SAMPLE COLLECTION MANUAL FOR STI/HIV TESTING

NATIONAL REFERENCE LABORATORY FOR STI AND HIV
NATIONAL STD/AIDS CONTROL PROGRAMME
SRI LANKA

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MINISTRY OF HEALTH SRI LANKA

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NATIONAL REFERENCE LABORATORY FOR STI AND HIV
NATIONAL STD/AIDS CONTROL PROGRAMME
NO:29, DE SARAM PLACE, COLOMBO 10,
SRI LANKA.
011-2667163

Contents

Abbreviations

STI	Sexually Transmitted Infections
HIV	Human Immunodeficiency Virus
NSACP	National STD/AIDS Control Programme
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
EMTCT	Elimination of Mother to Child Transmission of HIV and Syphilis
AIDS	Acquired Immunodeficiency Syndrome
NRL	National Reference Laboratory
STD	Sexually Transmitted Diseases
Ag	Antigen
Ab	Antibody
ELISA	Enzyme-linked Immunosorbent Assay
RNA	Ribonucleic Acid
PCR	Polymerase Chain Reaction
DNA	Deoxyribonucleic acid
ART	Anti-Retro Viral Therapy
VDRL	Venereal Disease Research Laboratory Test
TPPA	*Treponema pallidum* Particle Agglutination Assay
Ig	Immunoglobulin
ABST	Antibiotic Sensitivity Test
PCR	Polymerase Chain Reaction
HSV	Herpes Simplex Virus
MRI	Medical Research Institute
ESR	Erythrocyte Sedimentation Rate
SGOT	Serum glutamic oxaloacetic transaminase Test
SGPT	Serum glutamic pyruvic transaminase Test
CMV	Cytomegalovirus
hCG	Human Chorionic Gonadotropin

AFB	Acid Fast Bacilli
TB	Tuberculosis
DST	Drug Sensitivity Test
NPTCCD	National Programme for Tuberculosis Control and Chest Diseases
PLHIV	People Living with HIV
PPE	Personal Protective Equipment
FPU	First Pass Urine
EDTA	Ethylenediaminetetraacetic acid
VTM	Viral Transport Media
CT	*Chlamydia trachomatis*
NG	*Neisseria gonorrheae*
KOH	Potassium Hydroxide
rpm	rounds per minute
MSM	Men having Sex with Men
GC	Gonococci
BHT	Bed Head Ticket
CSF	Cerebrospinal Fluid
FBC	Full Blood Count

List of figures

List of Tables

List of Annexures

Preface

Receiving a good quality sample at laboratory is a prime requirement in generating an accurate, reliable report. In this sense the importance of obtaining the right sample from the right site from the right person is mandatory in STI and HIV diagnosis.

The necessity of a manual for sample collection, transport and storage was a long felt need in the STI and HIV field. This manual was prepared to fulfill that need and as an initial step of the journey towards accreditation of laboratories for STI and HIV. Streamlining the quality management systems in laboratory sector is very essential in reaching the goals of elimination of mother to child transmission of Syphilis and HIV and in ending AIDS by 2025. It is expected that this manual to be a corner stone in improving the quality of laboratory testing.

It is highly acknowledged the support extended from UNICEF, Global fund for HIV and PEPFAR/CDC – CMAI partnership with NSACP for printing this sample collection manual.

SAMPLE COLLECTION MANUAL FOR STI/HIV TESTING-2019

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1. Introduction

Laboratory diagnosis of an infection is of utmost importance for patient management. Quality of the laboratory result is dependent on the quality of specimens received at the laboratory. The quality of the specimen is achieved with proper collection of an adequate specimen from the proper site of the patient (Right patient, Right test and Right sample). The site of collection of specimens is dependent on the clinical symptoms. Storage and transport of specimens in the required conditions too affect the quality of specimens subjected to testing.

A proper guidance on the collection of specimens and their transportation is a must for obtaining the good quality sample for testing which leads to an accurate diagnosis of sexually transmitted infections. It ensures the sample integrity, prevention of sample mix up and improving the overall quality of the samples sent for testing. It is imperative that the instructions given in the manual are adhered to by all personnel involved with sample collection, storage and transport. The phlebotomy staff too should use this as the guide and the lab staff too should abide by the manual when advising on sample collection and transport for STI/HIV testing.

2. General Information

The NSACP has a network of laboratories comprised of the Reference laboratory and peripheral STI laboratories. The apex body of that laboratory network is the National Reference Laboratory for STI / HIV of NSACP and is located in the National STD /AIDS Control Programme, Colombo 10. Other STI Clinic Laboratories are located in the peripheral STD clinics island wide.

