



Public Health
England

Protecting and improving the nation's health

Specialist Microbiology Network Public Health Laboratory Southampton

Public health microbiology services user handbook

Withdrawn August 2019

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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1 Role of the PHE Specialist Microbiology Network

Public Health England (PHE) has a network of eight specialist microbiology laboratories across England. Each lead laboratory provides:

- microbiology support for the investigation, management and control of infection and outbreaks of communicable disease both during and out of normal working hours
- expert medical and scientific microbiological advice, including access to PHE experts locally and nationally as necessary
- a wide range of diagnostic, specialist and reference tests
- national standard methods and PHE testing algorithms
- clear guidance for users
- surge capacity to deal with large (up to 500 specimens per day) unanticipated outbreaks at short notice; PHE can also provide additional capacity for larger testing numbers and access to specific typing if required to define the epidemiology of outbreaks
- support for both regional and national capacity to respond to specific events of potential public health importance (eg London 2012 Olympic and Paralympic Games)
- testing for look-back exercises for health protection teams (HPTs), acute NHS trusts, CCGs, and local authorities
- reporting of laboratory results within specified turnaround times for diagnostic specialist and reference tests; results will be communicated by electronic means wherever possible and may be supported by paper reports as required or appropriate – these services will be provided to all customers (HPTs, NHS trusts and CCGs)
- standard interpretive comments as a part of test reports
- senior clinical and scientific staff will add specific interpretation and further advice relevant to individual patient needs or for public health significance
- mechanisms for the proper handling, storage and security of all samples and documentation at all times; this will be carried out in accordance with PHE guidelines, national guidelines and regulatory/legal requirement
- efficient and timely communications with public health organisations, both within the PHE (including HPTs) and externally – eg local authorities and primary care groups/clusters involved in communicable disease control

All PHE diagnostic laboratories have Clinical Pathology Accreditation. The Food, Water and Environment (FW&E) laboratories are all recognised as EU Official Testing Laboratories and are accredited by UKAS.

- microbiology support for the investigation, management and control of incidents of infection and outbreaks of communicable disease both during and out of normal working hours
- expert medical and scientific microbiological advice, including access to PHE experts locally and nationally as necessary
- assistance during field investigations by processing clinical samples
- receipt, processing and reporting of laboratory results and epidemiological data in a timely and efficient manner
- assistance in maintaining an efficient communication network with all public health and NHS organisations involved in communicable disease control in the South East of England

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2 Public Health Outcomes Framework

In addition to its clinical diagnostic microbiology role, the PHE lead laboratory in Southampton provides a range of public health microbiology services. These include:

- a full range of tests to investigate any event or outbreak of possible public health significance in the community
- advice on the best diagnostic strategies to be adopted
- advice on interpretation of test results and additional investigations that may be helpful
- support to incident/outbreak investigation teams
- prompt communication of results in agreement with published turnaround times
- follow up/clearance testing of patients or contacts of patients in whom organisms of public health importance are detected.
- support for trusts/HPTs in the specialist investigation of health care associated infection

These public health microbiology services are available to:

- staff in health protection teams
- local authority staff and directors of public health
- clinical commissioning groups
- acute trusts

The laboratory is linked to a network of specialised PHE laboratories across England (including laboratories testing food water and environmental samples) and to major reference units at PHE Colindale and PHE Porton (microbiology research services).

This user manual describes the provision of and access to public health microbiology services and gives contact details for the laboratory and its key personnel. It is also available on the PHE website at the following link:

<https://www.gov.uk/south-east-public-health-laboratory-services>

Please note that support and access to food, water and environmental microbiology services can be obtained from the PHE FW&E laboratory at Porton Down (refer to Section 9).

