIFY SITE OF COLLECTION _____ 3. SEROLOGY OF SPECIMEN COLLECTION DATE: <input type="checkbox"/> ACUTE (S1): _____ <input type="checkbox"/> CONVALESCENT (S2): _____ <input type="checkbox"/> S3: _____ <input type="checkbox"/> S4: _____ <input type="checkbox"/> OTHER (Specify): _____	4. SEROLOGY OF SPECIMEN <input type="checkbox"/> PURE ISOLATE <input type="checkbox"/> MIXED CULTURE <input type="checkbox"/> OTHER (Specify): _____ DATE OF ORIGINAL CULTURE: _____ PRIMARY ISOLATION MEDIA: _____ COLLECTION SITE OF ORIGINAL SPECIMEN: _____ DATE OF CULTURE SUBMITTED AND TRANSPORT MEDIUM USED: _____ SUSPECTED IDENTIFICATION: _____ OTHER ORGANISMS FOUND: _____ OTHER INFORMATION: _____	<b>III. CLINIC HISTORY</b> 1. CLINICAL SIGNS AND SYMPTOMS <input type="checkbox"/> FEVER <input type="checkbox"/> EXANTHEMA (Specify Type): _____ <input type="checkbox"/> RESPIRATORY SIGNS: _____ <input type="checkbox"/> CENTRAL NERVOUS SYSTEM INVOLVEMENT: _____ <input type="checkbox"/> GASTROINTESTINAL INVOLVEMENT: _____ 2. ADDITIONAL INFORMATION TRAVEL HISTORY: _____ IMMUNIZATIONS: _____ ANTIBIOTIC THERAPY: _____
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DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES BCDC GPHL USE ONLY          DATE OF REPORT: _____ FORM GPHL DPHSS_FRM_05/18/16	3. PREVIOUS LABORATORY RESULTS/OTHER INFORMATION
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