The National Reference Laboratory of NSACP offers testing and reference services on sexually transmitted infections and HIV.

Service hours of the Laboratories

NRL

- Week days - from 8.00 am to 4.00 pm
- Saturday - from 8.00 am to 12.00 noon

District Laboratories

- Weekdays - from 8.00 am to 4.00 pm
- Saturdays - from 8.00 am to 12.00 noon

Closed on public holidays.

Contact details of NRL

National Reference Laboratory for STI and HIV
National Std/Aids Control Programme
No:29, De Saram Place, Colombo 10,
Sri Lanka.
011-2667163

3. Sample Acceptance Time

Table 1: Sample acceptance times in NRL

Investigation	Sample acceptance time	
	Week days	Saturday
HIV Ag+Ab ELISA Test	8.00 am - 3.30 pm	8.00 am - 11.30 am
Particle agglutination test		
Western Blot		
Ag/Ab rapid test	8.00am - 4.00 pm	8.00am - 12 noon
RNA PCR - Viral load (VL)	8.00am - 2.30 pm	Not accepted
PCR – GeneXpert for VL		
PCR for EID		
CD4/CD8	Monday-Thursday 8.00 am-3.30 pm Friday 8.00 am-12 noon	Not accepted
Resistance testing -for ART	Monthly on every Tuesday of the third week excluding public holidays*	
Syphilis VDRL	8.00 am - 3.30 pm	8.00 am - 11.30 am
TPPA		
IgM ELISA		
Total ELISA		
Gonorrhoea Culture and ABST	8.00 am - 3.30 pm	8.00 am - 11.30 am
Gonococcal PCR		
HSV	8.00 am - 3.30 pm	8.00 am - 11.30 am
PCR for HSV 1 & 2		
IgG & IgM ELISA for HSV 1 & 2		

Investigation	Sample acceptance time	
	Week days	Saturday
Hepatitis Hepatitis B-Surface antigen	8.00 am - 3.30 pm	8.00 am - 11.30 am
Hepatitis B core antibodies		
Hepatitis B profile (Hepatitis B surface Ag, Hepatitis B surface Ab and Hepatitis B core Ab) (Done at MRI)		
Hepatitis C-antibodies		
Haematology** Full Blood Count	8.00 am - 3.30 pm	Not accepted
Haemoglobin		
ESR	8.00 am - 3.30 pm	8.00 am - 10.00 am
Biochemistry** Glucose, Fasting	8.00 am - 3.30 pm	Not accepted
Glucose, Post prandial		
Glucose, Random		
Blood Urea	8.00 am - 3.30 pm	8.00 am - 11.30 am
Serum Creatinine		
Renal Profile		
Serum Alkaline Phosphatase		
SGPT/SGOT		
Serum Bilirubin (Total, Direct & indirect)		
Liver profile		
Total Cholesterol		
Lipid Profile		
Urine hCG	8.00 am - 3.30 pm	8.00 am - 11.30 am

Investigation	Sample acceptance time	
	Week days	Saturday
CMV antibodies (Done at MRI)	8.00 am - 3.30 pm	8.00 am - 11.30 am
Cryptocoocal Antigen (Done at MRI)		
Toxoplasma antibodies (Done at MRI)		
Chlamydia Chlamydia PCR	8.00 am - 3.30 pm	8.00 am - 11.30 am
Chlamydia PCR-Urine		
Tuberculosis** Sputum for AFB, TB culture & DST (Done at NPTCCD-Welisara) Sputum for Gene Xpert	8.00 am - 3.30 pm	8.00 am - 11.30 am
Microscopy Slides	8.00 am - 3.15 pm	8.00 am - 11.15 am

*if the due Tuesday is a public holiday the next date is informed to all peripheral clinics by e mail.

**Perform only for samples of PLHIV

4. General Information on Sample Collection and Dispatch

It is essential to follow Standard precautions at all times during specimen collection, storage, testing, transportation and disposal of bio-hazardous waste. Standard precautions are meant to reduce the risk of transmission of blood borne and other pathogens from both recognized and unrecognized sources. Sexually transmitted pathogens which are fastidious may give falsely negative results if optimal sample collection, storage and transport conditions are not met.

- Only the appropriate investigations should be requested according to the history of the patient, examination findings and previous investigations.
- Wear appropriate personal protective equipment (PPE) and follow only the recommended practices when collecting and handling specimens.
- Collect adequate volume of the specimen in the appropriate collection container(s). Ensure the specimen collection kits are not expired.
- Take necessary measures to avoid contamination from indigenous commensal flora to ensure a representative sampling of organisms causing the infection.
- Label each specimen container with the patient's unique identifiers, the source of the specimen, date and time of collection.
- All specimens should accompany a complete and correctly filled request form signed by the medical officer who attend to the patient.

