

September 4, 2020

### COVID-19 Testing at Milwaukee Health Department Laboratory

The Milwaukee Health Department Laboratory (MHDL) continues to offer *fee-exempt* COVID-19 NAAT testing utilizing the CDC 2019-Novel Coronavirus (2019-nCoV) real-time RT-PCR Diagnostic Panel along with other authorized molecular and antibody tests under the Food and Drug Administration's (FDA) Emergency Use Authorization (EUA). These tests are intended for qualitative detection of nucleic acid from 2019-nCoV in respiratory specimens to help in COVID-19 diagnosis.

MHDL also offers *fee-exempt* SARS-CoV-2 IgG antibody testing, which is recommended in individuals at least 10 days post-symptom onset or following exposure to individuals with laboratory-confirmed COVID-19. Patients tested prior to this time may be negative for SARS-CoV-2 IgG antibodies. Therefore, molecular testing is recommended for diagnosis of COVID-19 in symptomatic patients.

#### Testing Guidelines

Current COVID-19 testing guidelines for public health laboratories are as follows:

COVID-19 testing criteria for public health laboratories includes specimens from high risk and underserved populations with COVID-19 symptoms with poor access to testing in other settings (i.e. underinsured, patients at Federally Qualified Health Centers, homeless patients, migrant workers, etc.). Complete testing criteria defining which specimens may be tested at MHDL or WSLH is described in HAN #9 – <https://content.govdelivery.com/accounts/WIDHS/bulletins/28bddb5>.

Test requests must include the [MHDL Microbiology Requisition form, H-445](#).

- **For NAAT testing**, please check "SARS-CoV-2 NAAT" under Molecular Testing section and complete required highlighted fields ([Appendix 1a](#)). **For serology testing**, please check "SARS-CoV-2 IgG" under Serology-EIA section and complete required highlighted fields ([Appendix 1b](#)).
- In order to ensure rapid and accurate reporting of COVID-19 results, the "Patient Information" section of the requisition must include AT LEAST Name, DOB, Address, and Sex. Additionally, please ensure that the "Your Facility" section located at the bottom right corner of the form is filled out **as completely as possible** and reflects the correct **phone and fax numbers** for results communication. **If the report needs to be faxed to multiple locations, please note that in this section.** Otherwise, the report will only be sent to the provider whose information is listed in this section.

Advance notification of any planned larger volume collections (30+ samples) is preferred, when possible. Please notify us at (414) 286-3526 or [mhdlab@milwaukee.gov](mailto:mhdlab@milwaukee.gov).

Requests for COVID-19 sample collection supplies can also be submitted using the phone number and email address provided above.

#### Clinical Specimens

- **For NAAT testing**, MHDL is currently able to accept upper respiratory specimens in both viral transport media (VTM)/universal transport media (UTM) and saline, as well as lower respiratory specimens. Both nasal and nasopharyngeal (NP) swabs are acceptable upper respiratory specimen types. Please refer to [Appendix 2a](#) for nasal swab collection instructions, and [Appendix 2b](#) for NP swab collection instructions.
- **For SARS-CoV-2 IgG antibody testing**, MHDL is able to accept serum (1-3 mL) and whole blood (EDTA) (5 mL) samples.

#### Specimen storage:

- After collection, each specimen container should be placed in a secondary leak-proof container such as a biohazardous bag or zip lock bag with an outer pocket for lab requisition/paper work.
- **For NAAT specimens**, store at 2-8°C for up to 72 hours after collection. If a delay in testing or shipping is expected, store specimens at -70°C or below.
- **For serum or whole blood samples**, store at room temperature for up to 48 hours, or at 2-8°C for up to 7 days.

#### Packaging and Shipping to MHDL

If you have questions about how to submit specimens from approved patients for testing, contact MHDL laboratory at 414-286-3526 during normal business hours (Monday – Friday 8:00 AM – 4:45 PM).