3 Key contacts

Lead Microbiologist for the South East: In the event of a suspected outbreak or incident please contact one of the following so that appropriate arrangements for investigation can be made:

Dr Gill Underhill, Clinical Service Director
Tel: 023 8120 6408
Email: Gillian.Underhill@phe.gov.uk

Dr John Paul, Regional Public Health Microbiologist
Tel: 01865 221331
Email: john.paul@phe.gov.uk

3.1 Medical advice

Duty Microbiologist or Virologist
Tel: 023 8120 6408

3.2 General enquiries

For enquiries about laboratory results please phone the results enquiry telephone lines on 023 8120 6408

3.3 Key laboratory personnel and contact details

Mr Ross McEwan Head of Operations Tel: 0208 327 6719
ross.mcewan@phe.gov.uk

Dr John Piggott Laboratory Manager Tel: 023 8120 6408
john.piggott@phe.gov.uk

For general enquiries for the enteric laboratory:
Tel: 023 8120 6408
Duty Laboratory contact during working hours

Bacteriology

Mrs H Humphrey Operational Manager (Bacteriology) Tel: 023 8120 6408
Helen.Humphrey@uhs.nhs.uk

Virology

Ms E Andrews Operational Manager (Virology) Tel: 023 8120 6408
Emma.Andrews@uhs.nhs.uk

Laboratory administrator

Mrs Anne Daughtrey Tel: 023 8120 6408

Anne.Daughtrey@uhs.nhs.uk

Out of hours service

Bacteriology Out of hours: 20:00-09.00 hrs weekdays, weekends and bank holidays:

On call technical or microbiologist: please contact via switchboard (023 8077 7222)

Contact on call staff for specific delivery arrangements out of hours.

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4 Laboratory location, working hours and access details

The laboratory is located at:

Level B, South Laboratory Block
Southampton General Hospital
Tremona Road
Southampton
SO16 6YD

4.1 Laboratory working hours

Monday to Friday, 09.00-20.00
Saturday and Sunday 09.00-17.30

Outside of these hours the laboratory runs an on call service for urgent work. This can be arranged by contacting the University Hospital Southampton NHS Foundation Trust switchboard on 023 8077 7222 and request the on-call biomedical scientist for microbiology.

Please contact the laboratory in advance of submission, with details of the incident/outbreak and investigations required.

Please notify the laboratory of the log/ outbreak identifier if one has been assigned. All non-urgent specimens should arrive in the laboratory within the hours specified. Contact on call staff for specific delivery arrangements out of hours.

5 NHS laboratories and access to public health testing in the South East

NHS laboratories that have provided local public health outbreak support as part of their NHS functions should continue to do so.

All NHS laboratories (including former collaborating laboratories) have responsibilities for health protection which includes providing support for the investigation of local outbreaks in their catchment area, through:

- contributing to the formulation of local contingency plans and participation in exercises
- detection of local outbreaks through monitoring laboratory findings
- detection and prompt reporting of unusual occurrences of public health significance
- providing initial laboratory support for outbreaks, incidents and look-back exercises as appropriate
- attendance of appropriate staff at local community control of infection meetings and incident/outbreak control team meetings
- advice on appropriate investigations, interpretation of results etc
- forwarding of appropriate specimens to reference laboratories

If outbreak specimens are normally sent to the local NHS Laboratory, then this practice can continue.

Initially diagnostic patient specimens are likely to be examined at the local NHS laboratory, however, once an outbreak has been recognised and declared by the HPT (Health Protection Team) or other appropriate authority there should be a discussion between the initial investigating (NHS) laboratory or HPT with the Regional Microbiologist or Duty Consultant Microbiologist in the regional laboratory to decide on testing of additional specimens and the method of transport. If either the number of specimens expected is likely to exceed the capacity of the local NHS laboratory or requires specialist tests then the specimens should be referred to the nearest PHE laboratory or PHE collaborating centre.

If a local NHS laboratory is unable to provide this support at any time, for whatever reason, PHE will make arrangements to ensure that these services continue to be provided. If any difficulties with existing or new arrangements are encountered please contact the Regional Microbiologist on [01865 221331], Head of Operations [0208 327 6719] or Laboratory Manager [02381206408] who will make sure that arrangements are securely in place.

6 Definition of a public health microbiology specimen

A public health microbiology specimen is usually submitted to determine the cause and extent of an outbreak in a community (institution, family group or the wider community) or to see whether an observed cluster of cases is related and constitutes an outbreak.

Specimens may also be submitted to detect spread and contain and/or prevent an outbreak (eg diphtheria, group A streptococcus).