- Once the sample is collected, it should be delivered to the laboratory in leak proof container. All measures should be taken to avoid the undue delays.
- All the information pertaining to sample collection and dispatch has to be recorded in a register.
- Disposal of collecting devices and contaminated material should be according to the waste management procedures of the institution.

5. Collection of Specimens for Testing

Table 2: Instructions for containers and volume of specimen

Investigation	Container with colour of the stopper	Volume	Specimen
HIV Ag+Ab ELISA Test	Plain tube Size 10 cc	3 cc	Blood/Serum
Particle agglutination test	Plain tube Size 10 cc	3 cc	Blood/Serum
Western Blot	Plain tube Size 10 cc	3 cc	Blood/Serum
Ag/Ab rapid test	Plain tube Size 10 cc	3 cc	Blood/Serum
RNA PCR - Viral load	K3EDTA Tube	3 cc	Blood/Plasma
RNA PCR - GeneXpert	K3EDTA Tube	3 cc	Blood/Plasma
PCR for EID	K3EDTA Tube	3 cc	Blood
CD4/CD8	K3EDTA Tube	3 cc	Blood
Resistance testing for ART	K3EDTA Tube	3 cc	Blood

Investigation	Container with colour of the stopper	Volume	Specimen
Syphilis VDRL	Plain tube Size 10 cc	3 cc	Blood /serum/CSF
TPPA	Plain tube Size 10 cc	3 cc	Blood /serum/CSF
IgM ELISA	Plain tube Size 10 cc	3 cc	Blood /serum
Total ELISA	Plain tube Size 10 cc	3 cc	Blood/serum
Gonnorhoea Gonococcal culture and ABST	Modified Thayer Martin agar plate	NA	Cervical& urethral swabs
Gonococcal PCR	Urethral and cervical swabs supplied by the manufacturer	NA	Male – FPU Holding urine for 2-4hrs Female – endocervical swab
HSV IgG & IgM ELISA for HSV 1 & 2	Plain tube	3 cc	Blood/serum
HSV PCR Ulcer	Urethral and cervical swabs supplied by the manufacturer with Viral transport media	NA	Swab from the base of the lesion in viral transport media

Investigation	Container with colour of the stopper	Volume	Specimen
Hepatitis Hepatitis B-Surface antigen	Plain tube	3 cc	Blood/serum
Hepatitis B core antibodies	Plain tube	3 cc	Blood/serum
Hepatitis B profile (Hepatitis B surface antigen, Hepatitis B surface antibodies and Hepatitis B core antibodies)	Plain tube	4 cc	Blood/serum
Hepatitis C-antibodies	Plain tube	3 cc	Blood/serum
Haematology Full Blood Count	K3EDTA Tube	3 cc	Blood
Haemoglobin	K3EDTA Tube	3 cc	Blood
ESR	Sodium Citrate tube 1.6 cc blood and 0.4 cc Sodium citrate makes total volume of 2 cc (Tube has to be filled up to the level which is marked)	1.6 cc	Blood
Biochemistry Glucose, Fasting	Sodium fluoride tube	3 cc	Blood
Glucose, Post prandial	Sodium fluoride tube	3 cc	Blood

Investigation	Container with colour of the stopper	Volume	Specimen
Glucose, Random	Sodium fluoride tube	3 cc	Blood
Blood Urea	Plain tube	3 cc	Blood
Serum Creatinine	Plain tube	3 cc	Blood
Renal Profile	Plain tube	3 cc	Blood
Serum Alkaline Phosphatase	Plain tube	3 cc	Blood
SGPT/SGOT	Plain tube	3 cc	Blood
Serum Bilirubin (Total, Direct & indirect)	Plain tube	3 cc	Blood
Liver profile	Plain tube	3 cc	Blood
Total Cholesterol	Plain tube	3 cc	Blood
Lipid Profile	Plain tube	3 cc	Blood
Urine hCG	Wide mouth screw capped bottle	10 cc	Urine
CMV CMV antibodies	Plain tube	3 cc	Blood
Cryptococcosis Cryptocoocal Antigen	Plain tube	3 cc	Blood
Toxoplasmosis Toxoplasma antibodies	Plain tube	3 cc	Blood