- **NAAT:** Specimens transported and received within 72 hours of collection can be stored at 2-8°C and shipped on cold packs. If unable to transport the specimen for receipt within 72 hours of collection, freeze the specimen and ship on dry ice.
- **Serology:** Specimens can be submitted at room temperature if transported and received within 48 hours of collection. If unable to transport within 48 hours, store at 2-8°C and ship on cold packs.
- Package as a UN3373 Biological Substance 'Category B'
- Monday – Friday specimens can be delivered to:  
*Zeidler Municipal Building  
841 N Broadway St, 2<sup>nd</sup> Floor  
Milwaukee, WI 53202*
- **Please use your agency's courier for transporting any COVID-19 specimens to the MHD lab.**
- A designated courier parking spot is now available adjacent to the front entrance of the Zeidler Municipal Building, 841 N. Broadway, in the alleyway just south of the building (between ZMB and the neighboring 809 N. Broadway building). **Please see [Appendix 3](#) for more information, including photos/signage of the location.**
- If you *do not* have your own courier please call MHDL at (414) 286-3526. MHDL can schedule pick-ups through Quicksilver on an as-needed basis. When requesting to utilize MHDL's courier service, please keep in mind that pick-ups will be limited to no more than once daily. Special stat requests for additional pick-ups may be accommodated, on a case-by-case basis.
- Please also contact MHDL to coordinate deliveries outside of normal business hours. Refer to [Appendix 4](#) for after-hours drop off instructions.

#### Specimen Rejection Criteria

##### NAAT specimens

- Dry swabs and/or those not submitted in VTM, UTM, VCM transport media or equivalent
- Specimens received at room temperature and *not* submitted on cold packs or dry ice
- Unfrozen specimens received at the MHDL >72 hours after collection
- Primary specimen container not labeled with patient identifiers (i.e. name & date of birth)

##### Serology specimens

- Serum samples with a volume < 1 mL, or whole blood samples with a volume < 5mL
- Room temperature specimens received at the MHDL >48 hours after collection
- Blood tube not labeled with patient identifiers (i.e. name & date of birth)

**Test Results**

Test results will be available within 1-2 days of receipt of specimens by MHD. Depending on when we receive specimens during the day or for significantly higher volume of test requests, TAT could be longer. All results will be reported to the submitter electronically, except for tests that are routed through MHD from outreach or other sites, which are reported to CD/testing coordinator. Select submitters and Local Health Department (LHD) officials will be notified by phone with any positive results. Please ensure that correct phone and fax numbers are provided on the [MHD Microbiology Requisition form](#) for timely reporting.

**Please note that it is the provider's responsibility to communicate any results to patients. Patients should NOT contact MHD directly for results. MHD can only give results to the submitting healthcare provider.**

*The information contained in this document is also available on the [MHD COVID-19 testing website](#).*

# Microbiology Requisition H-445

Only one specimen per form.

Please refer to Test Reference Manual and Fee Schedule for more information:  
[milwaukee.gov/health/testing-Fees](http://milwaukee.gov/health/testing-Fees)

City of Milwaukee Health Department Laboratory

841 N. Broadway, Rm. 205, Milwaukee, WI 53202-3653

Phone: (414) 286-3526 FAX: (414) 286-5098

email: [mhdlab@milwaukee.gov](mailto:mhdlab@milwaukee.gov) web: [milwaukee.gov/healthlab](http://milwaukee.gov/healthlab)

## PATIENT INFORMATION (required)

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Gender:  M  F  M→F  F→M  Other

Race:  White  Black  Native Hawaiian/Pacific Islander  
 Native American/Native Alaskan  Asian  Unknown

Ethnicity:  Hispanic/Latino  Not Hispanic/Latino  Unknown

## TEST(S) REQUESTED *Check all that apply.*

### Bacteriology (Culture)

- Campylobacter
- Chlamydia trachomatis
- Escherichia coli O157:H7
- Legionella
- Mycobacterium
- Mycoplasma hominis
- Neisseria gonorrhoeae w/AST
- Salmonella
- Shigella
- Ureaplasma urealyticum
- Yersinia enterocolitica

### Enteric Pathogens

- Campylobacter
- Escherichia coli O157:H7
- Salmonella
- Shigella
- Yersinia enterocolitica

### Clinical/Referred Isolate for ID

- Bacterial  Viral
  - Fungal
  - Mold  Yeast
- Suspect agent: \_\_\_\_\_

### Parasitology

- Acanthamoeba
  - Cryptosporidium & Giardia
  - Cyclospora
  - Cystoisospora (Isospora)
  - Microsporidia
  - Ova & Parasite Exam
- Suspect agent: \_\_\_\_\_

### Serology

- EIA
- HIV 1/2  Measles IgG
  - Mumps IgG  SARS-CoV-2 IgG
  - Shiga Toxin
  - Syphilis w/reflex RPR, TPPA
  - RPR (titer)  TPPA (only)

### Molecular Testing

- Chlamydia/Gonorrhea Combo NAAT
- Mycoplasma genitalium NAAT
- Trichomonas vaginalis NAAT
- Gastrointestinal Pathogen Panel
- Respiratory Pathogen Panel
- SARS-CoV-2 NAAT

