Suspected COVID-19 cases
Sampling and Packaging

Diagnostic samples for suspected cases

1. Upper respiratory tract sample options:
   - individual nose and throat swabs in separate collection tubes OR
   - combined nose and throat swab in one collection tube containing universal transport medium OR
   - single swab used for throat then nose OR
   - nasopharyngeal aspirate.

2. Lower respiratory tract sample in universal container (sputum) if obtainable.

If the patient is admitted, take a sample for acute serology: 5mL in either serum tube or plain (no additive) tube. For children <12 years, 1mL is acceptable.

Packaging

Note: Picture uses the example of a bio bottle. Other packaging can be used providing either the primary receptacle or the secondary packaging is capable of withstanding an internal pressure of 95 kPa.

1. Ensure lids are tight and decontaminate outside. Careful not to cross thread.
2. Wrap sample with absorbent material.
3. Individually place into zip-lock bag.
4. Seal zip-lock bag & change gloves.
5. Add all wrapped samples into second bag.
6. Wrap bagged samples in ample packaging & place into secondary packaging (bio bottle example as shown).
7. Firmly attach lid (or seal bag if alternative packaging used).
8. Ensure E28 request forms for each individual sample are OUTSIDE the secondary packaging.
9. Place E28 request forms & bio-bottle into transport box & add security seal.
10. Label box with ‘Priority 10’, you can download the labelling template at bit.ly/2vrRNxT.
11. Courier all samples to PHE via Category B UN3373. PHE is open to receive samples 24/7.