



## Customer Information:

Customer name:	
Contact person:	
Phone:	
Email:	
FAX:	
Date of order:	
Anticipated date of shipment*:	

For all samples, please fill out the number of samples being sent for each type of testing below and fill out the attached “**Customer Manifest**” with detailed information regarding samples. Please print two copies: one for your records and one to include in the shipment to University of Virginia so we can confirm the sample identity upon receipt.

## Whole Genome Sequencing for Identification and Relatedness Testing:

Sample type:	Number of samples:
Patient	
Environmental	

**Comments:** Please specify if you have any information regarding the index case or any other pertinent information (i.e. all three patients when through the same room, etc.):

\*Please see applicable shipping guidelines and contact UVA regarding any questions regarding shipment.

Patient last name*	Patient first name*	Gender*	Medical record*	Date of Birth*	Source* (e.g blood)	Date of culture	Isolate identifier (accession number if available)	Species of organism*

\*Required fields

#### Referring/Ordering Provider Information (Often hospital epidemiologist/infection preventionist)

Referring/Ordering Provider Information		
Provider Name (Last, First)	NPI# OR State License# (if applicable)	
Address		
City	State	Zip Code
Phone Number:	Email Address:	

## Specimen Collection and Handling:

Specimen requirements: The only acceptable specimen is a pure bacterial isolate grown and shipped on an agar slant. We do not accept extracted nucleic acids.

Specimen stability: Room temperature

Test Methodology: Next Generation Sequencing

Testing schedule: Upon receipt in the AMR Laboratory, 3 week turnaround time

## Shipping Instructions

**Note:** Safe shipping practices are the responsibility of the sender. The following guidelines provided here are suggested practices and are not intended to replace the legal requirements or judgment of the sending entity. UVA reserves the right to not process samples that arrive damaged, leaking, or otherwise compromised, and will notify the sending entity of such damage upon receipt.

The pathogens that we routinely test are regulated under a Biological Substance, Category B. Please check with your institution on their exact shipping policies as it is ultimately the shipper's responsibility to follow the proper federal guidelines in shipping infectious pathogens. We have outlined some general regulations and AMR guidelines below. If shipping from outside of the United States, further regulations may need to be considered.

### Biological Substance, Category B Regulations (UN3373):

1. Triple Layer Packaging
  - Primary Container: This is the agar slant itself. It should be closed, leak proof and cushioned/wrapped individually if glass container.
  - Secondary Container: It needs to be leak proof and 95 kPa pressure compliant. There are special bags and containers that meet these specifications. This secondary container needs to be secured to the larger outer box so it does not rattle around
  - Outer Container: Study shipping box (that would pass a drop test). The minimum dimensions of the box is one surface at least 100mm x 100mm.
2. Labeling the Shipping Box
  - UN3373 Biological Substance Category B label (see below for one that can be printed and attached to the outside of the shipping container)
  - Shipping Label that contains the name address and phone number of both the shipper and recipient (UVA)
3. Documentation

- Itemized list of contents inside the box on top of the secondary container(AMR order form manifest)
- FedEx Airbill: Section 6: Special handling Section: “Does this Shipment contain dangerous goods?” Check, Yes, Shipper’s Declaration not required.

**UVA shipping Checklist:**

1. Please include a printed manifest in each box that outline the contents, so we have an easy reference of what exactly was sent and can confirm receipt.
2. Please use **FedEx Priority Overnight Shipping** to ship to the following address (shipping labels available upon request):

Attn: AMR Services  
University of Virginia Clinical Microbiology  
112 11<sup>th</sup> St SW  
Charlottesville, VA 22903

3. Send an email to [AMRServices@uvahealth.org](mailto:AMRServices@uvahealth.org) when you have shipped the package and provide us with the tracking information so we can receive the delivery.