### PCR

- Bordetella pertussis/parapertussis
- Clostridium difficile
- Enterovirus
- Herpes Simplex Virus 1/2
- Influenza A/B
- Legionella pneumophila
- Measles
- Mumps
- Mycobacterium tuberculosis/RIF
- Norovirus (GI & GII)
- Rubella
- Varicella Zoster Virus
- Other: \_\_\_\_\_

DNA Sequencing:  Bacterial ID  
 Fungal ID

DNA Probe:  Blastomyces dermatitidis  
 Coccidioides immitis  
 Histoplasma capsulatum

## SPECIMEN TYPE

Check appropriate specimen and fill in requested information.

- Blood
- Body Fluid Specify: \_\_\_\_\_
- Bronchial wash
- Lesion
- Wound Specify: \_\_\_\_\_
- Sputum
- Stool
- Swab (Genital) Specify: \_\_\_\_\_
  - Patient-collect
- Swab (Non-Genital) Specify: \_\_\_\_\_
  - Patient-collect
- Tissue Specify: \_\_\_\_\_
- Urine
- Other Specify: \_\_\_\_\_

Date Collected: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_  
mm dd yyyy

Specimen ID# \_\_\_\_\_

\*\* Please contact the lab for Select Agent rule-out confirmation.\*\*

## PATIENT HISTORY/CLINICAL INFO

Clinical Diagnosis: \_\_\_\_\_

Date of onset: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

Surveillance  Disease Determination

Date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

## OTHER SIGNIFICANT FACTORS

- Animal contact  Test of cure
- Arthropod contact  Travel
- Foodborne risk  Waterborne risk
- Immunocompromised  Other outbreak-related
- Occupational risk

## YOUR FACILITY

Enter your facility address. Results are returned to this address.

Facility Name: \_\_\_\_\_

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

For internal use only

# Microbiology Requisition H-445

City of Milwaukee Health Department Laboratory

841 N. Broadway, Rm. 205, Milwaukee, WI 53202-3653

Phone: (414) 286-3526 FAX: (414) 286-5098

email: mhdlab@milwaukee.gov web: [milwaukee.gov/healthlab](http://milwaukee.gov/healthlab)

Only one specimen per form.

Please refer to Test Reference Manual and Fee Schedule for more information:

[milwaukee.gov/health/testing-Fees](http://milwaukee.gov/health/testing-Fees)

## PATIENT INFORMATION (required)

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Gender:  M  F  M→F  F→M  Other

Race:  White  Black  Native Hawaiian/Pacific Islander  
 Native American/Native Alaskan  Asian  Unknown

Ethnicity:  Hispanic/Latino  Not Hispanic/Latino  Unknown

## TEST(S) REQUESTED *Check all that apply.*

### Bacteriology (Culture)

- Campylobacter
- Chlamydia trachomatis
- Escherichia coli O157:H7
- Legionella
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- Mycoplasma hominis
- Neisseria gonorrhoeae w/AST
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### Enteric Pathogens

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### Clinical/Referred Isolate for ID

- Bacterial  Viral
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- Mold  Yeast

Suspect agent: \_\_\_\_\_

### Parasitology

- Acanthamoeba
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  - Cyclospora
  - Cystoisospora (Isospora)
  - Microsporidia
  - Ova & Parasite Exam
- Suspect agent: \_\_\_\_\_

### Serology

- EIA
- HIV 1/2  Measles IgG
  - Mumps IgG  SARS-CoV-2 IgG
  - Shiga Toxin
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  - RPR (titer)  TPPA (only)

### Molecular Testing

- Chlamydia/Gonorrhea Combo NAAT
- Mycoplasma genitalium NAAT
- Trichomonas vaginalis NAAT
- Gastrointestinal Pathogen Panel
- Respiratory Pathogen Panel
- SARS-CoV-2 NAAT

## SPECIMEN TYPE

Check appropriate specimen and fill in requested information.

