

# Covid-19 Specimen Collection

**Before starting, ensure swab collection equipment is on hand**

You need:

Nasopharyngeal Swab Kit (FLU KITS)

Transport Tube and Bio-bag(Label COVID-19)

Lab Requisition

N95 Mask

Double Glove

Eye Protection/Goggles

Apron

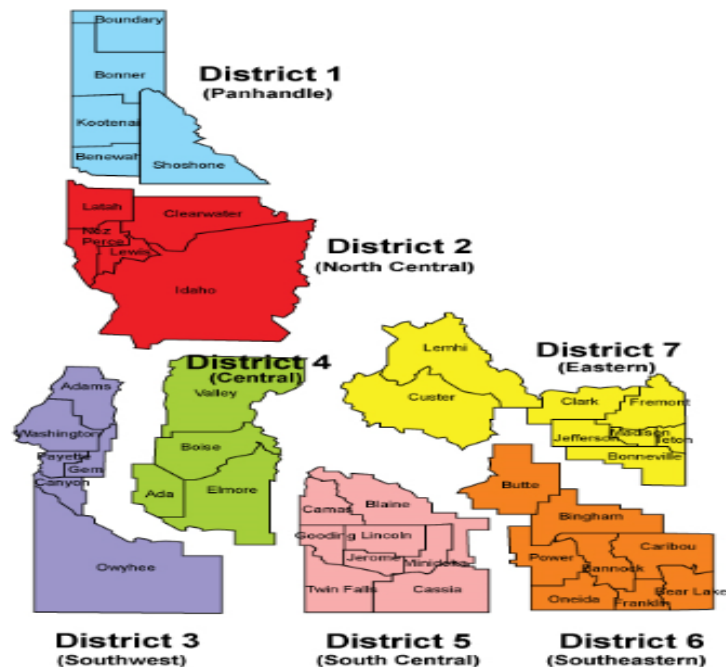


## Idaho Public Health Districts

As independent agencies, Idaho's seven health districts are primary outlets for public health services. These districts work closely with Health and Welfare and other state and local agencies. Each district has a board of health appointed by county commissioners within that region. The districts are not part of any state agency.

Each district responds to local needs to provide services that may vary from district to district, ranging from community health nursing and home health nursing to environmental health, dental hygiene and nutrition. Many services are provided through contracts with Health and Welfare.

For information about services in your community, click on your district on the map below to go to that public health district's website.



### Panhandle Health District

Director: Lora Whalen  
8500 N. Atlas Road  
Hayden, ID 83835  
208-415-5100  
FAX: 208-415-5101

### North Central Health District

Director: Carol M. Moehrl  
215 10th Street  
Lewiston, ID 83501  
208-799-3100  
FAX: 208-799-0349

### Southwest District Health

Director: Nikole Zogg  
13307 Miami Lane  
Caldwell, ID 83607  
208-455-5300  
FAX: 208-454-7722

### Central District Health

Director: Russell A. Duke  
707 North Armstrong Place  
Boise, ID 83704-0825  
208-375-5211  
FAX: 208-327-7100

### South Central Public Health

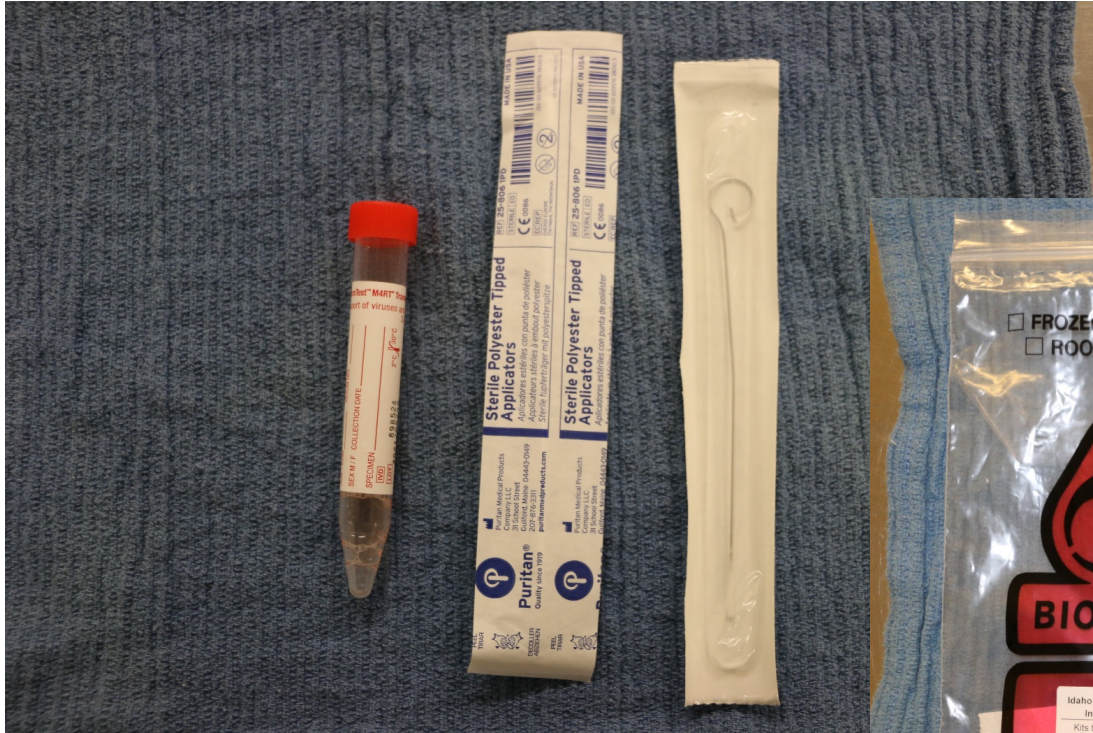
District Director: Melody Bowyer  
1020 Washington Street N.  
Twin Falls, ID 83301-3156  
208-737-5900  
FAX: 208-734-9502

