

Instructions for Zika IgM Specimen Collection and Shipping

Call 502-564-3261 during business hours to receive an approval number. Please order Zika IgM test as a convalescent specimen or in a patient with travel history to [Zika-affected area](#) 2-12 weeks from specimen collection date, regardless of symptoms. If you have questions regarding appropriate test please call 502-564-3261.

If you have access to OUTREACH, please order Zika IgM by ordering MVS. (Preferred method) Please enter approval number as chart number in OUTREACH.

If you do not have access to OUTREACH, please complete the [Viral Isolation and Immunology Submission Form](#) and submit with specimen. Please write the approval number at the top of the page.

For Zika IgM test, patient **should have no symptoms** of Zika within previous 14 days

- Please write ZIKV in Box titled "Other" located under the title header of "Serology" and under ARBOVIRUSES mark enter the collection date of specimen in the line to the right of "Serum"
- Under CLINICAL DATA Box - "Purpose of request" -- Write "SCREENING" by "Other"

Please send the completed original with the specimens to Division of Laboratory Services and fax a copy to 502-696-3803. Please make a notation on the fax when you are shipping the specimen so lab personnel can be ready to receive the specimen in order to maintain integrity of the specimen.

Results for Zika typically take one week, if all testing can be performed at Division of Lab Services.

Please do not send specimens to arrive at DLS on weekends. CDC does not accept specimens on the weekend and DLS prefers to receive specimens during business hours in order to maintain integrity of the specimen. **It is preferred to collect labs, spin down, and place in fridge until approval is obtained during business hours.**

Also, remember to check the expirations on the blood tubes. DLS has recently received specimens in expired tubes.

Collect and send two tubes of blood.

- **Collect two SST tubes, spin down, and ship the tubes on ice** to state lab (address below)

Overnight blood and completed OUTREACH/LAB Submission form to following address:

Kentucky Division of Laboratory Services

ATTN: Virology

100 Sower Blvd Ste # 204

Frankfort KY 40601

If you have any questions please contact Shelley @ 502-564-3261 EXT 4242 @ KDPH or Matthew or Leigh Ann @ DLS 502-564-4446.