

Measles Specimen Collection Checklist



Please complete the following checklist and submit with your lab specimen and requisition.

- Received Local Health Department approval for testing **Van Buren/Cass District Health Department, phone 269-621-3143.** (to find your LHD, see www.malph.org/resources/directory).

Patient name & unique identifier (e.g., DOB):

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- Patient name & unique identifier match exactly what's on the requisition form
 - Specimen is labeled with patient's name & DOB.

Date of collection: _____ (*Priority: PCR Throat Swab & Serum, collected at same time.
*Throat or NP swab preferred over urine specimen)

- Collected PCR Throat Swab or NP Swab** (using Non-Cotton tip with a non-Wood shaft Common Swab Brands: Copan 159C Polyester Swab sterile or FLOQ Swabs Copan flocked Swabs. Put in 3mL viral transport medium sometimes called M4 or universal transport media. Or Remel micro test M4RT Transport for transport of viruses and chlamydia. PCR
- Collected Serum IgM 1mL in SST Tube** Store specimens at refrigerated temps and ship on frozen cold packs. If specimen is held >24 hours before shipping, freezing is recommended (if freezer is available).
- Urine Specimens Collect within the first week** after rash onset 50-100 ml in clean urine specimen container (50ml centrifuge tubes work well): first morning void is preferable, collect urine "clean catch mid-stream."

[MDHHS Vaccine Preventable Disease Investigation Guidelines – MEASLES Revised 2024](#)

(Lab Specimen Guidance found on pgs. 5-8)

[*MDHHS TEST REQUISITION DCH-6084](#)

(link will download WORD document template)

Epidemiology Link: (i.e.: travel history → contact to Measles case or symptomatic individual) _____

Patient is exhibiting the following symptoms:

- Fever (highest recorded: _____)
- Conjunctivitis
- Cough
- Koplik Spots (clustered white spots on the inside of the cheeks)
- Coryza (runny nose)
- Full-body rash

Requisition form:

PCR specimens should be sent to the MDHHS BOL. Turn-around-time for PCR results is expected to be 48 hours or less. BOL is requesting that IgM serum specimen be sent to commercial laboratories for testing. The MDHHS Virology/Serology Test Requisition Form DCH-6084 was updated in February 2024.

<https://www.michigan.gov/mdhhs/doing-business/providers/labservices/test-request-forms>

Contact Info of Person Submitting This Form:

Name: _____

Address: _____

Phone Number: _____ Email: _____

Questions?

Questions for packaging and shipping can be referred to Lab Support Unit at the MI-BOL 517-335-9040

Main Phone Number – Normal Business Hours: 517-335-8063

After-Hours: 517-335-9030
