

COVID-19 Packaging & Transport Checklist

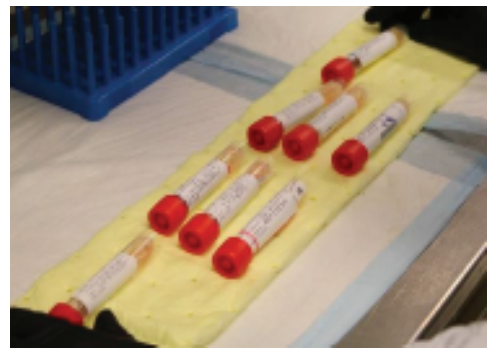
With specimens secured, ensure you have the following items:

Inner Packaging:

- Leakproof primary receptacle containing the specimen (1 per specimen)

- **Leakproof primary receptacle** containing the specimen (1 per specimen)

- Absorbent/cushioning material surrounding primary receptacle(s)



- Leakproof, 95KPa pressure resistant **secondary packaging** with biohazard label

- Styrofoam insert to maintain temperature



- **Frozen Cold Packs** – Samples should be shipped cold, *not* frozen

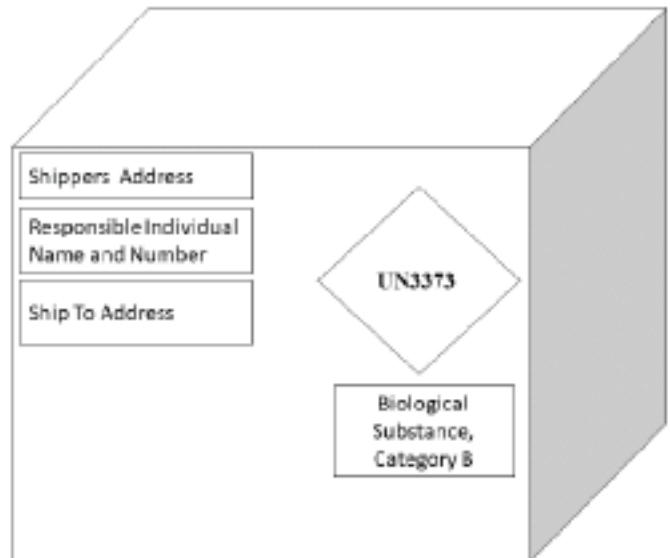


- **Rigid outer packaging**



If Shipping → Outer Container:

- “Ship To” name and address
- “Ship From” name and address
- Name and 24hr phone number of Person Responsible
- Proper Shipping Name: “Biological Substance, Category B”
- Proper UN Number: “UN3373”



Documentation:

- Infectious Disease Requisition (IDR) Form
 - Include Outbreak Management Serial (OMS) # provided by DOH For COVID-19 Testing NYS DOH Outbreak Number: “OMS202015920”
- Place Documentation between secondary and outer packaging

OMS#
OMS202015 920

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center

Please send specimen(s) to: New York State Department of Health, Wadsworth Center
David Axelrod Institute, 120 New Scotland Avenue, Albany, NY 12208
Rabies Lab only: Courier Address: 5688 State Farm Rd, Slingerlands, NY 12159

For more information about the Infectious Diseases laboratories at the Wadsworth Center, go to: <https://www.wadsworth.org/programs/id>

Infectious Diseases Requisition

Patient Demographics and Requesting Provider					*required information
Last name*	First name*	MI	DOB*	<input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Female
Permanent Street Address	Facility of Residence (if applicable)	City	State	Zip Code	
NYS County of Residence*	Patient Reference Number	NYS DOH Outbreak Number	EDSS Case Number		
Name and National Provider Identifier (NPI) for Health Care Provider:				Phone:	