

LTC TESTING

UPDATED 8/26/20

DHMC, PUBLIC HEALTH LAB, NORDX

- Coordination through the Coordinating Office –
 - Sentential Surveillance team LTCFTesting@dhhs.nh.gov
 - Sentential Surveillance team ALFTesting@dhhs.nh.gov
- 603-271-7037 Monday- Friday 8:00am - 4:30pm.

LINE LIST

- Line list of staff and residents must be provided to LTCFTesting@DHHS.NH.GOV at least 72hrs prior to testing.
 - ALL Required info is needed on Line List – New CARES act data requirements
 - Indicate “YES” for residents and Staff that are TESTING

First Name	Last Name	DOB	AGE	UNIT/FLOOR	ADDRESS	CITY	STATE	ZIP	Sex	Ethnicity	Race	Insurance Carrier	Policy #	Group #	Testing?
Bob	Smith	6/10/1950	70	1st floor	123 Main St	Concord	NH	3301	M	White	Caucasian	Patients Insurance info			YES
John	Stark	7/10/1940	80	2nd floor	123 Main St	Concord	NH	3301	M	White	Caucasian	Patients Insurance info			No

REQUISITIONS

- **LTCS** Completed laboratory requisitions will be Emailed (PLEASE PROVIDE 2 Points of Contact) to the facility from the CRSSP team.
 - Hand written requisition may be used for last minute additions, new employees, etc. Please keep the number of hand written requisitions to a minimum.
- **ALFS-** Pre-Printed Labels with barcode will be mailed to facility prior to testing.
 - **No Requisition needed**
 - **Add-on's require Nordx specific paper requisition and /vial label**

SAMPLE KITS

- Anterior nares kits will be delivered by courier or mailed to your facility prior to the assigned testing date- If you do not have your kits 24hrs prior to testing, contact the CRSSSP team.
- Do not use these kits for any testing outside of CRSSSP surveillance
- Symptomatic testing of residents and staff should follow your facilities normal protocol with Nasopharyngeal (NP) sampling.
- Dialysis, transfers, new admissions, etc. should be tested per normal protocol if outside assigned testing date. Do not send to PHL.

SAMPLING

- Email confirmation to LTCFTesting@DHHS.NH.GOV from your facility must occur before any testing to confirm the date, laboratory, fax number, and courier arrangements.
- Sampling of staff and residents shall follow the collection instructions provided with sampling kits.
- Ensure there is liquid medium in the sample tube. If there is no medium, DO NOT use the tube.
- Label every tube
 - First name Last name, and DOB (JOHN DOE 1/1/1930) or Last, First DOB (DOE,JOHN 1/1/1930).
Name MUST match exactly what is on requisition (Doug vs Douglas will not be accepted).

ERRORS

Address needed

No DoB on specimen

Pending insurance

Name discrepancy

Pending insurance

No DoB on specimen

Unlabeled

Wrong DoB

Address needed

Name discrepancy

Name discrepancy

No DoB on specimen

Leaking

COURIER

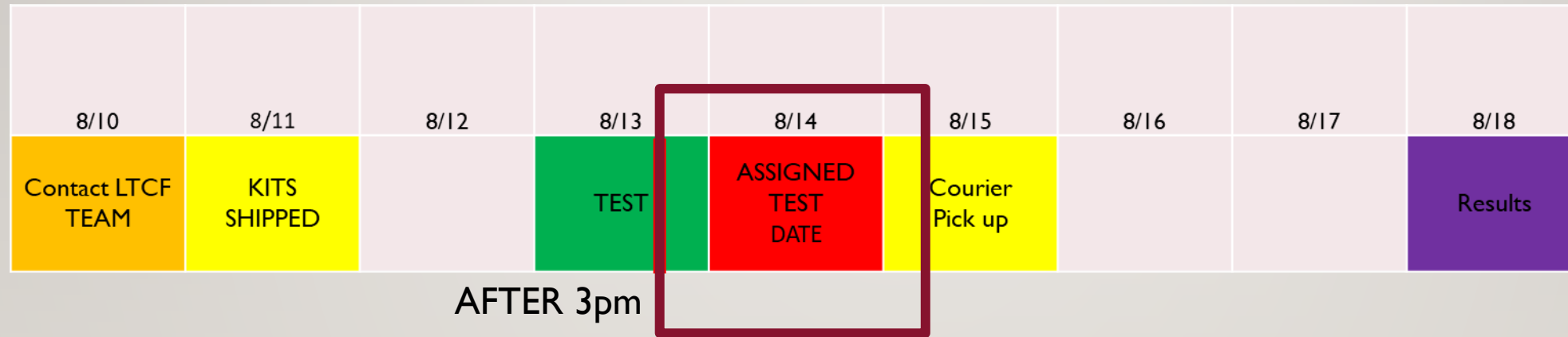
- Services are provided by a 3rd party contracted agency. Scheduled pick up will be arranged for the day FOLLOWING your assigned testing date. **Samples must be packaged and ready for pick up by 7:00am. (Courier 7am – 3pm)**
- Courier times are NOT assigned and they will be determined by the contracted vendor schedule.
- ALL CRSSP courier scheduling shall be coordinated by the CRSSP program. DO NOT call the courier or laboratory

FACILITY

Sample Schedule

8/10	8/11	8/12	8/13	8/14	8/15	8/16	8/17	8/18
Contact LTCF TEAM	KITS SHIPPED		TEST	ASSIGNED TEST DATE	Courier Pick up			Results

AFTER 3pm



LAB may Alternate between DHMC and PHL from Cycle to Cycle.

Requisitions sent to facility will indicate which Laboratory



Maj Lisa MacAllister

MSgt Cori Partridge