# STATE OF C

DEPARTMENT OF PUBLIC HEALTH

Deidre S. Gifford, MD, MPH Acting Commissioner



**Ned Lamont** Governor Susan Bysiewicz Lt. Governor

### **BLAST FAX 2021-9**

TO:

Nursing Homes and Assisted Living Facilities

FROM:

Acting Commissioner Deidre S. Gifford, MD, MPH

Peda S. Star

CC:

Deputy Commissioner Heather Aaron, MPH, LNHA

Adelita Orefice, MPM, JD, CHC, Chief of Staff

Vivian Leung, MD, Healthcare Associated Infections & Antimicrobial Resistance

Program

DATE:

March 30, 2021

SUBJECT:

SARS-CoV-2 Confirmatory Testing at the State Public Health Laboratory for

Long Term Care Facilities

#### Attached for your attention are:

- 1. Memorandum.
- 2. Laboratory Requisition Form.

These documents can also be found on the CT State Public Health Laboratory's website:

https://portal.ct.gov/DPH/Laboratory/Laboratory-Home/Katherine-A-Kelley-State-Public-Health-Laboratory





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## SARS-CoV-2 Confirmatory Testing at the State Public Health Laboratory for Long Term Care Facilities

As part of the statewide effort to better understand and enhance surveillance for SARS-CoV-2 variants across the state, the Connecticut Department of Public Health (DPH) is offering Long-Term Care Facilities (LTCFs) the option of submitting specimens for PCR confirmation at the CT State Public Health Laboratory (SPHL) when indicated after antigen testing.

SPHL can provide facilities with confirmatory PCR tests with a rapid turnaround time, and specimens positive for SARS-CoV-2 by PCR can then undergo genomic sequencing. Results of SARS-CoV-2 PCR testing will be reported to the submitting facility. However, note that federal regulations do not authorize SPHL to report variant identification to submitting facilities. Genomic sequencing results are strictly for public health surveillance purposes.

LTCFs can submit specimens for confirmatory PCR testing to SPHL for the following scenarios:

- Positive antigen test results for asymptomatic staff and/or residents.
- Negative antigen test results for symptomatic staff and/or residents.

If confirmatory tests are performed, the confirmatory specimen should be collected as soon as possible after the antigen test, and not longer than 48 hours after the initial antigen test.

LTCFs are responsible for proper labeling, handling, and delivery of specimens to SPHL. A <u>COVID-19 Clinical</u> <u>Test Requisition Form</u> is required for each specimen. Please check "reside or work in a congregate setting" at the top.

Questions about this process can be directed to the Healthcare-Associated Infections and Antimicrobial Resistance (HAI-AR) Program at <a href="mailto:DPH.HAIAR@ct.gov">DPH.HAIAR@ct.gov</a> or 860-509-7995. Questions about specimen submission can be directed to CT SPHL at 860-920-6689.



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Hartford, Connecticut 06134-0308
www.ct.gov/dph
Affirmative Action/Equal Opportunity Employer



### Coronavirus Disease 2019 (COVID-19) CLINICAL TEST REQUISITION

### Name/address of submitting facility

#### STATE OF CONNECTICUT

Dr. Katherine A. Kelley State Public Health Laboratory 395 West Street, Rocky Hill, CT 06067 CLIA ID 07D0644555 / CT License CL-0197

Phone 860-920-6500



ACCESSION LABEL FOR CT SPHL **USE ONLY** 

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AB PROFILE #:	→ DENOTES REC	HIRED INFORMATION	1		
♦ DENOTES <u>REQUIRED</u> INFORMATION					
In order to submit specimens for testing to the CT State Public Health Laboratory, patients must be in one of the following categories: (Please specify)					
☐ Potential Vaccine Breakthrough Case: Case onset ≥ 14 days past last dose of COVID-19 vaccine regimen.					
□ Reside or work in a congregate setting.					
Section 1: Patient Information (Please Print Clearly)					
Name (Last, First, M.I.) or Identifier:					
♦Street Address:	Dan e e e e e e e e e e e e e e e e e	♦City, State, Zip:			
Date of Birth:	Gender:   Female   Male	Unknown □		- 2	
Section 2: Specimen Information					
Submitter Sample ID:	♦Date Collected:		Time Collected:	□ AM □ PM	
♦ Specimen Source/Type:					
□ Bronchoalveolar lavage/ wash □ Tracheal aspirates □ Sputum □ Nasopharyngeal (NP) Recommended  ♦ Specimen Storage (Prior to Delivery): □ Refrigerated (2-8° C) □ Frozen (<-20° C)					
And the second s					
◆Specimen Transport/Delivery: ☐ Cold (Ice pack) ☐ Frozen (Dry Ice)  For questions regarding specimen handling please call the Advances Molecular Diagnostics laboratory of the CT SPHL at 860-920-6689					
Tor questions regarding specimen nandring please can the Advances Molecular Diagnostics laboratory of the C1 SPHL at 800-920-0089					
Ordering Healthcare Provider:	Ordering Healthcare Provider: Phone:				
Fax:					
♦ Section 3: SARS-CoV-2 VIRUS TESTING					
This specimen submitted for SARS-CoV-2 rRT-PCR testing					
For Laboratory Use Only		Comments			