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Criteria for testing	 Patients with severe acute respiratory infection (fever, cough, and requiring admission to hospital), AND at least one of the following: history of travel to or residence in China in the 14 days prior to symptom onset, or Patients with any acute respiratory illness AND at least one of the following: close contact with a confirmed case of 2019-nCoV in the 14 days prior to illness onset, or Worked or attended a health care facility in the 14 days prior to onset of symptoms where patients with hospital-associated 2019-nCov infections have been reported.
Information needed in the Request form	Brief history of the illness is mandatory 1. Patient information (age, sex, address etc) 2. Clinical features / duration / treatment 3. Travel history and date of arrival 4. Co-morbid factors if any 5. Date and time of sample collection 6. Sample type/s 7. Other laboratory investigations
Sample collection	 Type of respiratory samples sputum (not saliva) Endotracheal aspirate, nasopharyngeal aspirate Bronchoalveolar lavage Tissue from biopsy or autopsy including from lung Lower respiratory samples are strongly recommended and should be collected wherever possible. Nasopharyngeal and oropharyngeal swabs are low yield Time of sample collection On admission Sample container

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	 Pour VTM into a wide mouth, screw cap, plastic sterile (not glass) like a urine culture container before collecting sputum. all other samples in VTM (viral transport medium) containers All samples should be properly labeled before collection
Sample storage	Store at $+4^{\circ}$ C (2-8°C) If any delay ≥ 48 hours store at -70° C
Sample transport	Transport in <u>triple package</u> system Send to laboratory within 48 hours

Before sending sample inform laboratory, Department of Virology, MRI.

All specimens should be regarded as potentially infectious. Health Care Workers who collect, or transport clinical specimens should adhere to infection prevention and control guidelines and national regulations for the transport of dangerous goods (infectious substances) to minimize the possibility of exposure to pathogens.

References

- 1. Laboratory testing for 2019 novel coronavirus (2019-nCoV) in suspected human cases. Interim guidance 14 January 2020.
- <WHO/2019-nCoV/laboratory/2020.2>
- 2. Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected. Interim guidance January 2020.

<WHO/2019-nCoV/IPC/v2020.1>