- Blood
- Body Fluid Specify: \_\_\_\_\_
- Bronchial wash
- Lesion
- Wound Specify: \_\_\_\_\_
- Sputum
- Stool
- Swab (Genital) Specify: \_\_\_\_\_
  - Patient-collect
- Swab (Non-Genital) Specify: \_\_\_\_\_
  - Patient-collect
- Tissue Specify: \_\_\_\_\_
- Urine
- Other Specify: \_\_\_\_\_

Date Collected: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_  
mm dd yyyy

Specimen ID# \_\_\_\_\_

### PCR

- Bordetella pertussis/parapertussis
- Clostridium difficile
- Enterovirus
- Herpes Simplex Virus 1/2
- Influenza A/B
- Legionella pneumophila
- Measles
- Mumps
- Mycobacterium tuberculosis/RIF
- Norovirus (GI & GII)
- Rubella
- Varicella Zoster Virus
- Other: \_\_\_\_\_

DNA Sequencing:  Bacterial ID  
 Fungal ID

DNA Probe:  Blastomyces dermatitidis  
 Coccidioides immitis  
 Histoplasma capsulatum

\*\* Please contact the lab for Select Agent rule-out confirmation.\*\*

## PATIENT HISTORY/CLINICAL INFO

Clinical Diagnosis: \_\_\_\_\_

Date of onset: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

Surveillance  Disease Determination

Date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

## OTHER SIGNIFICANT FACTORS

- Animal contact  Test of cure
- Arthropod contact  Travel
- Foodborne risk  Waterborne risk
- Immunocompromised  Other outbreak-related
- Occupational risk

## YOUR FACILITY *Enter your facility address. Results are returned to this address.*

Facility Name: \_\_\_\_\_

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*For internal use only*

**Appendix 2a. COVID-19 Collection Kits & Clinical Sample Collection**

| Collection Kits   | Collection Instructions   |
|---|---|
| E-swab  | Instructions for <b>nasal swab</b> specimen collection:   |
|    | <ul style="list-style-type: none"> <li>Carefully insert the swab into the first nostril until resistance is met (less than 1 inch into the nostril), rotate a few times against the wall then remove. (Repeat steps on second nostril, using the same swab.)</li> <li>While holding the swab in the same hand, unscrew the cap from the tube. <b>If contents are spilled</b>, use a new swab specimen collection kit.</li> <li>Place the swab into the transport tube so that the score line is at the top of the tube. Use <b>caution</b> and <b>gently</b> break the swab shaft at the score line using the side of the tube; if score line is not present use scissors and gently cut swab. Once swab is broken <b>carefully</b> screw cap on tight.</li> <li>Carefully place sample in the biohazard bag.</li> <li>Place requisition form in the <u>outer pocket</u> of the biohazard bag, separate from the specimen compartment.</li> </ul> |
| VTM   | <b>Additional Guidelines</b>  |
|    | <ul style="list-style-type: none"> <li>ALL specimens are to be refrigerated after collection and received at MHDL within &lt; 72 hours.</li> <li>To ensure test results are received in a timely manner, please do not mix and match the testing kits. For example, if you have 3 samples, the same type of collection kit should be used for all of those samples (see image).</li> </ul>  |
| NP swab   |    |
|  | <ul style="list-style-type: none"> <li>Complete patient information legibly on the specimen tube label.</li> <li>Do not use if cloudy in appearance or change in color.</li> <li>Do not use if expired.</li> </ul>  |
| VTM   |   |
|  |   |

## Appendix 2b. Clinical Sample Collection: Nasopharyngeal (NP) swabs

### Infection control precautions for Collection of Nasopharyngeal swabs for COVID-19 and Influenza:

1. Primary care provider should wear all PPE including an N95 mask, eye protection/face shield and follow the CDC Infection prevention and control guidelines, including the donning and doffing of PPE
2. Collection should be done in a designated room with the door closed and with only the member and PCP present
3. If possible after the specimen for COVID-19 is collected, obtain a Rapid Influenza test to rule out Influenza

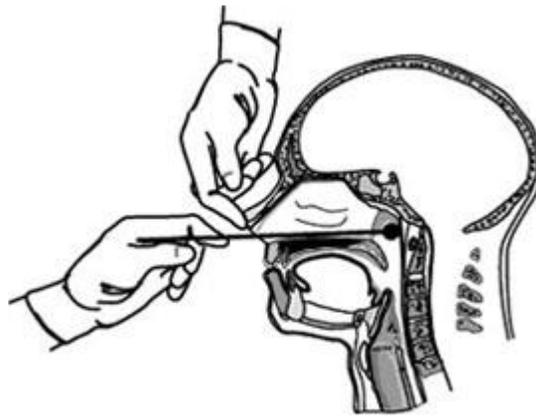
### Collection Instructions:

See the current CDC guidelines for upper and lower respiratory specimen collection and appropriate biosafety precautions for healthcare workers found at:

