



Laboratory Update
Out-Patient/Outreach Covid-19
Testing
April 13, 2020

Dear Health Care Provider,

This communication shares the latest information regarding Covid-19 testing for **OUTPATIENT/OUTREACH** patients performed at our Michigan Regional Healthcare Ministries (RHMs). Please read all information carefully as some changes have occurred since our March 25, 2020 update.

Warde Medical Laboratory (WML): We are using WML almost exclusively for Covid-19 outpatient testing, as WML is now able to accommodate our volume. Turn-around time is 1 to 2 days and WML is testing daily. Collection requirements have been expanded to accept Phosphate Buffered Saline (PBS), sterile saline, should VTM be in short supply. The Warde test code in Epic is **LAB7887** (COVWD) SARS-COV-2 RNA, QUALITATIVE REAL-TIME RT-PCR. This is available to all Epic users.

SWABS AND COLLECTION MEDIA: Swabs and viral transport (VTM) are in short supply and we have had to split VTM into two separate kits. Outpatients will receive blue-capped tubes with a rotating cast of swabs. We are trying to provide outpatient kits with both a nasopharyngeal (NP) swab, which is thin and tapered, and a thicker swab suitable for nasal and mid-turbinate samples, as swabs often come bundled in pairs. However, there may be times when we can only supply a single, thicker swab for nasal and/or mid-turbinate samples. The thicker swabs are NOT appropriate for NP sampling.

The FDA has recently guided that nasal cavity and mid-turbinate sampling has equivalent sensitivity to dedicated NP specimens. However, the consensus among many laboratorians at this time is that a NP sample is superior, and should be collected when possible. If a non-NP sample is collected, it should be a deep bilateral nasal specimen to increase sensitivity. The mid turbinate area **MUST** be thoroughly sampled by gently inserting the swab until it meets resistance. The nares can be sampled upon exit.

We currently have enough VTM to accommodate the need and will switch to buffered saline when VTM is exhausted. WML has validated buffered saline as an acceptable media without significant degradation.

ABOUT THE TEST

Who should be tested?

The MDHHS announced updated testing prioritization and processes in an April 7, 2020 Memorandum <https://mha.org/Portals/0/Issues%20and%20Advocacy/mdhhs-pui-testing-memo-revisions-04072020.pdf> MDHHS has clarified which populations of individuals meet priority criteria one (1) and two (2), and has expanded eligibility to a key target population in priority three (3) of the U.S. PHS prioritization guidance.

False Negatives:

A false negative is possible, and may be due to sample collection, transport methods, and patient factors (e.g., presence of symptoms, and/or stage of infection).

Label Specimens:

Tubes with NP specimen should be labelled as "NP" and tubes with the thicker swabs should be labelled as "Nasal" for collection from the nares and mid turbinate area.

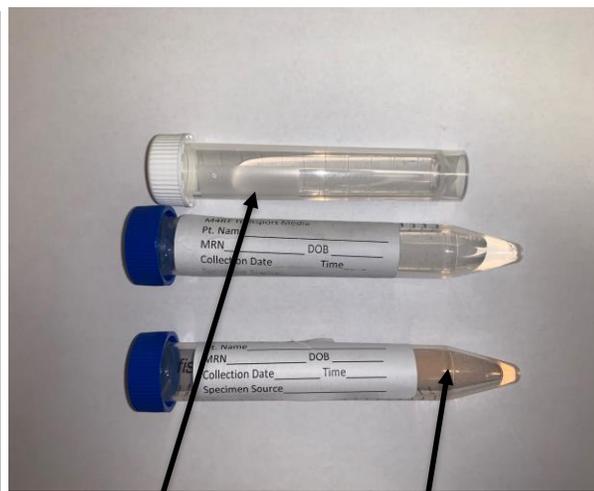
COLLECTION TECHNIQUES:

- Place the swab in tube. Label tubes with specimen source as indicated in photo. If you receive a test kit with two swabs, only submit the NP. Placing both swabs into the VTM may critically reduce the amount media and desiccate the specimen.
- Snap or cut off the swab at the breakpoint so less than 3 inches of swab remains in the tube. The swabs should not be in contact with the Cap. **Failure to properly tighten the cap could necessitate a re-collect of the specimen.**



Nasopharyngeal (NP) swab— thinner swab with tapered tip

Nasal swabs, do not use for nasopharyngeal collection



Collection tubes
Clear = buffered saline

Collection tubes
Blue = VTM

While there are other options for Covid testing, we believe that the Warde test is most suitable for the majority of outpatients, as it provides a sensitive assay with excellent turn-around time. We will continue to provide updates as they develop.

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