Sp	ecimen	Nasopharyngeal		
	ollection aterials	Virus respiratory pack containing: specimen tube containing viral transport medium flexible plastic NP swab requisition form sealable plastic biohazard bag	Personal protective equipment: Gloves Gown Protective mask Eye protection	
	ollection structions	 prior to collection. Ask patient to blow nose into tissue to clear excess. In a seated position, tilt patient's head back 70 degrees. Insert flexible shaft swab mini-tip through the nose straight back (no resistance (about half the distance from the patient' ear to their nose 7. Gently rotate the swab several times against the wall of the nose are absorb secretions. Slowly withdraw swab and insert into transport medium provided. Stightly. Label the specimen tube with the resident's name, date of collection such as DOB or HCN. 	date of collection kit. DO NOT USE EXPIRED KITS. Is NOT ingested food / drink, chewed gum, smoked, or vaped for at least 30 min Ask patient to blow nose into tissue to clear excess secretions from nostrils. In tilt patient's head back 70 degrees. It swab mini-tip through the nose straight back (not upwards) until you hit half the distance from the patient' ear to their nostril. Is wab several times against the wall of the nose and let it sit for a few seconds to wab and insert into transport medium provided. Snap off excess wire and cap vial en tube with the resident's name, date of collection, and one other unique identifier ICN. In tube into the large plastic pouch of the biohazard plastic bag and seal it closed.	

Important Reminders:

- The Public Health Lab may reject specimens and may not perform testing if instructions are not followed.
- Ensure the specimen container is labelled and cap is closed tightly. Unlabeled specimens will not be tested.
- Respiratory specimens can be stored in refrigerator for up to 5 days transport on ice in warm weather
- Samples must be transported in the designated public health lab <u>BLUE</u> transport bag to the local PUBLIC HEALTH LAB as soon as possible.

COVID-19 and Respiratory Virus Test Requisition Completion Instructions:

1. 1 - Submitter

The box must have the Local Public Health Unit information including Medical Officer of Health name

2. 2 - Patient Information

- The resident's name, date of birth, sex and health card number must be completed.
- Address is the name and location of the facility.
- A Public Health Unit Outbreak Number must be indicated on the form, as provided by the PHU at the start of the Outbreak.
- 3. 5 Test Requested: Choose "COVID-19 Virus AND Respiratory Viruses"
- 4. 6 Specimen Type And Collection Date: Choose "NPS" & "institution / all group living settings"
- 5. 7 Patient Setting: Select "Institution / all group living settings"
- 6. 8 Clinical Information: Select as appropriate.

