



**Detroit Receiving Hospital
and University Health Center**
Detroit Medical Center / Wayne State University

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FROM: Mark J. Upfal, MD
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DATE: July 17, 2001

Special Handling of Blood for Monkey Herpesvirus Testing

Blood specimens for *Simian herpesvirus* (or "B virus," not to be confused with hepatitis B virus) antibody detection testing require special handling. Blood must be spun down since only serum specimens can be shipped. Please collect and handle this specimen according to the attached [protocol](#) of the National B Virus Resource Center of Georgia State University and complete the Center's submission form, below (pg.6). If you have any questions about this procedure, please contact the Center directly at (404-651-0808).

Source testing of the primate's blood will be handled by the veterinarian at the Wayne State University's Division of Laboratory Animal Resources (contact is Dr. Karen Rossman - Phone: (313) 577-1343; Pager: 517-534-4959; e-mail krossma@wizard.pharm.wayne.edu).

Sample Collection and Handling

Serum Samples

1. Collect 5 - 7 ml of blood in a red top or serum separator tube.
2. Allow 15 minutes for clot to form.
3. Centrifuge sample to separate serum from clot.
4. Properly label a 2 ml storage tube with:
 - complete patient or animal ID.
 - serum collection date.
5. Transfer 0.5 - 2.0 ml of serum to the storage tube.
6. Store at $<-20^{\circ}$ C until shipped.

Do not:

- ship serum in glass tubes.
 - freeze or ship frozen whole blood samples.
 - ship samples with incomplete labeling.
 - label tubes with unnecessary (and confusing) information such as investigator's name, study numbers, cage numbers, etc.
 - allow samples to thaw before shipping.
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Biopsy and Necropsy Tissue

1. Properly label sample tube(s) with:
 - complete patient or animal ID.
 - tissue collection date.
 - tissue source.
2. Collect a 3 x 5 mm tissue sample.
3. Place sample(s) in separate tubes containing 1 - 2 ml of viral transport media.
4. Store on dry ice or at $<-60^{\circ}$ C until shipped.

Do not:

- ship glass sample tubes.
 - place more than one tissue in each tube.
 - ship tissues dry. Send in viral transport medium.
 - use less than 1.0 or more than 3.0 ml viral transport media.
 - ship samples with incomplete labeling.
 - label tubes with unnecessary (and confusing) information such as investigator's name, study numbers, cage numbers, etc.
 - allow samples to thaw before shipping.
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Virology Swab Samples

1. Properly label sample tubes with:
 - complete patient or animal ID.
 - swab collection date.
 - swab site.
2. Swab each collection site with a separate sterile dacron or cotton swab. Swab shafts must be wooden or plastic.
3. Place each swab into separate sample tubes containing 1 - 2 ml of viral transport media.
4. Store on dry ice or at $<-60^{\circ}$ C until shipped.

Do not:

- ship glass sample tubes.
 - use metal shaft swabs.
 - mix swab samples.
 - use bacterial culturettes or viral culturettes.
 - use the same swab for more than one site.
 - place more than one swab site in each tube.
 - use less than 1.0 or more than 3.0 ml viral transport media.
 - ship samples with incomplete labeling.
 - label tubes with unnecessary (and confusing) information such as investigator's name, study numbers, cage numbers, etc.
 - allow samples to thaw before shipping.
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Cerebral Spinal Fluid

1. Collect 3 - 4 ml CSF.
2. CSF must be clean. A bloody sample may compromise test results.
3. Properly label a CSF storage tube with:
 - complete patient or animal ID.
 - CSF collection date.
4. Transfer 3 - 4 ml of CSF to the storage tube.
5. Store on dry ice or at $<-60^{\circ}$ C until shipped.

Do not:

- ship CSF in glass tubes.
 - ship samples with incomplete labeling.
 - label tubes with unnecessary (and confusing) information such as investigator's name, study numbers, cage numbers, etc.
 - allow samples to thaw before shipping.
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Sample Packing

1. Before packing, ensure that the Submission Form:
 - is filled out completely and legibly.
 - has a name and phone number(s) of an individual to be contacted in emergencies.
 - has a purchase order number or other billing info.
 - is identical to the sample tubes.

2. Use at least 5 lbs of dry ice for all swabs, CSF and tissues.
3. Use dry ice (5 lbs) or frozen cold packs for sera.
4. Use extra dry ice for Friday, weekend or holiday shipments.
5. Pack carefully to avoid sample breakage and leaks.
6. Refer to the Federal Register (42 CFR Part 72) for complete regulations.
7. Keep paperwork dry and separate from specimens.

