

## Instructions for Submitting Sputum Samples to the MDH Public Health Laboratory (PHL) for Acid-Fast Bacilli (AFB) Smear and Culture

These instructions are intended for use by *public health nurses at local health departments* in Minnesota who have consulted with an MDH TB Nurse Case Manager regarding the need for obtaining sputa from a client with confirmed or suspected active TB.

1. Obtain supplies (at no charge) from the MDH PHL by faxing a completed "Request for Laboratory Supply Materials" form ([www.health.state.mn.us/divs/phl/clin/labsupplyorder.pdf](http://www.health.state.mn.us/divs/phl/clin/labsupplyorder.pdf)) to 651-201-4538. **For each sputum to be collected, order one "AFB kit" and one "Biological Substance Category B mailer."**
2. Teach patient how to provide and handle a sputum sample. Instructions in English and 13 other languages can be found at [www.health.state.mn.us/divs/idepc/diseases/tb/factsheets/sputum.html](http://www.health.state.mn.us/divs/idepc/diseases/tb/factsheets/sputum.html). The specimen should be refrigerated overnight if necessary but should NOT be frozen or left at room temperature for a long period of time (this can cause overgrowth with other bacteria and may invalidate test results.)
3. **Complete "Clinical Testing and Submission" form ([www.health.state.mn.us/divs/phl/clin/specimensubmission.pdf](http://www.health.state.mn.us/divs/phl/clin/specimensubmission.pdf)).**

**Complete ALL of the requested information! (See sample completed form)**

- a. Write "**not needed**" in "**Fee Sticker**" box in the upper-right hand corner.
  - b. Under "Facility Info," list your **public health agency** (not the patient's clinic).
  - c. In "Specimen or Isolate Source Information," check "Specimen," "Sputum," and "Expectorated," and fill in collection date and collection time.
  - d. Under "Test Requested," check both "Mycobacterial Smear and Culture" and "Mycobacterial ID."
4. Package and mail:
- a. Firmly secure the specimen vial's lid.
  - b. Label with patient's name AND date and time of collection.
  - c. Wrap vial in the square of absorbent white paper provided and place in the small clear plastic specimen bag. Fold the top of the specimen bag and twist the wires to create a leak-proof seal.
  - d. Place in white plastic cylinder container, along with the completed "Request for Testing and Submission of Isolates" form (#3 above). Firmly secure cylinder cover.
  - e. Place cylinder in clear plastic "Biohazard" bag, following instructions on the bag.
  - f. Place in the white Tyvek (STP-710) paper bag.
  - g. Box and ship via U.S. Mail to the MDH lab, using this address:

**Minnesota Department of Health  
Public Health Laboratory  
Specimen Handling  
601 Robert Street North  
PO Box 64899  
St. Paul, MN 55155-2531**

Questions about obtaining supplies: 651-201-4953

Questions about laboratory procedure: 651-201-5053

Questions about TB nurse case management of specific patients: 651-201-5414



Tuberculosis Program  
PO Box 64975  
St. Paul, MN 55164-0975  
651-201-5415 or 1-877-676-5414  
[www.health.state.mn.us/tb](http://www.health.state.mn.us/tb)

Minnesota Department of Health

Request for Laboratory Supply Materials



**XYZ Department of Health**  
Clinic or Hospital Name

**Blue Sky RN**  
Name

**1111 Tree in bud Ave**  
Street Address only (No P.O. Box Numbers)

**651-000-1234**  
Phone #

**TBland MN 55XXX**  
City or Town State Zip Code

Amount		Amount	
<b>5</b>	AFB kits		#840 –Biological Substance Category B boxes & labels
	Enteric Bacteria kit		#840 – ice packs
	Enteric Parasite		#840 – NP swabs
	Gauze/batting		#840 – vials of Regan-Lowe
	KL kit (Diphtheria)		#840 – Pertussis Report & Laboratory Request Form
	Serology kits (USR, VDRL, HIV, VIROLOGY)		#840 – Tyvec envelope & plastic bags
	6 oz. Whirl bag (serology)		
	Double mailing cylinders (use with private courier only)		
	Biological Substance Category A Mailers		
<b>5</b>	Biological Substance Category B Mailers		

\*Kit includes 1 mailer, 1 gauze, 1 whirlbag, and 1 vial, parapak or other appropriate container.  
 For item not listed, write in blank spaces.