Patient specimens may also be submitted for clearance purposes (eg faeces for *Escherichia coli* O157) or to detect carriage of pathogens in asymptomatic individuals (eg *Salmonella typhi*)

The list below provides some of the circumstances in which public health specimens may be submitted (this list is not exhaustive):

- in the investigation of an outbreak (eg diarrhoea and vomiting in a nursing home or other institution)
- suspected food poisoning in a group or community
- respiratory symptoms in an institution eg suspected Influenza
- to check for clearance of certain pathogens (see above) in individuals working in high risk situations (eg food handlers, those working with children or other vulnerable groups)
- screening of contacts of index cases eg diphtheria, poliomyelitis
- look-back exercises eg carriage of blood borne viruses in a health care worker
- TB contact tracing
- investigation of a cluster of cases of eg Legionnaires' disease, which could have a common source

Such specimens are usually submitted at the request of:

- senior staff of a health protection team (HPT)
- an environmental health officer
- at the request or on behalf of the director of public health or consultant in communicable disease control'
- at the instigation of the regional microbiologist eg for specialist typing in the investigation of episodes of health care associated infection

7 Collection of specimens

In order to provide the best quality results, it is essential that good specimens are collected properly and at the appropriate time. It is also important that they are transported to the laboratory safely and without undue delay (See Appendix 1 for safety considerations).

Inappropriate specimens or those that are inadequately labelled (see request form), damaged or leaking are liable to be discarded. Should this occur, every attempt will be made to inform the sender so that a second specimen can be collected.

Both the request form and specimen container must be labelled with:

- patient's full name
- hospital/clinic number or NHS number
- the date the sample was taken
- patient's date of birth
- patient's postcode
- iLog number if appropriate

The above will assist us in the surveillance of communicable diseases. Please provide full details of where to send the result and who to contact if we need to report an urgent, significant result. Please provide an Outbreak Number if available.
Sample collection and submission:

Please ensure that all details are completed on the request form before it is given to the patient. Ask the patient to complete all details on the specimen container before collecting the specimen.

These must include:

- first name
- second name

7.1 Faeces

The specimen size should be at least 5ml. The following methods can be used to collect a specimen:

- the patient or carer should wear disposable gloves
- toilet paper can be crumpled into the toilet bowl or suspended across the toilet bowl in a cross to make a sling.
- a clean plastic container can be positioned in the toilet bowl
- cling film can be stretched across the top of the toilet bowl
- contamination with urine should be avoided
- a portion of faeces can then be collected with a wooden tongue depressor or the spoon provided in the specimen pot and transferred to the specimen container

- the specimen pot should then be sealed into the specimen bag and the form included in the pocket provided
- all materials should be placed in a plastic bag which is sealed before disposal in the refuse bin

Please ensure that all details on both the specimen and accompanying request form are completed. Failure to do so may lead to rejection of the specimen.

Please give full clinical details and brief details of the outbreak on the request form. In outbreak situations or when unusual pathogens may be implicated, it is essential to discuss the request with one of our consultant microbiologists before submission of specimens.

Faecal samples will be examined for the presence of:

- salmonella
- shigella
- *E. coli* O157
- campylobacter,
- cryptosporidium and giardia species if clinically appropriate
- *C. difficile* in all patients over the age of 65 years and where clinically indicated eg in nursing home or care home outbreaks

Please discuss with a member of the laboratory staff should you suspect any of the following pathogens:

- *Vibrio cholerae*
- diarrhoeagenic *E. Coli* (other than *E.coli* O157)
- *Yersinia enterocolitica*
- enteric parasites

Please also discuss with a member of laboratory staff if you suspect food poisoning due to:

- *Staphylococcus aureus*
- *Clostridium perfringens*
- *Bacillus cereus*

Should the clinical history suggest infection with viral pathogens, this too should be clearly indicated on the request form.

When a viral aetiology is suspected Faeces for Virology will be routinely investigated for Norovirus/rotavirus.

Additional viral pathogens can be sought (Adenovirus, Astrovirus, Sapovirus); please discuss with the duty virologist.

