



COVID Sample Collection Instructions:

Items provided by Alcala Labs:

- 1) **Alcala Requisition Form**
- 2) **Alcala COVID Test Kit** (contains 1 Swab and 1 Tube of Transport Medium plus TUBE SEALS)
- 3) UPS Labels and Shipping Bags.

Complete Alcala Respiratory Panel and SARS-COVID 19 Requisition Form:

- 1) Complete patient information, including applicable ICD10 codes and Signatures.
- 2) Complete provider/practice information.
- 3) Please make sure to include collection date and time.
- 4) Check desired tests under test options
- 5) Complete billing information if private pay, or attach back and front legible copy of insurance.
- 6) Have the client, POA, or guardian sign the requisition.
- 7) Have the Physician sign the requisition.
- 8) Verify that all blanks have been completed on the requisition form.
- 9) **Please DO NOT insert paperwork in Biohazard bag, as it contaminates the paperwork.**
- 10) Please make sure whole swab tip is inserted into liquid medium for transport and screw top is sealed.

Collection Instructions:

- 1) Wash Hands with soap and water.
- 2) Remove swab from its packaging, holding by the end of the applicator and identify the breaking point.
- 3) Position head slightly back, and insert the swab into the nostril and gently push the swab until a slight resistance is met (at least one inch into the nostril).
- 4) When the swab is in place, rotate gently in a circular motion for 3-5 seconds.
- 5) Repeat for other nostril using same swab.

Shipping Instructions:

- 1) While holding the swab remove the cap from the tube.
- 2) Insert the swab into the tube until the breakpoint is level with the tube opening.
- 3) Bend the swab shaft at 180 degrees angle to break it off at the breaking point. You may need to gently rotate the swab shaft to complete the breakage. Alternatively, cut the swab shaft with scissors to fit collection end into the sample tube containing transport medium.
- 4) Discard the broken part of the applicator into a waste disposal container.
- 5) Screw the cap back onto the tube and apply patient identification label or write patient information on the tube label. **SEAL THE TUBE CAP TIGHTLY WITH THE PROVIDED TUBE SEALS (RED)**
- 6) Wash hands with soap and water.
- 7) Place swab into bio-hazard bag **and place folded Requisition form in outside pocket.**

Collection Instructions:

- Swab (1)
- Tube of medium (1)



Wash hands with soap and water and don personal protective equipment.



1 Remove the swab from its packaging, holding by the end of the applicator and identify the breaking point.



2 Position head slightly back.



3 Gently insert the swab into the nostril. Keep the swab near the septum floor of the nose while gently pushing the swab into the post nasopharynx.



4 When the swab is in place, rotate in a circular motion gently against the nasopharyngeal mucosa for 10 – 15 seconds then gently remove swab.

PACKAGE THE SAMPLE



5 While holding the swab, remove the cap from the tube.

- Insert the swab into the tube until the breakpoint is level with the tube opening.
- Bend the swab shaft at a 180 degrees angle to break it off at the breaking point. You may need to gently rotate the swab shaft to complete the breakage.



6 Discard the broken part of the applicator into an approved waste disposal container.



7 Screw the cap back onto the tube and apply patient identification label or write patient information on the tube label.



Wash hands with soap and water.

Alcala Swab collection kit:

- Transport medium tube
- Swab
- 2 Tube Seals
- Biohazard Bag for shipping

a.) Open sealed Tube cap and place swab in tube:



b.) Snap cap onto tube and place one seal over tube cap, fasten seal securely on sides of tube:



c.) Place resealed tube into biohazard bag with Requisition Form in side sleeve:



Alcala LABS

RESPIRATORY SARS-COV-2

PATIENT INFORMATION

Last Name: _____ First Name: _____

Gender: ☐ M ☐ F ☐ MF ☐ PM Date of Birth: _____

Patient Address: _____

City, State, ZIP code: _____ Contact Information (E-mail & Phone): _____

Occupation/Exposure setting: _____

Pregnancy Status: ☐ Yes ☐ No ☐ N/A

Race: ☐ Amer Ind/Alaskan ☐ White ☐ Black/Afr Amer ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ Other

Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino

Billing Information: ☐ Self Pay (see Page 1) ☐ Insurance