### Southeastern Idaho Public Health

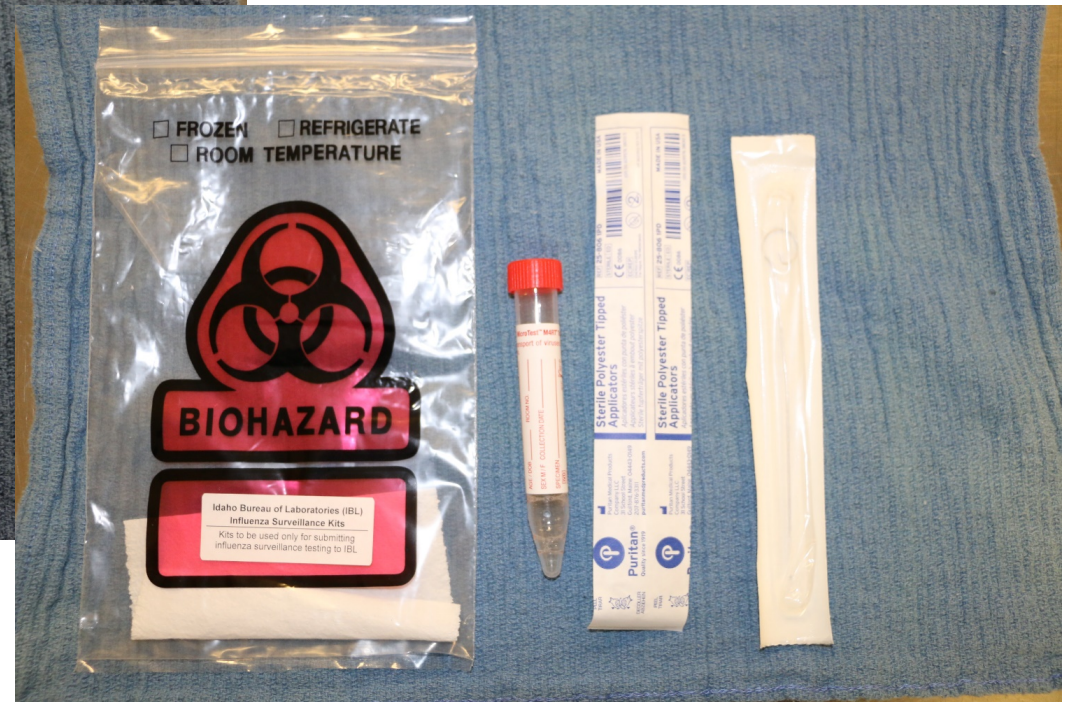
Director: Maggie Mann  
1901 Alvin Ricken Drive  
Pocatello, ID 83201  
208-233-9080  
FAX: 208-234-7169

### East Idaho Public Health

Director: Geri Rackow  
1250 Hollipark Drive  
Idaho Falls, ID 83401  
208-522-0310  
FAX: 208-525-7063