7.2 Throat/Pharyngeal swabs

For detection of carriage of *Neisseria meningitides*, the swab should be taken through the mouth (sweeping posterior pharynx behind the uvula).

For detection of group A streptococcus, swab the tonsillar area

For detection of *Corynebacterium diphtheriae*, nose and throat swabs should be submitted. If infection with *C. diphtheriae* is suspected on clinical grounds, a microbiologist should be contacted without delay. (ie without waiting for confirmation by culture). One suspected case of diphtheria requires urgent public health action.

7.3 Viral respiratory specimens

Occasionally outbreaks of influenza occur in institutions. The incident management team will advise when specimens from these outbreaks need to be submitted. Please seek the advice of the virology laboratory on what specimens are required and how these should be submitted.

'Flu' kits can be obtained from the laboratory (these include instructions for collection).

7.4 Sputum

Please contact the laboratory to discuss the submission of specimens. Should you need to submit sputum specimens to examine for the presence of mycobacteria eg in cases of suspected tuberculosis, please contact laboratory consultant medical staff for advice and discussion before submitting any specimens.

7.5 Urine

Fresh urine specimens (in a clean universal container) may be required for the diagnosis of Legionnaires' disease

7.6 Serum

Specimens of clotted blood may be required for:

- investigation of clusters of atypical pneumonia
- look back exercises to detect the transmission of blood borne viruses, by arrangement with laboratory/incident or outbreak management team

8 Methods of specimen submission

8.1 Direct submission to the laboratory

This method of submission is available to all local authorities submitting samples to the laboratory, including FW&E samples. FW&E samples can also be delivered directly to PHE Porton.

8.2 Submission to the laboratory via GP surgeries

It may be possible for local authorities to submit samples via local GP surgeries. This is only possible where it has been clearly established that local GP surgeries submit samples to the PHE Public Health Laboratory Southampton and the relevant outbreak details are provided.

8.3 Submission to the laboratory via other hospital pathology departments

Many hospitals have a daily transport to the PHE Public Health Laboratory Southampton. Some local pathology departments may offer forwarding facilities. Please check with them before submitting.

Note: an agreement must be reached with the hospitals involved and specimens must be appropriately labelled

8.4 Submission to the laboratory via post

Specimens should be submitted to the laboratory by post provided they are packaged according to current postal regulations. Details of postal packs are given in Appendix 3.

8.4.1 Details of how more postal packs can be obtained

EHDs will be provided with an initial small supply (6) of postal transport packs for these purposes. These packs contain the appropriate packaging materials, instructions for use and a request form to accompany the specimen (example attached Appendix 3). Any specimens sent by post must comply with infectious substances transport regulations:

http://www.who.int/ihr/publications/who_hse_ihr_2012.12/en/

Further supplies of sample packs, request forms and specimen containers will be available by contacting the Lead PHE Public Health laboratory in Southampton.

8.4.2 Postage costs

A separate pack should be used for each specimen. Specimens must be sent to the laboratory using the prepaid envelope provided.

8.5 Submission to the laboratory using an agreed PHE courier

In special circumstances eg the nature or scale of the outbreak, the Laboratory Manager at the PHE Public Health Southampton Laboratory may, by agreement, organise courier transport, additional specimen containers and any other materials.

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9 Investigation of local outbreaks

Environmental health officers, health protection teams and general practitioners can continue to refer specimens for investigation of individual cases of infection and small community out- breaks using their local NHS laboratories if this has been their practice.

If an outbreak control team is convened by the Health Protection Team and specimen numbers exceed or are likely to exceed the capacity of the NHS laboratory then the specimens should be referred to the Lead PHE Public Health Laboratory or collaborating laboratory, after discussion with a senior member of the PHE laboratory staff. Mechanisms for the continued investigation of the outbreak will then be agreed by the outbreak control team.

As soon as an outbreak is recognised (of whatever size) the HPT/Lead PHE Laboratory or Collaborating Centre will assign an outbreak number/identifier and this should be used to identify specimens associated with the outbreak or incident.

If an outbreak is identified initially by an environmental health department (EHD) or health protection team the outbreak specimens should be referred to the PHE Public Health Southampton Laboratory under an outbreak number/identifier if one has been allocated by the EHD or HPT.