Investigation	Container with colour of the stopper	Volume	Specimen
Chlamydia			
Chlamydia PCR	Urethral and cervical swabs supplied by the manufacturer with VTM	NA	endocervical swab
Chlamydia PCR-Urine	Sterile screw cap wide mouth container	5ml	Urine
Tuberculosis Sputum for AFB, TB culture & DST Sputum for Gene Xpert	Universal bottle	Up to the mark in bottle	Sputum

Figure: 1: Specimen collection containers

10 cc 4 cc

Plain tube
for serological testing

EDTA Tube
for molecular testing

Sodium Fluoride tube for blood sugar

3.8% sodium citrate tube for ESR

Screw capped wide mouth sterile container for urine CT/NG PCR

Universal bottle for sputum for TB culture and ABST

Viral transport medium for HSV, Chlamydia

Amie's transport medium for Gonococcal culture

Modified Thayer martin media for Gonococcal culture

Table 3: Request forms for the investigations

Investigation	Name of the request form	Number of the request form	Annexure Number
HIV			
Ag+Ab ELISA Test	Request for Special Tests NSACP	Health 407	Annex 01
	Request form of Department of Health Services	Health 350	Annex 07
Western Blot	Request for confirmatory HIV testing from the Reference laboratory of the National STD/AIDS Control Programme		Annex 08
Ag/Ab rapid test	Request for Special Tests NSACP	Health 407	Annex 01
RNA PCR - Viral load	Request form for HIV Viral Load Assay	NRL/RQ/8/HIV/VL	Annex 04
RNA PCR - GeneXpert			
DNA PCR	Request for Early infant diagnosis of HIV DNA	NRL/RQ/6/HIV/GX	Annex 13
CD4/CD8	Request for Enumeration of CD4/CD8 T-Lymphocytes	NRL/RQ/9/HIV/CD4	Annex 05

Investigation	Name of the request form	Form Number	Annexure Number
ART resistance testing	Request for Anti-Retroviral Drug Resistance Testing	NRL/RQ/11/HIV/DR	Annex 10
HIV screening in antenatal mothers	Request form for Syphilis/HIV in Antenatal Mothers	NSACP/10/ANC/2	Annex 09
Syphilis			
VDRL	Request for Special Tests NSACP	Health 407	Annex 01
	Request form of Department of Health Services	Health 350	Annex 07
	Request for Examination of Blood for VDRL	Health 406	Annex 06
TPPA	Request for Special Tests NSACP	Health 407	Annex 01
	Request form of Department of Health Services	Health 350	Annex 07
IgM ELISA	Request for Special Tests NSACP	Health 407	Annex 01
Total ELISA			
Syphilis screening in antenatal mothers	Request form for Syphilis/HIV in Antenatal Mothers	HIV/REQ/09	Annex 09

Investigation	Name of the request form	Form Number	Annexure Number
Gonnorhoea			
GC culture and ABST	Request for Pathological Examinations	Medical 408	Annex 02
GC PCR			
HSV			
PCR for HSV 1 & 2	Request for Herpes Simplex Virus Antibody Test	NRL/RQ/10/HSV	Annex 03
IgG & IgM ELISA for HSV 1 & 2			
Hepatitis			
Hepatitis B-Surface antigen	Request for Special Tests NSACP	Health 407	Annex 01
Hepatitis B core antibodies			
Hepatitis B profile	Request for examination of specimen, Medical research Institute	Health 275a	Annex 11
Hepatitis C-antibodies	Request for Special Tests NSACP	Health 407	Annex 01
Haematology & Biochemistry			
Haematology	Request for Pathological Examinations	Medical 408	Ref Annex 02
Biochemistry			

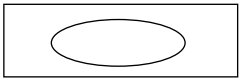
Investigation	Name of the request form	Form Number	Annexure Number
Other tests done in MRI			
CMV antibodies	Request for examination of specimen, Medical research Institute	Health 275a	Annex 11
Cryptococcal Antigen			
Toxoplasma antibodies			
Chlamydia			
Chlamydia PCR	Request for Pathological Examinations	Medical 408	Ref Annex 02
Chlamydia PCR-Urine			
Tuberculosis			
Sputum for AFB, TB culture & DST	Request Form for TB culture, Drug susceptibility and Molecular Testing. National TB Reference Laboratory, Welisara	TB 06	Annex 12
Sputum for Gene Xpert			

6. Specimen Collection for Microscopy

Table 4: Specimen collection instructions for microscopy

Test	Site of collection	Sampling procedure	Transport
Dark Ground Microscopy for *T. pallidum*	Lesion	1. Clean the ulcer surface with saline and remove any crusts, if present. 2. Squeeze the base of the ulcer between the thumb and index finger. 3. Wipe away the first few drops of fluid, especially if blood stained. 4. Collect the sample of serous exudates by pressing a clean cover slip on to the lesion. 5. Place the cover slip on a clean slide letting the exudate be present between the cover slip and the slide surface. **Note:** **Dark-field microscopy should NOT be used for the examination of samples from oral lesions as it is difficult to differentiate *Treponema pallidum* and saprophytic spirochetes in the oral cavity.**	Slide should be placed securely on a tray to prevent disturbance to the slide while transportation. This tray should preferably be placed in a box for transportation. Transport the slide immediately in room temperature to the laboratory.

