<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Collection Time</th>
<th>Collection Frequency</th>
<th>Collection Procedures</th>
<th>Transport Media</th>
<th>Shipping &amp; Handling (S&amp;H)**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parotid Gland (Buccal) Swab</td>
<td>At illness.</td>
<td>NA</td>
<td>• Collect only using synthetic tip swabs (ex. Dacron, Nylon, Polyester) with non-wooden shaft.</td>
<td>VTM</td>
<td>• Transport device: Sterile leak-proof container.</td>
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<tr>
<td></td>
<td>For optimal isolation, collect within 72 hours of symptom onset.</td>
<td></td>
<td>• Immediately after collection, place swab directly in 2-3 ml of Viral Transport Media (VTM).</td>
<td></td>
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<tr>
<td></td>
<td>At illness.</td>
<td></td>
<td>• <strong>Minimum volume</strong>: 2 ml of VTM.</td>
<td></td>
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</tr>
<tr>
<td>Throat Swab</td>
<td></td>
<td>NA</td>
<td></td>
<td></td>
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<tr>
<td>Urine</td>
<td></td>
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</tbody>
</table>

*Preferred specimen type, if applicable  **All specimens must be shipped meeting IATA, OSHA, and USPS requirements.  NA: Not Applicable  

Last Revised: March 2015
**General Rejection Criteria (for additional details, see S&H)**

- Unaccepted specimen type.
- Not refrigerated or frozen properly.
- Insufficient specimen volume.
- Leaky specimen.
- Did not obtain LHJ approval.
- Failure to follow specific S&H requirements.

**NOTE:**
Specimens will not be processed until ALL of the following information are provided on requisition form:

- Patient name, patient's county of residence, second identifier, and date of onset.
- Two matching identifiers on both the tube and the laboratory requisition form.
- Specimen type, date of collection, and test requested.
- Submitter name, address, and telephone/FAX numbers.
- Reason for testing at WAPHL.

**Collection kit availability**

Not available.

**Comments**