If a food or water source is implicated then advice on sampling and sample submission should be sought from a food examiner at the PHE Food Water and Environmental Laboratory located at Porton Down in Wiltshire. The PHE operates a courier system for the collection and transport of FW&E samples to the laboratory at Porton.

The contact details of the Porton laboratory are:

Food Water and Environmental Microbiology Laboratory Porton
Public Health England
Porton Down, Wiltshire
SP4 0JG

Telephone: 01980 616766 Fax number: 01980 616765

Email: porton@phe.gov.uk

Key staff

Unit Head:

Caroline Willis

Laboratory Manager:

Lee Humpheson

Food Examiners:

Caroline Willis, Lee Humpheson,
Sue Jones, Marie Owen, Kevin
Longmaid, Caroline Weller, Amisha
Vibhakar

Outposted Scientists

Lorraine Sadler-Reeves (South East),
Andy Elliott (South West)

10 Other communicable diseases

Less common infections may require different specimen types or have less distinct storage and transport needs. In such circumstances, please consult with laboratory staff before taking and submitting specimens.

11 Test turnaround times

Information on tests performed and approximate turn-around times (TATs) can be obtained direct from the laboratory. Please call: 02381206408

For communication on high priority specimens or any concerns during regular working hours, please call a member of the clinical staff on 02381206408

12 Reporting results

In most cases results will be distributed electronically via established routes (PMIP or ICE for GP surgeries, Equest for UHS).

Should results be required urgently please notify the laboratory prior to sending the sample. If results need to be phoned through this must also be requested at this time and to facilitate this please supply a contact name and phone number at this time.

Appendix 1: Sample submission safety considerations

1.1 Health and Safety

The specimen containers and mail transport systems provided by the laboratory should be used. The individual requesting or taking specimens from patients known to be infectious must ensure that both the form and specimen bag are appropriately labelled.

It is essential, where the requester knows or strongly suspects that the patient is infected with a dangerous pathogen, that this specific information is provided with every specimen or request form.

1.2 Packaging of specimens

Specimens should be placed in the appropriate specimen container, which must be securely fastened and any accidental spillage cleaned immediately, with an appropriate chlorine containing disinfectant (see below for details)

Each specimen should be placed in a clear plastic double (“marsupial”) self-sealing bag with one compartment containing the request form and the other the specimen. See: http://www.who.int/ihr/publications/who_hse_ihr_2012.12/en/

Where a needle has been used to obtain the specimen, the needle should be disposed of safely into an approved sharps container at the point of use, and not included in the packet transported to the laboratory.

Packaging of Specimens from patients should be placed in the appropriate specimen container, which must be securely fastened and any accidental spillage cleaned immediately with an appropriate chlorine containing disinfectant: 10,000ppm available chlorine for blood spillage 1,000ppm for surface disinfection.

NB: Undiluted domestic bleach contains 100,000ppm available chlorine.

1.3 Packaging of “high risk” specimens

Specimens from patients in the “infection risk from blood” category should be placed in the appropriate specimen container, which must be securely fastened and any accidental spillage cleaned immediately with an appropriate chlorine containing disinfectant: 10,000ppm available chlorine for blood spillage, 1,000ppm for surface disinfection.

NB: Undiluted domestic bleach contains 100,000ppm available chlorine.

This should be placed in a clear plastic double (“marsupial”) self-sealing bag with one compartment containing the request form and the other the specimen. The specimens should then be placed in a second (outer) plastic bag and appropriately labelled. All specimens and forms should be clearly labelled with an “Infection risk from blood” label.

1.4 Transport of specimens

Specimens packaged as above must be transported to the laboratory in a robust, lidded, washable transport box. Do not use ordinary envelopes or “jiffy” bags for transportation. Do not staple or puncture polythene bags.

See Appendix 4

1.5 High risk incidents and safety

Universal precautions should be observed and appropriate personal protective equipment worn when specimens are collected (sterile gloves to take blood, masks, protective eyewear and a plastic apron if splashing of blood or other body fluids is likely to occur). Any inoculation incidents (needlesticks or contamination of conjunctiva, mucous membranes or broken skin, with blood or body fluids), must be reported as soon as possible – within two hours – to your occupational health service so that any required action can be instituted promptly.

