



Zika Virus Specimen Submission Instructions for RT-PCR

1. Criteria for Zika Virus Testing Approval:

- **Patients must meet epidemiologic testing criteria prior to approval for testing.**
 - To discuss testing, clinicians within Tarrant County should contact the TCPH Epidemiology Division at 817-321-5350 (after business hours 817-994-3708) and complete the required TCPH Zika Virus Specimen Submission Form.
 - Clinicians outside of Tarrant County should contact either their respective county health department or the Texas DSHS HSR 2/3 Epidemiology division at 817-264-4541 or 817-822-6786 and complete the required TCPH Zika Virus Specimen Submission Form.
- **Testing criteria includes:**

Any patient (including pregnant women) with **2 or more symptoms** compatible with Zika virus infection (e.g., fever, rash, joint pain, conjunctivitis, headache, vomiting, myalgia, or diarrhea) **within 2 weeks of travel** to an area with Zika virus transmission.
- **To diagnose Zika virus**, the laboratory requires a serum sample taken during the acute period of the disease (first 7 days of symptoms). If the patient makes the first visit to the physician on or after day 8 of onset of symptoms, that sample is not likely to render a positive RT-PCR result *and therefore would be rejected*.

2. Specimen Collection and Types Accepted:

Serum:

- At least 2 mL of **serum** is required; whole blood will not be accepted.
 - Collect at least 5 mL blood in a **red top** blood collection tube. Centrifuge within 2 hours from the time of collection to separate the serum from the red blood cells. Transfer the serum from the red top tube into a serum transport tube with a screw cap.
- OR**
- Collect at least 5 mL blood in a serum separator tube (e.g., SST, gold top, tiger top). Centrifuge within 2 hours from the time of collection to separate the serum from the red blood cells. Transfer the serum into a serum transport tube with a screw cap. **DO NOT freeze** the serum separator tube for shipping. Freezing will cause hemolysis, and hemolyzed specimens will be unsatisfactory for testing.
 - Specimens should be placed in a biohazard bag and stored at 4°C or -20°C as indicated below:
 - Specimens that are shipped the same day of collection and will arrive at the lab within 48 hours of collection can be stored at 4°C and must be shipped with cold packs.
 - Specimens that will be stored and arrive at the lab more than 48 hours after collection must be stored at -20°C and shipped on dry ice.

3. Criteria for Specimen Handling:

- All specimen containers **MUST** be labeled with the patient's first name, patient's last name, and patient's date of birth, specimen collection date, and specimen collection time.
- All specimens should be placed in a biohazard bag and must be accompanied by a completed printed copy of the TCPH Zika Virus Specimen Submission Form placed in the outer pouch of the biohazard envelope.

4. Specimen Transport:

- **Approval of the TCPH Epidemiology division for facilities within Tarrant County is required before a specimen can be sent to the Tarrant County Public Health LRN Laboratory for testing.**



- **Facilities outside of Tarrant County must contact their respective county or regional health department for case reporting and approval prior to specimen submission to the TCPH LRN Laboratory.**
- All healthcare facilities must arrange for transport of specimens from their facility to TCPH. TCPH will not pick up specimens from any submitters.
- Refrigerate serum at 4°C and ship on cold packs within 48 hours of collection. Specimens that will arrive at the lab more than 48 hours after collection must be stored at -20°C and shipped on dry ice.
- Follow packing and shipping instructions for Category B, Biological Substances.
- Ship according to IATA (International Air Transport Association) guidelines using overnight courier to arrive during business hours Monday-Friday, 8:00 AM-4:00 PM.
- Specimens delivered by same-day courier services will also be accepted.

5. All sections of the form MUST be completed in their entirety.

- 6. The TCPH LRN Laboratory can only accept specimens for PCR results from facilities within the following counties comprising its service area:** Archer, Baylor, Brown, Callahan, Clay, Comanche, Coleman, Cooke, Denton, Eastland, Erath, Foard, Hardeman, Haskell, Hood, Jack, Johnson, Jones, Knox, Montague, Palo Pinto, Parker, Runnels, Shackelford, Somervell, Stephens, Tarrant, Taylor, Throckmorton, Wichita, Wilbarger, Wise, and Young.

