Instructions for Collection, Packaging, Labeling and Transport of Specimens from Designated Government and Private Hospitals for COVID-19 Testing at ILBS

- Institute of Liver and Biliary Sciences, a super specialty NABH and NABL accredited hospital has been designated as COVID-19 testing laboratory by ICMR/GOI
- Accordingly, samples are currently being accepted only from such designated government and private hospitals for the purpose of COVID-19 testing.
- The following guidelines should be adhered to by the referring hospitals regarding collection, storage, packaging and transport of these samples.

A. Patient selection
   a. The patient selection for the COVID-19 testing should be in accordance with the ICMR guidelines (updated version time to time) (to be downloaded from https://www.icmr.nic.in/content/covid-19)
   b. Demographic and clinical details of selected patients are to be filled in the “SPECIMEN REFERRAL FORM” as per Annexure A of this document
   c. The specimen referral form is to be signed by the treating clinician of the hospital and countersigned by the Medical Superintendent / Admin Authority of the hospital.
   d. Each sample is to be accompanied by a completely filled Sample Referral Form, however, multiple such samples can be accommodated in the same outer packaging (details below)
   e. Each package must be accompanied by a “COVERING LETTER” as per Annexure B of this document.

B. Sample Collection
   a. TYPE OF SPECIMEN - NASOPHARYNGEAL SWAB AND THROAT SWAB
   b. Collecting / referring hospital can formulate their own guidelines for collecting of specimens in accordance with standard SOPs issued by WHO/ICMR/NCDC etc for this purpose

C. Sample Packaging
   a. Packaging of samples should adhere to ICMR guidelines available on https://www.mohfw.gov.in/pdf/5Sample%20collection_packaging%20%202019-nCoV.pdf
   b. Collected samples should be placed immediately into Viral Transport Medium (VTM), and the neck of VTM should be sealed with parafilm (refer to above Guidelines)
   c. Properly label the VTM Vial (name, age, gender, hospital name)
   d. Cover the VTM vial with absorbent material (cotton/tissue paper)
e. VTM vial should be placed in a secondary container which has a screw cap and the screw cap to be tightened properly.

f. Arrange the VTM vial (primary container) into secondary container i.e 50 ml centrifuge tube/ any screw capped plastic tube. SCREW THE CAP SECURELY.

g. Place the secondary container into a zip lock pouch. Wipe the zip lock pouch with freshly prepared 1% sodium hypochloride.

h. Place the zip lock pouch into sturdy plastic container and seal neck of the container, OR, if sturdy plastic container is not available, place the above zip lock pouch into another zip lock pouch.

i. Place the above packed material into a suitable outer container (thermocol box/ ice box/ hard board box) surrounded by hard frozen gel packs.

- Place the SPECIMEN REFERRAL FORMS and COVERING LETTER in a ZIP LOCK POUCH. Secure this ZIP LOCK POUCH on the outside of the package for easy retrieval. DO NOT PLACE COVERING LETTER/ SPECIMEN REFERRAL FORM INSIDE THE PACKAGING

- LABELLING
  - Biohazard symbol
  - Orientation Label
  - Handle with Care Sign
  - Print “Category B” on the outside
  - UN 3373 symbol
  - Name of Sending Hospital clearly in bold letters, Name and contact number of Nodal Officer of the hospital

- Attach the labels properly
- IMPROPERLY PACKED AND / OR LABELLED PACKAGES MAY BE REJECTED
- Send box along with above mentioned documents to:

  **COVID-19 SAMPLE RECEIVING AREA**
  WHO Collaborating Center
  (Behind APJ Abdul Kalam Auditorium)
  Ground Floor, Phase 2 Building
  Institute of Liver and Biliary Sciences
  D1, Vasant Kunj, New Delhi - 110070

- Ask the delivery person to enter from Gate No 5 of ILBS
- Handover all the contents to the designated person.
- **Please inform the contact person (Dr Shantanu Dubey 9540947021 or Dr Abhishek Padhi 9938499139 or COVID helpline number 011-46300068) before sending the specimen.**

- **SAMPLE RECEIVING TIME AT ILBS: 9.00 am to 3.00 pm (Monday to Saturday)**

Note: All the reports will be communicated to the nodal officers by email. Physical reports can be collected from the Sample Collection Area from 9:00 AM to 5:00 PM the next day.
Annexure A
SPECIMEN REFERRAL FORM
(TO BE FILLED BY REFERRING HOSPITAL)

COVID-19 TESTING LAB
INSTITUTE OF LIVER AND BILIARY SCIENCES
VASANT KUNJ, NEW DELHI

PERSONAL DETAILS:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital ID / Inpatient ID</td>
<td>Gender</td>
</tr>
<tr>
<td>Address</td>
<td>Date of birth</td>
</tr>
<tr>
<td>City</td>
<td>Mobile/phone no.</td>
</tr>
<tr>
<td>State</td>
<td>Email id.</td>
</tr>
</tbody>
</table>