Forms can be found on MDH website: <http://www.health.state.mn.us/divs/phl/clin/specimensubmission.pdf>

To place an order, please FAX this completed form to (651) 201-4538 or mail to:

Minnesota Department of Health  
 601 Robert Street North  
 PO Box 64899  
 St. Paul, MN 55155-2531  
 Questions: (651) 201-4953



(MDH Lab Use Only)

Public Health Laboratory \* 601 Robert St N \* St. Paul MN 55155 \* 651-201-5200

Project #

Fee sticker

Bar Code Sticker

Not needed

MDH Use Only

### Clinical Testing and Submission Form

#### PATIENT INFO

Last name: Soda  
 First name: Pop MI: Van  
 Address: 1234 Market tr. # 29  
 City: TBland State: MN Zip: 55xxx  
 Patient ID #: 9132548  
 DOB (mm/dd/yyyy): 01 / 01 / 1910 Sex:  M  F  U  
 Patient location: n/a

#### FACILITY INFO

Facility name: XYZ Department of Public Health  
 Address: 1111 Tree in bud Ave  
 City: TBland State: MN Zip: 55xxx  
 Submitter #: "leave blank" Phone: 651-123-4156  
 Clinician name: Dr. Pink Train Phone: 651-000-1234  
 Name of person filling out form: Blue Sky RN Phone: 651-000-1234

#### Specimen or Isolate Source Information

Specimen  Isolate

Lab sample #: \_\_\_\_\_  
 Collection date: 01 / 01 / 2010  
 (mm/dd/yyyy)  
 Collection time: 8  a.m.  p.m.

- Blood
- Serum
  - acute  convalescent
- Plasma
- Body fluid: \_\_\_\_\_
- Bronchial: \_\_\_\_\_
- CSF
- Sputum
  - induced  expectorated
- Stool
- Swab
  - site: \_\_\_\_\_
- Tissue/Biopsy
  - site: \_\_\_\_\_

- Urine
- Wash/Aspirate
  - site: \_\_\_\_\_
- Wound
  - site: \_\_\_\_\_
- Other: \_\_\_\_\_

Organism: \_\_\_\_\_

Check box AND specify organism if this is a required submission per the Reportable Disease Rule (Chapter 4605)  
**STOP** If box is checked, do NOT select any tests. MDH will determine.

#### Test Requested

- #### MICROBIOLOGY
- Bacillus anthracis+
  - Bacterial ID; specify: \_\_\_\_\_
  - Botulism testing+
  - Brucella+
  - C. diphtheriae+
  - Enteric culture:
    - routine  specify: \_\_\_\_\_
  - Enteric pathogen ID; specify: \_\_\_\_\_
  - Francisella tularensis+
  - GC culture (MDH approval only)
  - Haemophilus ducreyi+
  - Legionella culture & DFA
  - Pertussis culture/PCR
  - Yersinia pestis+
  - Other; specify: \_\_\_\_\_
- \* Call lab prior to sending

- #### MYCOBACTERIOLOGY
- Mycobacterial smear and culture
  - Mycobacterial ID

- #### MYCOLOGY
- Fungal ID; specify: \_\_\_\_\_

- #### PARASITOLOGY
- Ova and parasite exam; specify: \_\_\_\_\_
  - Thick and thin blood films; specify: \_\_\_\_\_
  - Other exam; specify: \_\_\_\_\_
  - Parasite ID/confirmation; specify: \_\_\_\_\_

- #### SEROLOGY/IMMUNOLOGY
- Arbovirus (WNV)
  - HIV (MDH approved submitter only)
  - Measles IgM/IgG
  - Rubella IgM/Total Ab
  - Syphilis:
    - Screening (USR)
    - Confirmation (FTA)
    - Screen result: \_\_\_\_\_
    - Method: \_\_\_\_\_
  - VDRL (CSF only)

- #### VIROLOGY
- Virus serotype;
    - Adenovirus
    - Enterovirus
    - Influenza:
      - A  B  unknown
  - Viral culture;
    - Herpes Simplex Virus
    - Influenza
    - Measles
    - Mumps
    - Other virus; specify: \_\_\_\_\_

#### OTHER

Specify: \_\_\_\_\_

Submitting laboratory's comments: \_\_\_\_\_