<https://www.cdc.gov/coronavirus/2019-nCoV/guidelines-clinical-specimens.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-patients.html>

1. Label tube of UTM legibly with the patient's name **and** date of birth, or medical record number (specimen tube **must** have two unique patient identifiers on it, or it will not be tested).
2. **Nasopharyngeal specimen (NP):**
  - a. Use the flexible shaft NP swab provided to collect the specimen.
  - b. Have the patient blow their nose and then check for obstructions.
  - c. Tilt the patient's head back 70 degrees & insert the swab into nostril parallel to the palate (not upwards) until resistance is encountered or the distance is equivalent to that from nostrils to outer opening of patient's ear indicating contact with nasopharynx. Leave swab in place for several seconds to absorb secretions. Slowly remove the swab while rotating it.

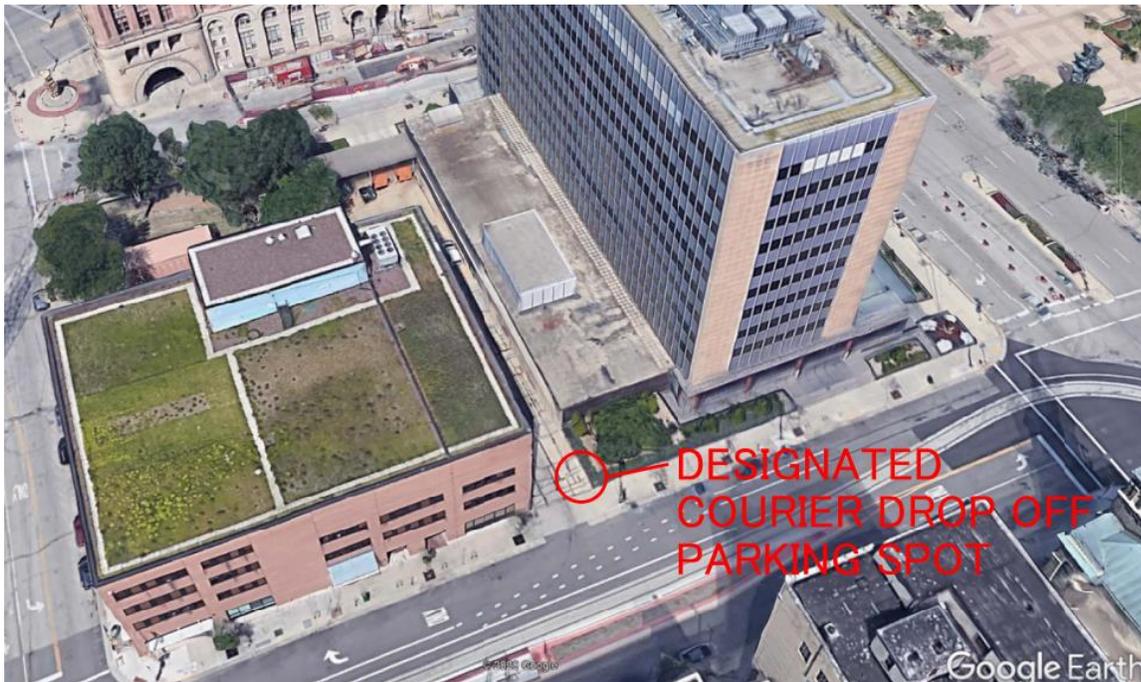


- d. Insert the swab into the tube of UTM, making certain that the swab tip is covered by the liquid in the tube. The swab is to remain in the tube for transport
- e. Plastic shaft NP swab: The swab shaft extends past the top of the tube. Snap it off at the break line on the shaft, allowing the end with the swab tip to remain in the liquid. The tip of the swab must be immersed in the liquid.

**Appendix 3.** Designated Courier Parking at City of Milwaukee Health Department Laboratory

The City of Milwaukee Health Department Laboratory (MHDL) currently has one parking spot designated for courier drop-offs. The spot is located in the alleyway just south of the front entrance of the Zeidler Municipal Building (ZMB), 841 N. Broadway (between ZMB and the neighboring 809 N. Broadway building).

