<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>
| Rectal Swab   | NA              | NA                   | Follow instructions included with the collection kit. | TSB broth | • **Transport device:** Provided in collection kit.  
• **Rejection Criteria:**  
  o Using media not provided with collection kit.  
  o No approval from LHJ and/or DOH Communicable Disease Epidemiology (CDE).  
  o Broken transport device.  
  o Leaking specimen.  
• **Transport:** Ship on ice packs.  
  Ship as Category B.  
• **Storage:** Store at 2-8°C before shipping. |
General Rejection Criteria (for additional details, see S&H)

- 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.
  - Reason for testing at WAPHL.

Collection kit availability

Available. Please contact the Local Health Jurisdiction (LHJ) of the patient’s county of residence.

Comments

Pre-approval required from Local Health Jurisdiction (LHJ) and/or DOH Communicable Disease Epidemiology (CDE) before submitting.