TCPH LRN Shipping and Delivery Address:

Tarrant County Public Health
North Texas Regional Laboratory
Bioterrorism and Emerging Agents Section
1101 South Main Street
Fort Worth, Texas 76104

Laboratory: 817-321-4774
Tarrant County Epidemiology: 817-321-5350
Texas DSHS HSR 2/3 Epidemiology: 817-264-4541



Tarrant County Public Health
North Texas Regional Laboratory
 Bioterrorism Response/Emerging Agents Section
 1101 South Main Street, Fort Worth, TX 76104
 Phone: 817-321-4774
 CLIA# 45D0659873

For TCPH NTRL Use Only:

TCPH Lab ID:	
Received By:	
Date/Time Received:	

Zika Virus Specimen Submission Form for RT-PCR

Note: All Zika Virus Submissions Will Also Be Tested for Chikungunya Virus and Dengue Virus

All Patient, Submitter, and Specimen Information Sections MUST be completed in their entirety for specimen acceptance

Patient	Last Name: _____	First Name: _____	Patient ID/ Medical Record: _____
	Date of Birth: _____ <i>MM/DD/YYYY</i>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race/Ethnicity: _____
	Address: _____ <i>Street Address or PO Box</i>		City _____ State _____ Zip Code _____
	County: _____	Phone No: _____	Alternate Phone No: _____

Submitter	Physician/Hospital/ Lab/Clinic Name: _____		
	Address: _____ <i>Street Address or PO Box</i>		
	Contact Name: _____	Phone No: _____	Fax No: _____
	Name of Person Completing This Form: _____		

Specimen	Important Specimen Collections Instructions: Collect specimen in a red top, SST, gold top or tiger top blood tube. Specimen MUST be centrifuged and serum removed from red cells within two hours of collection. Refrigerate serum at 4 °C and deliver to lab on cold packs within 48 hours of collection. Specimens that will arrive at the lab more than 48 hours after collection must be stored frozen at -20°C and shipped on dry ice. Specimens not meeting these submission requirements cannot be tested.		
	To diagnose Zika virus by RT-PCR, the laboratory requires a serum sample taken during the acute period of the disease (first 7 days of symptoms). Samples collected after day 7 of onset will be rejected.		
	Date of Collection: _____ <i>MM/DD/YYYY</i>	Time of Collection: _____ <i>Hour : Min; Indicate AM or PM</i>	Time of Centrifugation: _____ <i>Hour : Min; Indicate AM or PM</i>
	Specimen Source: <input type="checkbox"/> Serum (Only acceptable specimen at this time)		
Storage Condition of Specimen Prior to Shipment: <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen			

Epidemiology	Flavivirus Vaccination History	Yes	No	Unk	Date	Symptoms (<i>check all that apply</i>)		
	Yellow Fever					<input type="checkbox"/> Rash	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Myalgia
	Japanese Encephalitis					<input type="checkbox"/> Joint Pain	<input type="checkbox"/> Conjunctivitis	<input type="checkbox"/> Diarrhea
	Tick-borne Encephalitis					<input type="checkbox"/> Headache	<input type="checkbox"/> Fever; Temp: _____	
Is patient pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes; # of weeks gestation: _____						Date of Symptom Onset: _____		

Failure to provide travel history may result in an inability to begin testing or cause a delay in testing

Travel History	Did the patient travel to an area with Zika transmission [‡] within 14 days prior to symptom onset? <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes
	If yes, list all countries/cities/dates of travel _____
	Does the patient's sexual partner have a history of illness consistent with Zika virus disease and a history of travel to an area with Zika transmissions? <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes
	If yes, date of symptom onset: _____ AND list all countries/cities/dates of travel _____

‡ See cdc.gov/zika/geo/index.html for current list