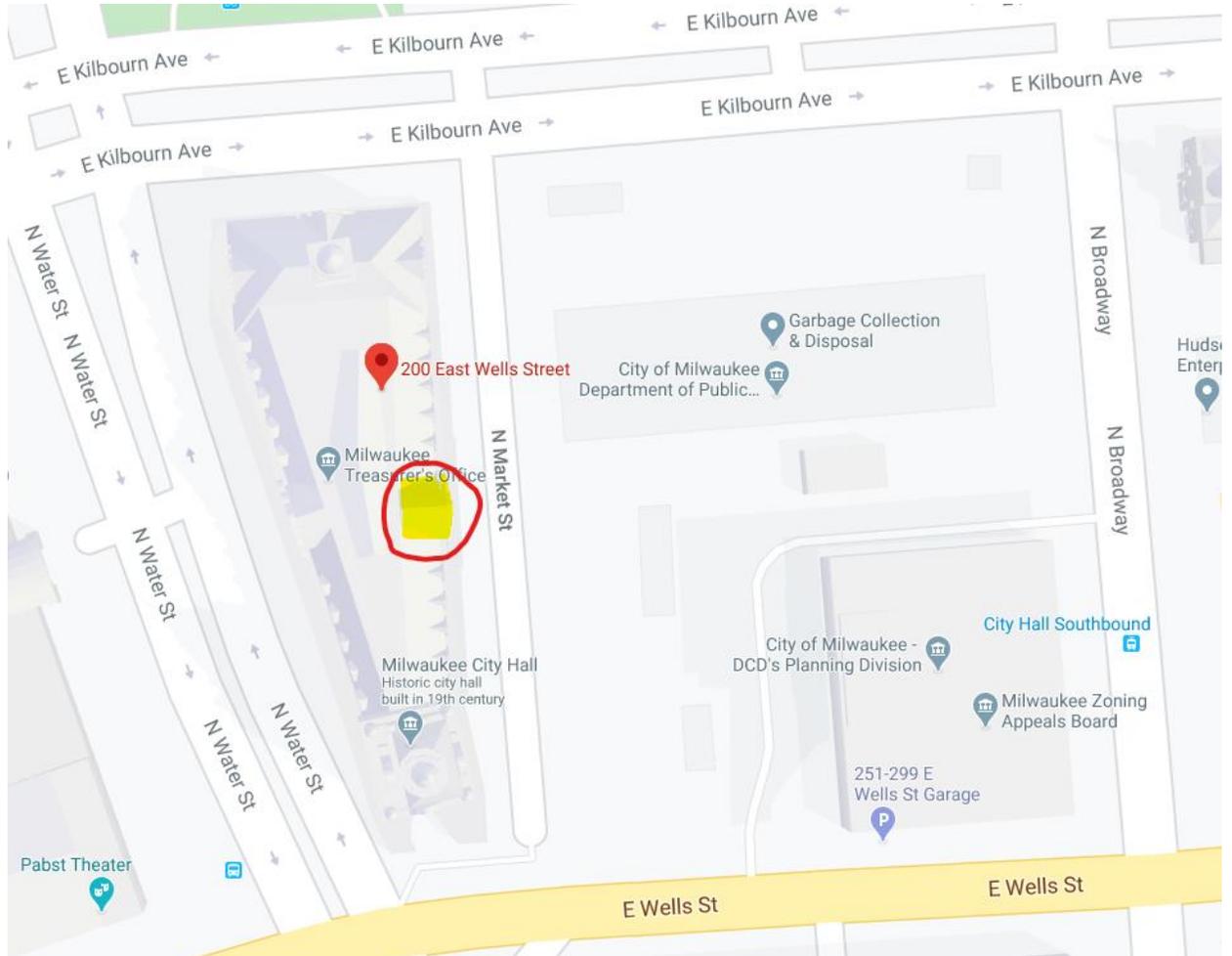
Please see photos below depicting the location and signage.



**Appendix 4. After-Hours Deliveries to City of Milwaukee Health Department Laboratory – Courier Information**

To complete deliveries to the Laboratory, 841 N. Broadway, Room 205, on the weekend and/or outside of normal business hours (8:00am to 4:45pm Mon-Fri), please follow the instructions below:

1. Go to the Market Street side entrance of City Hall, 200 E. Wells St. (across from the rear entrance to Zeidler Municipal Building, 841 N. Broadway).



2. Present to the Information Desk just through that entrance.
3. Notify the attendant that you have a delivery for the 2<sup>nd</sup> floor Zeidler Municipal Building lab, and building security will escort you to the lab.
4. Specimens/deliveries requiring refrigeration (includes COVID-19 specimens) can be left in the refrigerator across from the reception desk, and/or room temperature specimens in the tray located on the counter to the left of the refrigerator.
5. Sign in on the visitor log at the reception desk.
6. Push green button on wall to right just before door in order to exit.