EXPOSURE HISTORY (2 WEEKS BEFORE THE ONSET OF SYMPTOMS):

<table>
<thead>
<tr>
<th>Recent stay/travel to (Wuhan, China) : Yes/No</th>
<th>If yes, stay/travel duration with date from…………………..to…………………..</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recent stay/travel to area/country reporting local transmission : Yes/No</td>
<td>If yes, state travel place:</td>
</tr>
<tr>
<td>Close contact with confirmed cases : Yes/No</td>
<td>If yes, date and duration of the contact:</td>
</tr>
<tr>
<td>Close contact with animals/birds : Yes/No</td>
<td></td>
</tr>
<tr>
<td>Healthcare worker working in a hospital involved in managing patients : Yes/No</td>
<td>If yes, contact patient’s</td>
</tr>
<tr>
<td></td>
<td>Hospitalization date:</td>
</tr>
<tr>
<td></td>
<td>Discharge date:</td>
</tr>
</tbody>
</table>

CLINICAL SYMPTOMS:

Date of onset of symptoms: First symptom:
**SYMPTOMS**  | **YES/NO** | **DURATION**
---|---|---
Fever |  |  
Cough |  |  
Expectoration |  |  
Sore throat |  |  
Rhinorrhea |  |  
Hemoptysis |  |  
Breathlessness |  |  
Chest pain |  |  
Myalgia |  |  
Nausea |  |  
Vomiting |  |  
Diarrhea |  |  
Abdominal pain |  |  

**CLINICAL SIGNS:**

**SIGNS**  | **YES/NO** | **DURATION**
---|---|---
Wheeze |  |  
Nasal flaring |  |  
Stridor |  |  
Crepitation |  |  
Lower chest in drawing |  |  
Accessory muscle use |  |  

**UNDERLYING MEDICAL CONDITIONS:**

**CONDITION**  | **YES/NO** | **CONDITION** | **YES/NO**
---|---|---|---
COPD |  | Diabetes |  
Chronic renal disease |  | Heart disease |  

<table>
<thead>
<tr>
<th>Bronchitis</th>
<th>Hypertension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malignancy</td>
<td>Asthma</td>
</tr>
</tbody>
</table>

Immunocompromised condition: Yes/No

Others:

**HOSPITALIZATION DETAILS:**

<table>
<thead>
<tr>
<th>Hospitalization date:</th>
<th>Diagnosis:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Differential diagnosis:</td>
<td>Etiology identified:</td>
</tr>
<tr>
<td>Atypical Presentation: Yes/No</td>
<td>Unusual/Unexpected course: Yes/No</td>
</tr>
<tr>
<td>Outcome: Discharge /Death</td>
<td>Outcome date:</td>
</tr>
</tbody>
</table>

**TREATMENT DETAILS:**

<table>
<thead>
<tr>
<th>Antibiotics</th>
<th>Oxygen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antivirals</td>
<td>Ventilation</td>
</tr>
<tr>
<td>Steroids</td>
<td>CPAP</td>
</tr>
<tr>
<td>Bronchodilators</td>
<td>Others</td>
</tr>
</tbody>
</table>

**BASIC INVESTIGATION DETAILS**

<table>
<thead>
<tr>
<th>Haematocrit</th>
<th>Lymphocytes(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HB</td>
<td>Monocytes(%)</td>
</tr>
<tr>
<td>WBC count</td>
<td>Neutrophils(%)</td>
</tr>
<tr>
<td>ESR</td>
<td>Basophils(%)</td>
</tr>
<tr>
<td>Platelet count</td>
<td>Eosinophils(%)</td>
</tr>
<tr>
<td>Blood culture</td>
<td></td>
</tr>
<tr>
<td>Sputum culture</td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
</tr>
</tbody>
</table>
**RADIOLOGY INVESTIGATIONS:**

<table>
<thead>
<tr>
<th>Chest X-Ray</th>
<th>Yes/No</th>
</tr>
</thead>
</table>

If yes, findings:

**SPECIMEN COLLECTION DETAILS:**

<table>
<thead>
<tr>
<th>Type of specimen</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date &amp; Time of collection</td>
<td></td>
</tr>
</tbody>
</table>

Treating physician in charge

<table>
<thead>
<tr>
<th>Signature</th>
<th>Name</th>
<th>Date</th>
<th>Stamp</th>
</tr>
</thead>
</table>

Medical superintendent

<table>
<thead>
<tr>
<th>Signature</th>
<th>Name</th>
<th>Date</th>
<th>Stamp</th>
</tr>
</thead>
</table>
Annexure B
(Covering letter)

To,

The Nodal Officer,
COVID-19 Testing Centre,
ILBS, New Delhi

Dear Sir/Madam,

A total of .......... specimens Dated............... are being sent from hospital ........................................... for the purpose of COVID-19 testing at your centre. We confirm that the samples have been packed and transported under proper biosafety precautions.

Treating physician in charge  Medical superintendent

Signature  Signature
Name  Name
Date  Date
Stamp  Stamp