THIS PROCEDURE MUST BE FOLLOWED WHETHER OR NOT THE PATIENT IS PERCEIVED TO BE HIGH RISK.

Appendix 2 Request form for clinical public health samples

Public Health England Southampton Laboratory
Request form for clinical public health samples only

Outbreak Number:				
Laboratory Address Level B, South Laboratory Block Southampton General Hospital, Tremona Road Southampton SO16 6YD		Request number: For Laboratory use only		
Patient Details				
SURNAME*		Address		
FIRST NAME *				
Date of Birth * (dd/mm/yyyy)				
Gender	Male			Female
NHS Number				Postcode
* Fields marked with an asterisk are mandatory. Failure to complete all 3 may lead to rejection of the specimen				
Date of sample collection (dd/mm/yy)		Sample type (faeces, swab, serum, etc) please state site of sample, eg throat, skin etc		
Sender Details		Local Authority Name		
		HPU or Other (please specify)		
Investigating officer		Address		
Telephone number		email		
Fax number		Postcode		
ENTERIC Investigation	Clinical Details		Other Details	
	Diarrhoea Fever Vomiting Blood in stool Recent travel (please give place & dates below)		Sporadic Case Follow-up Case Household Contact Food Handler Possible Outbreak Antibiotics, (please state name and dates)	
		Investigations Required		
		Enteric outbreak – (please give suspected pathogen) Single organism investigation please state) eg salmonella etc Other – please state below		
NON-ENTERIC Investigation	Clinical Details		Other Details	
	Please state:- Recent travel (please give place & dates below)		Sporadic Case Follow-up Case Household Contact Possible Outbreak Antibiotics, (please state name and date)	
		Investigations Required		
		Suspected pathogen eg. Influenza, meningococcus etc		

Appendix 3: Postal packaging for faecal samples

A. Components for submission of samples



B. Simple sample in transport container



C. Multiple samples in one transport container



Instructions to EHO's and patients for sending enteric specimens

1. Place sample inside the sterile universal faeces container, making sure you do not overfill the container. Please ensure that you fill in the label on the sample container clearly.

2. Place the container inside the plastic transport vial with the pad of absorbent material (SUPASORB) and ensure that the lids on both the faeces container and transport vial are securely closed.
3. Place the transport the vial inside the cardboard transport box. Please complete the request form clearly and as fully as possible.
4. Multiple samples can be submitted in the same transport container. Ensure that there is sufficient absorbent material for the content. Each sample must be in a separate bag to prevent contamination should a leak occur. Place request forms around to the outside of the plastic transport container within the cardboard transport box.
5. Place the transport box, together with the completed request form, into the addressed opaque plastic envelope (UN3373), attach stamps and post. Please ensure that you put the address of the referring EHO on the rear of the envelope.

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Additional specimen types that may be submitted to laboratory

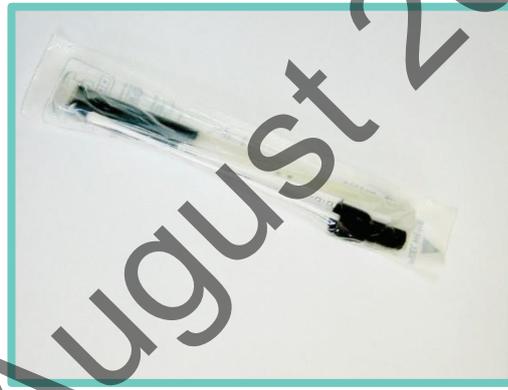
Swabs can be submitted to the laboratory for testing. Please note that there are different types for viral and bacteriology (MC&S) investigations

These samples must be transported to the laboratory using the mechanism given for faecal samples (Appendix 3).



Viral swab

Snap off into green capped tube containing viral transport medium. Nose and throat swabs for respiratory testing should both be placed in the same tube.



Swab for MC&S

Swab is placed into long transport tube containing charcoal agar.

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