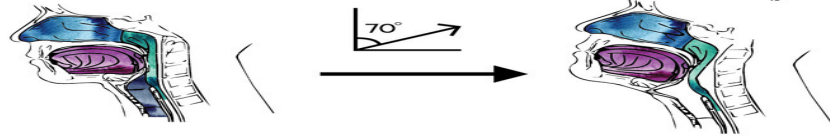


# Test Kits

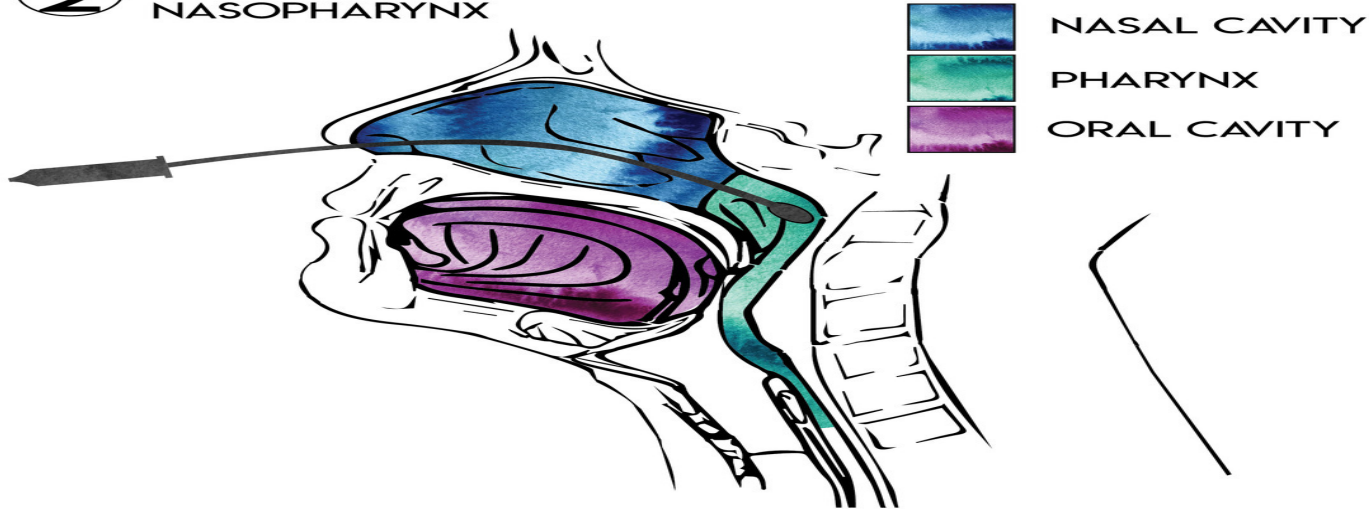


# HOW TO COLLECT A nasopharyngeal swab

- 1 TILT PATIENT'S HEAD AT A 70° ANGLE



- 2 ROTATE SWAB OVER SURFACE OF POSTERIOR NASOPHARYNX



- 3 WITHDRAW SWAB FROM COLLECTION SITE

- 4 IMMEDIATELY TRANSPORT SPECIMEN TO THE LABORATORY FOR MICROBE TESTING. IF TRANSPORT TO THE LABORATORY IS DELAYED, PLACE SPECIMEN ON ICE OR IN REFRIGERATION



# "COVID-19 URGENT/DECEASED"

Handwrite across top

Complete ; Decedents Information,  
Coroners Information , Date  
Collected and Onset of Symptoms

Check Box

STATE PUBLIC HEALTH; PER DR HAHN



IDAHO DEPARTMENT OF HEALTH & WELFARE  
DIVISION OF PUBLIC HEALTH  
INFLUENZA SURVEILLANCE SUBMISSION FORM  
2019-2020

Idaho Bureau of Laboratories 12220 Old Penitentiary Road L. Boise, ID 83712-1208-334-0594

Patient Information		Submitter Information / Mailing Address	
Last Name	First Name	Facility Name	
Address		Facility Mailing Address	
City, State, ZIP		Facility City, State, ZIP	
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone Number	Submitter Name (optional)
Comments		Outbreak#	
Specimen Collection Date	Onset Date	Specimens submitted for Influenza surveillance will be tested by an algorithm that includes detection of seasonal and novel influenza subtypes. Specimens testing negative for influenza are typically cultured for Enterovirus, E. 2, 3, Adenovirus, etc.	

SPECIMEN TYPE - Swab specimens must be submitted in Viral Transport Media (VTM):

Upper Respiratory Specimen type:	Lower Respiratory Specimen type:
<input type="checkbox"/> Nasopharyngeal Swab (VTM)	<input type="checkbox"/> Bronchoalveolar Lavage
<input type="checkbox"/> Nasal Swab (VTM)	<input type="checkbox"/> Bronchial Wash
<input type="checkbox"/> Dual Nasopharyngeal / Throat Swabs (VTM)	<input type="checkbox"/> Tracheal Aspirate
<input type="checkbox"/> Nasal Aspirate or Wash	<input type="checkbox"/> Sputum
<input type="checkbox"/> Lung Tissue	

Surveillance Data

Yes No Unknown

☐ ☐ ☐ Was patient vaccinated against influenza? ☐ Injection ☐ Intranasal Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ Has patient recently been tested for influenza? If yes, ☐ Pos A ☐ Pos B ☐ Negative

Please list Influenza Test Method Used (if known): \_\_\_\_\_

☐ ☐ Does patient have Influenza-like illness (ILI)?

- ILI defined as fever and a cough and/or sore throat in the absence of a KNOWN cause other than influenza

☐ ☐ Travel within the past month? To: \_\_\_\_\_ Mode of transportation: \_\_\_\_\_

☐ ☐ Did patient receive antiviral treatment within the past month?

☐ ☐ Was/is the patient hospitalized?

☐ ☐ Is this a fatal case?

Additional Copy To:

Institution Name	<b>NOTE:</b> Influenza specimens should be tested within 72 hours of collection for optimal virus recovery. If testing a fresh specimen is not possible within 72 hours of collection, the specimen may be frozen at ≤ 72°C and tested at a later date.
Institution Mailing Address	
Institution City, State, ZIP	
Telephone Number	
Submitter Name (Optional)	

Influenza surveillance testing is free of charge and a FedEx acct. number for shipping can be provided by calling Idaho Bureau of Laboratories at 208-334-0594.

Revised 10/17/2019