The Public Hospitals Authority Princess Margaret Hospital Department of Pathology and Laboratory Medicine

Laboratory Pre-analytical Instructions for Suspected COVID-19 Cases

Figure 1: PMH Laboratory Algorithm for Outside Sources (Private and Public Hospitals, Private and Public Clinics and the Family Islands)

Suspected case identified in accordance with WHO current case definitions



Clinician to inform Surveillance Unit of the Ministry of Health, 242-376-3533 or 242-376-4205. Surveillance unit to Inform Hospital Administration, Infection Control, Infectious Disease Specialist and Laboratory Director.



Surveillance to notify Microbiology lab focal point (ext. 2246 or 2427) or call 242-525-7200 or 242-465-2139, of the specimen collection and await instruction on the name of the Microbiology Technologist to whom the specimen should be handed.



Collect specimen: nasopharyngeal AND oropharyngeal, serum and urine. Only collect sputum from hospitalized patients (DO NOT induce). Ensure proper labelling of specimen and complete the appropriate forms (provided by MOH Surveillance unit). Laboratories with Sunquest ordering capacity should order specimen under VIRS and specify COVID-19 in specimen description.



Place specimen in a biohazard bag and complete triple packaging as per IATA Category B packaging requirements. For specimens being shipped from the Family Islands, contact Surveillance to determine preferred way to ship and arrange pickup. For specimens transported within New Providence, walk specimen and forms down to the lab and hand specimen and forms to the identified Microbiology staff member and sign receipt log.

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COMMUNICATION FROM LABORATORY TO SUPPORT ALGORITHM

The PMH Laboratory offers Rapid Influenza Diagnostic Testing (RIDTs) at the moment, which is used as a screening test. This rapid test for Influenza typing has been verified using the RT PCR method, and positive samples and some negatives are always sent to CARPHA for confirmation and subtyping of Influenza. If a private lab or medical office is using a RIDT as intended by the manufacturer in the point of care setting, a similar verification should be performed to assess the kits performance. Additionally, interlaboratory comparisons or EQAs should be performed as recommended by NHI as an ongoing assessment of the performance of the test kits.

For suspect COVID-19 cases, sample collection must be done safely with the appropriately donned PPE . Further, for suspected cases, processing of samples should be performed in accordance with the World Health Organization guidance on biosafety standards. If these standards are available and used, samples may be sent directly to the national reference lab for further testing for SARS-CoV2, otherwise samples should be sent to PMH for processing and transfer to the national reference lab as outlined in the document attached.

The currently used viral transport media (VTM) is the commercially prepared BD VTM, please find link for product description below. Additionally, the Copan Universal Transport Media (UTM) may also be used, the link is also included below. For any other viral transport media, I recommend that the product details be provided for review by the National Reference Lab. This is needed to determine if such media is appropriate for the maintenance and safe extraction of viral RNA for molecular testing and confirmation.

- 1. BD VTM https://www.bd.com/en-us/offerings/capabilities/specimen-collection/swab-based-specimen-collection/bd-universal-viral-transport-system
- 2. Copan UTM https://www.copanusa.com/sample-collection-transport-processing/utm-viral-transport/

I have attached the algorithm for specimen flow as it pertains to outside PMH clinics and private physicians, if samples are not processed prior to sending to PMH Lab.

I am available to discuss further should you require additional information.

Kind regards,

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