Do not:

- use wet ice.
 - place samples directly on dry ice. Use appropriate sample containers per the Federal Register (42 CFR Part 72).
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Sample Shipping

1. Contact our laboratory prior to shipping by:
 - Telephone: (404) 651-0808
 - Fax: (404) 651-0814
 - email: bvirus@gsu.edu
 2. Ship samples ASAP by overnight courier to:
NIH B Virus Resource Laboratory
Viral Immunology Center
Georgia State University
50 Decatur Street
Atlanta, Georgia 30303
 3. Label packages AND airbills shipped on Friday for Saturday Delivery. Contact our office with the airbill number for tracking missing packages on the weekends.
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Important Phone Numbers

B Virus Laboratory

1. Dr. Richard D. Henkel, Ph.D., Laboratory Co-Director
 - Ph: 404-651-0808
 - Fax: 404-651-0814
 - email: bionrdh@panther.gsu.edu
2. Martin Wildes, Laboratory Supervisor
 - Ph: 404-651-0808
 - Fax: 404-651-0814
 - email: biomww@panther.gsu.edu

Primary Clinical Consultants

3. Dr. Norman Bernstein, M.D.
 - Ph: 540-899-1436
4. Dr. David Davenport, M.D.
 - Ph: 616-341-6400

Centers for Disease Control (CDC)

5. Dr. Louisa Chapman, M.D.
 - Ph: 404-639-3747

Recommended Materials

Serology

1. Use red top (RT) or serum separator tubes (SST).
2. Transfer sera to a 2 ml storage tube (ST) for shipment.
3. Possible supply sources and catalog numbers:

Baxter	Fisher	VWR	PGC
1-800-964-5227	1-800-766-7000	1-800-932-5000	1-800-424-3300
RT: B2983-52	RT: 02-685B	RT: VT6431	RT: 5-6310-09
SST: B2981-52	SST: 02-657-12	SST: VT6511	SST: 5-6316-03
ST: B7825-35	ST: 03-341-18A	ST: 66008-852	ST: 36-6626-01

Virology

1. Our laboratory suggests the use of commercially prepared viral transport media (VTM).
2. Possible supply sources and catalog numbers:

Bartelís	Biowhitaker
1-800-227-8357	1-800-638-8174
VTM: #B1029	Specimen Transport Media
Flex Trans: #B1029-90	VTM: #12-717L

3. The following media may also be used with the addition of 200 U/ml Pen-Strep-Fungizone or 50 µg/ml Gentamycin with 0.50 µg/ml Fungizone.

- tryptose phosphate broth
- Earleís modified essential medium
- Hankís modified essential medium
- normal saline
- phosphate buffered saline
- any sterile, osmotic, buffered solution, pH 7.0

4. The addition of a cryopreservative such as 1% calf serum or 1% fetal bovine serum is recommended when using any of the above media, other than tryptose phosphate broth.
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Testing Charges for NIH's Cost Recovery

1. \$60.00 / serum for serologic analysis.
2. \$40.00 / swab for virology testing.
3. \$60.00 / tissue or biopsy for virology testing.
4. \$200.00 / sample for Polymerase Chain Reaction (PCR) analysis.



**NIH B Virus Resource Laboratory
Viral Immunology Center
Georgia State University**

**50 Decatur Street
Atlanta, Georgia 30303**

Please fill out completely and include with shipment.

Institution/Company name: _____
 Street address: _____ City: _____ State: _____ Zip: _____
 Billing address: _____ City: _____ State: _____ Zip: _____
 Purchase order #: _____ Other billing info: _____ Business Phone:() _____
 Testing requested by: _____ Phone:() _____ Emergency Phone:() _____
 Report result to _____ Phone:() _____ Emergency Phone:() _____
 FAX#:() _____ Emergency Pager#(s):() _____ e-mail _____

Human Sample Information: Please verify that the information on this form is identical to the samples.

1. Human's complete name or ID: _____
 2. Purpose of testing: Routine testing Injury baseline testing Injury follow-up testing
 3. Type of injury: Bite Scratch Needlestick
 Other: Please explain _____
 4. Date of injury: _____ 5. Injury related Primate's full ID: _____
 6. Human serum submission? Yes No 7. Total serum tubes submitted: _____
 8. Serum collection date(s): _____
 9. Human virology submission? Yes No 10. Total virology tubes submitted: _____
 11. Virology collection date(s): _____
 12. Virology collection sites: Wound Buccal Right eye Left eye Biopsy
 Other: Please explain _____

Primate Sample Information: Please verify that the information on this form is identical to the samples.

1. Primate's complete name or ID: _____ 2. Species _____
 3. Purpose of testing: Routine testing Injury baseline testing Injury follow-up testing
 4. Type of injury: Bite Scratch Needlestick
 Other: Please explain _____
 5. Date of injury: _____ 6. Injury related Human's full ID: _____
 7. Primate serum submission? Yes No 8. Total serum tubes submitted: _____
 9. Serum collection date(s): _____
 10. Primate virology submission? Yes No 11. Total virology tubes submitted: _____
 12. Virology collection date(s): _____
 13. Virology collection sites: Wound Buccal Right eye Left eye Biopsy
 Other: Please explain _____

1. If you have any problems or questions regarding sample collection or shipment, please contact our laboratory.
2. Please contact our laboratory prior to shipping so we can schedule your samples for testing.
3. Phone: 404-651-0808 Fax: 404-651-0814 email: bvirus@gsu.edu

FOR BV LABORATORY USE ONLY

Institution Code: _____ Condition: _____ Case#: _____ Total samples: _____
 Recid Date: _____ Priority: _____ Acc.#: _____
 Recid Time: _____ Tech: _____ / _____ Does tube info match Paperwork? Yes No