

# MDH Infectious Disease Laboratory COVID-19 Special Request Form Guidance

**MDH requests submission of SARS-CoV-2 positive specimens that meet 1 or more of the following criteria:**

- Patient is Variant Surveillance
- Patient is Hospitalized
- Patient has suspected Reinfection
- Patient is Vaccine Breakthrough case (MDH Epidemiology Approval Required)
- Patient case meets criteria for Monoclonal Antibody Failure

## Criteria Definition

**Variant Surveillance:** patients who have a positive SARS-CoV-2 test result from either PCR or rapid molecular test.

**Hospitalized Patient:** Includes any patients who are hospitalized with a positive SARS-CoV-2 test result.

- This can include specimens obtained prior to hospital admission.

**Suspected Reinfections:** For patients with a positive SARS-CoV-2 test result .90 days after date of initial positive test result.

- Symptoms consistent with acute infection
- Domestic or international travel using public means within the preceding 14 days
- Residing, working, or having visited an area with an identified outbreak consisting of variant strains, or contact with a known case

For questions regarding reinfections contact Dr. Nick Lehnertz (651-201-5270; email: Nick.Lehnertz@state.mn.us)

**Vaccine Breakthrough Cases:** Requires MDH Epidemiology Approval. Submit specimens from patients with a history of SARS-CoV-2 vaccination having a recent positive SARS-CoV-2 test result.

- Minnesota residents who have a respiratory specimen positive for SARS-CoV-2 by RNA or antigen test, with symptom onset (or specimen collection date if asymptomatic) **≥14 days after completing the series of an FDA-authorized COVID-19 vaccine**

**Monoclonal Antibody Treatment Failure:** For patients with a positive SARS-CoV-2 tests when failure of monoclonal antibody treatment is suspected.

- failure is defined as patients who are hospitalized **within 2 weeks of treatment** with one of the currently authorized monoclonal antibody treatments (bamlanivimab, casirivimab/imdevimab, bamlanivimab/etesevimab)

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For questions regarding monoclonal antibody treatment failure, contact Dr. Sarah Lim (651-201-4885, email: [Sarah.Lim@state.mn.us](mailto:Sarah.Lim@state.mn.us)).

### Submitter Information

**Submitting Facility:** Required. Facility sending in specimen/isolate. Results will only be faxed to the facility entered on this line. Full facility name, no abbreviations.

**Address:** Required. Address of the Facility sending in the specimen/isolate.

**Name of Person Filling Out Form:** MDH may need to contact you for additional information.

**Phone # for questions with form/specimen:** Phone number for contact with issues about missing/unreadable/mismatched data on the specimen or form.

**Phone # for critical/alert values:** Phone number for calling with critical result information. All results are still faxed to Submitting Facility.

**Ordering Provider:** Original medical professional ordering test, if applicable. First and last name are required. If first and last name are not given, provider will be listed as UNKNOWN.

### Patient Information

**Last name:** Required (must match information on the specimen)

**First name:** Required (must match information on the specimen)

**Address and County:** Used for contact tracing by local public health, MDH and CDC

**Patient Medical Record Number (MRN):** Strongly preferred. Use unique number within facility

### Specimen Information

**Sample ID:** Submitting lab accession or order number. If submitter is a correctional facility, long termcare facility, or other non-clinical lab, this number may be omitted.

**Collection Date:** Required

**Collection Time:** Preferred, but not required for most tests. Will default to 00:00 AM if not provided.

**Transport Media:** Required

- Preferred transport medium: saline or viral transport medium/universal transport medium
- Other transport mediums may be acceptable

**Storage Condition Prior to Transport:** Required.

- Specimens should be stored refrigerated or frozen until transport
- Do not store at ambient temperature.

- Specimens must be submitted to MDH within 7 days of collection (preferred), or frozen within 7 days of collection and shipped frozen.
- Specimens can be batched for shipping

**Transport Conditions:** Specimens should be sent on cold packs or kept frozen with dry ice for the duration of transport

**Source:** Required. Acceptable types include upper and lower respiratory specimens. Minimum specimen volume of 0.5 mL

- nasopharyngeal (swab, wash, or aspirate)
- oropharyngeal swab
- nasal mid-turbinate swab
- anterior nares (nasal swab, wash, or aspirate)
- sputum
- bronchoalveolar lavage (BAL)
- tracheal aspirate
- saliva

## Collection Facility Information

**Collection Facility Information:** Required. Facility where specimen was collected. Full facility name, no abbreviations. If specimens go through an intermediary hospital lab, please list the name of the facility where the specimens were collected. If submitting facility is the same as the collection facility, check that box and skip down to next section.

**Facility Type:** Required. Please choose one of the CDC approved facility types listed below, if your facility type is not listed as a checkbox on the form, specify in **Facility Type, Other**.

### Most Common Facility Types:

- Nursing Home
- Retirement Home
- Long Term Care Hospital
- Behavioral Health or Treatment
- Hospital or Clinic
- Correctional Facility (Penal institution)
- Military Accommodation
- Sheltered Housing

### Other Approved Facility Types:

- Secure Hospital
- Orphanage
- Prison-based care site
- Substance abuse treatment center
- Boarding house
- Hospice
- Religious institutional residence
- Work (environment)

## Patient Contact Tracing Information

**Patient Contact/Tracing Information:** Required. This information is used by local public health, MDH and CDC.

**Patient is staff of collection facility**

**Patient is resident of collection facility**

**Patient is healthcare worker with direct contact**

- CDC definition includes paid or unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients and their infectious secretions and materials, including maintenance workers, trainees, and volunteers

**Patient was Vaccinated:** Specify the date of the final dose of any of the FDA approved vaccines.

## Submitting Lab Test Result Information

**Test Name:** Name of testing platform used by submitting lab

**Test Result:** Testing platform result

**Ct Value:** Required (if available)

**Date of any previous positive result:** Enter if applicable

**Monoclonal Antibody treatment:** Choose treatment drugs (if applicable)

## SARS-CoV-2 Sequencing Surveillance

Sequencing results on submitted specimens will not be reported back to submitters. Results for SARS-CoV-2 variants circulating in Minnesota will be added to the publicly available NextStrain website showing the genomic epidemiology of SARS-CoV-2 strains in Minnesota.

- [Nextstrain: Genomic epidemiology of novel coronavirus - Minnesota-focused subsampling \(https://nextstrain.org/groups/spheres/ncov/minnesota\)](https://nextstrain.org/groups/spheres/ncov/minnesota)

Thank you for your ongoing participation and dedication to SARS-CoV-2 surveillance.

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*To obtain this information in a different format, call: 651-201-5200.*