Kansas Health and Environmental Laboratories (KHEL)
Zika Virus Specimen Guide

Specimen collection instructions for Zika virus testing:

- Contact KDHE Epidemiology (877-427-7317) to request consultation and prior authorization for Zika virus testing.
- Collect a blood specimen in serum separator tube (SST). Follow manufacturer’s instructions for serum processing or see below steps.
  - Gently invert 5 times.
  - Allow blood to clot for at least 30 minutes. Centrifugation must be performed within 2 hours of collection.
  - Centrifuge for 10 minutes at 1000-1300 RCF (g) in a swinging bucket centrifuge, or 15 minutes in a fixed-angle centrifuge.
  - Remove cap and pour serum into provided or standard serum pour-off tube. Required serum volume is 2 to 5 mL.
- Urine specimens must be submitted with a paired serum specimen.
  - Specimens should be sent in provided or standard urine collection tube or cup pour-off tube. Required volume is 2 to 5 mL.
- Label pour-off tube with name, date of birth, barcode sticker from the KDHE Universal Laboratory Submission Form and specimen source (e.g. Serum, Urine) on each specimen tube.
- Refrigerate specimen at 2-8°C prior to shipping.
- Specimens should be received at KDHE Laboratory within 72 hours of collection.

Zika virus Specimen Shipping Instructions:

- Insert labeled tubes in absorbent sleeve and into a 95kPa specimen transport bag and seal completely.
Complete the KDHE Universal Laboratory Specimen Submission Form (Health) “Universal Form.”

**Please be sure to complete at least the following fields:**

1. **Facility Name**
2. **Facility Address**
3. **Facility ID** Facility ID assigned by KDHE Laboratory
4. **Patient Full Name** last name, first name
5. **Date of Birth** MM/DD/YYYY
6. **Collection Date** MM/DD/YYYY
7. **Collection Time** HH:MM
8. **Collector’s Name** last name, first name
9. **Physician’s Name** Ordering physician’s name
10. **Specimen Source** Blood and urine
11. **Diagnosis Code** A92.8
12. **Epi Approved By** Name of KDHE epidemiologist who approved patient for Zika testing
13. **Date of Onset** Illness onset date, or write “asymptomatic”
14. **Test for (Specify)** Zika virus

The “Date of Onset” and “Epi Approved By” fields can be completed by referencing the KDHE Epidemiology Zika Virus Approval Form. If that form is not available, contact KDHE at 877-427-7317.
KDHE Epidemiology Zika Virus Approval Form

(Revised 7/2016)

Facility Name: ________________________________
Provider Name: ________________________________
Address: ________________________________ City: ________________________________ County: ________________________________

Last Name: ________________________________ First Name: ________________________________
City: ________________________________ County: ________________________________ State: ________________________________ Zip: ________________________________

Race: ☐ WHITE ☐ BLACK ☐ ASIAN ☐ AMER INDIAN/ALASKA NATIVE ☐ NATIVE HAWAIIAN/PAC ISLANDER
Ethnicity: ☐ HISPANIC ☐ NON-HISPANIC
Sex: ☐ MALE ☐ FEMALE ☐ Pregnant? ☐ YES ☐ NO ☐ UNKNOWN

Type of Zika exposure: ☐ TRAVEL Country(ies): ________________________________ Travel Dates: ________________________________
☐ SEXUAL CONTACT
☐ OTHER (SPECIFY): ________________________________

Ever symptomatic? ☐ YES ☐ NO
Illness Onset Date: ________________________________

Symptoms (check all that apply): ☐ FEVER ☐ RASH ☐ CONJUNCTIVITIS
☐ JOINT PAIN ☐ MYALGIA ☐ GUILLAIN-BARRÉ SYNDROME

Laboratory Instructions

Please collect: ☐ 2 mL SERUM
☐ 2 mL URINE
☐ OTHER (SPECIFY): ________________________________

Use this form to complete the KDHE Universal Laboratory Specimen Submission Form (Health)
Instructions on completing the universal form, packing, and shipping are at:
www.kdheks.gov/lab/downloads/ZikaShipping.pdf
Packing or shipping questions: Contact KDHE Laboratory at 785.296.1620.
Epidemiology-related questions: Contact KDHE at 877.427.7317.

KDHE USE ONLY:

Approved by:
Date:
ID#: 
• Insert completed Universal Form and Epidemiology Zika Virus Approval Form into outer pouch of 95kPa specimen transport bag.
• Place bagged specimen on frozen cold pack inside Styrofoam® shipper. These can be provided by KHEL.

• Place second frozen cold pack on top of specimen transport bag.

• Add cushioning material (e.g. paper towels) to prevent shifting during shipping.

• Add Styrofoam® shipper lid and insert shipper into fiberboard Category B, Biological Substance box.
• Secure the flaps on outside of fiberboard box with tape.
• Shipping address:
  o Kansas Health and Environmental Laboratories
    6810 SE Dwight Street
    Topeka, KS  66620
• Ship specimen overnight using courier or other transport service to ensure prompt delivery.
• Avoid shipping specimens on Friday for weekend delivery.
• For additional questions, please contact KDHE Epidemiology @ 877-427-7317.