Instructions for Zika PCR Specimen Collection and Shipping

Call 502-564-3261 during business hours to receive an approval number. Please order Zika PCR test when patient has been symptomatic within previous 14 days. If you have questions regarding appropriate test please call 502-564-3261.

If you have access to OUTREACH, please order Zika PCR by ordering MVPCR. (Preferred method) Please enter approval number as the 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.

If patient has symptoms at time of specimen collection or did have symptoms within 14 days of specimen collection:

- Please write ZIKV in Box titled "Other" located in the PCR Box
- Under CLINICAL DATA Box – Mark Diagnostic as "Purpose of request" and Write date of onset of **symptoms in box below CLINICAL DATA which is titled "Date of Onset"**
- Mark any symptoms patient experienced within 14 days of specimen collection

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.

When ordering PCR testing for Zika, please submit blood and urine specimens.
Collect and send **two tubes of blood and one container** of urine:

- **Collect two SST tubes, spin down, and ship the tubes on cold pack** to state lab (address below)
- **Collect 3cc urine in a container with a screw top (secured tightly), and ship the container on cold pack** to state lab (address below)

Overnight blood and urine along with 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.