## Specimen Collection and Submission Instructions
### Orthopox (Version 1)

**Specimen  Collection and Submission Instructions**

<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>
</table>
| Vesicle/pustule skin or crust  | At illness.             | NA                  | • Sanitize skin with alcohol wipe and allow to dry completely.  
  • Open and remove the top of the lesion using a sterile scalpel or 26-gauge needle.  
  • Place the vesicle or pustule skin “roof” in a dry, sterile 1.5-2 mL screw-capped plastic vial with O-ring.                                                                 | NA              | - Transport device: See Collection Procedures for corresponding Specimen Type.  
- Rejection criteria: Not following listed Collection and/or Shipping Methods.  
- Transport: If transported within 24 hours of collection, package specimens from a single patient on refrigerated (2°C to 8°C) gel packs. If transported after 24 hours of collection, store specimens on dry ice or at -70°C to -20°C. (Serum may be frozen only if aliquoted.)  
- Storage: Refrigerate (2°C to 8°C). If transported after 24 hours of collection, store specimens on dry ice or at -20°C to -70°C. (Serum may be frozen only if aliquoted.) |                |
| Swab of vesicular or pustular fluid* | For optimal isolation, collect within 72 hours of symptom onset. | NA                  | • Collect only using synthetic tip swabs (ex. Dacron, Nylon, Polyester) with non-wooden shaft.  
  • Swab the base of an un-roofed lesion, and place in a sterile screw-capped plastic vial with O-ring.  
  • Break off swab handle and screw on cap.  
  • DO NOT add transport medium to the vial.                                                                 | NA              |                |
| Punch Biopsy                   |                         | NA                  | • Use a 3.5- or 4-mm punch biopsy device to sample an entire lesion.  
  • Bisect the biopsied material, using sterile scissors or scalpel.  
  • Place half of the biopsied material in formalin for histopathologic and immunohistochemical evaluation.  
  • Place the other half of the biopsied material DRY in a sterile (1.5 - 2 mL) screw-capped plastic vial with O-ring (DO NOT add transport medium). | Formalin or No Transport Medium (see Collection Method) |                |
| Serum                          |                         |                     | • Draw blood specimens using 10 cc red or red/gray marble topped serum separator tubes with clot activator.  
  • If possible, centrifuge specimen to separate serum from blood clot, and send only serum (significant hemolysis typically occurs if serum is not separated from red blood cells on-site, prior to shipment).  
  • Minimum volume: at least 1 mL of serum.  
  • Serum may be frozen (-70°C to -20°C) if aliquoted; otherwise store at 2°C to 8°C.                                                                 | NA              |                |

*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.
- Swab on wooden shaft.
- Did not obtain LHJ or DOH CDE 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, and second identifier.
- 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.

Collection kit availability

Not available.

Comments