Test	Site of collection	Sampling procedure	Transport
Wet smear for *T. vaginalis*	Vagina	1. Insert a speculum. (moistened with saline) 2. Insert a dry swab into the posterior fornix and collect vaginal material on to the swab. 3. Press the swab against the vaginal wall and withdraw. 4. Place a large drop of saline on a microscope slide. 5. Emulsify the withdrawn swab in the drop of saline on the slide to make it turbid. 6. Carefully add a cover-slip without trapping air bubbles.	Sample should immediately be transported to the laboratory placed on a slide tray in a box.
Urine for *T.vaginalis*	Urine	Obtain first portion of the void to a sterile container (less than 25 ml) 1 hour after previous void.	Transport immediately to the laboratory in room temperature.

Test	Site of collection	Sampling procedure	Transport
Smear for GC	Endo cervix Low Vagina Rectum Urethra Oropharynx	1. Instructions for sample collection are described in 8.1.2 2. Roll the swab on the slide to obtain a thin homogenous film. (do not rub it on the slide as rubbing may destroy cellular morphology) 3. Smear should cover only the middle of the slide. Do not let the smear spread towards the edges.  4. Allow the smear to air dry. **Note:** **The same swab should not be used to inoculate the culture plate.**	Place the slide on a tray and keep the tray in a box. Send to the laboratory without a delay in room temperature.

Test	Site of collection	Sampling procedure	Transport
Tzanck smear (smear for giant cells)	Vesicles	1. Samples should be taken from a fresh vesicle, rather than a crusted one. (To ensure the yield of a number of virus infected cells) 2. The vesicle should be unroofed or the crust removed, and gently scrape the base with a swab. 3. The material obtained is smeared onto a clean **unused microscopic slide**. (cells will not adhere to an unclean slide) 4. Allow to air dry.	Place the slide on a tray and keep the tray in a box. Transport immediately to the laboratory in room temperature.
Gram stained smear for Candidiasis	Vaginal/ Sub preputial	1. Collect the vaginal/preputial specimen to a swab. Roll the swab on the middle area of a clean dry slide. 2. Keep to air dry.	Place the slide on a tray and keep the tray in a box. Transport immediately to the laboratory in room temperature.
Wet smear for Candidiasis KOH	Vaginal/ sub preputial	1. Collect the vaginal/preputial specimen to a swab. Roll the swab on the middle of the slide. 2. Add a large drop of 10% KOH and mix with a wooden applicator or swab and cover with a cover slip.	Place the slide on a tray and keep the tray in a box. Transport immediately to the laboratory in room temperature.

Test	Site of collection	Sampling procedure	Transport
Wet mount for Candidiasis	Vaginal/ Sub preputial	<u>Females</u> 1. Obtain the sample from both lateral vaginal walls and posterior fornix with same swab. 2. In patients who have only a slight vaginal discharge and extensive involvement of the vulva or labia, it is better to collect a specimen from the irritated mucosa. <u>Males</u> In males with balanitis, use a swab pre-moistened in saline to collect the sample from the glans penis. <u>Preparation of the slide</u> Place a large drop of saline on a microscope slide, roll the swab on to the saline drop. Cover with a cover slip after emulsifying the swab in saline.	Place the slide on a tray and keep the tray in a box. Transport immediately to the laboratory in room temperature.
Smear for Bacterial vaginosis	Vaginal	1. Place large a drop of saline on a glass slide. 2. Then take a sample from the discharge collected in the posterior fornix using a swab 3. Mix the vaginal fluid with the saline drop on the glass slide. Place a coverslip over the suspension	Transport to the laboratory. Place the slide on a tray and keep the tray in a box.

7. Specimen collection for Serology and Molecular Testing

7.1. Materials required for collecting blood

It is recommended to use sterile vacutainer glass/plastic tubes for collecting blood. EDTA tubes should be used for whole blood and plain tubes should be used for serology specimens.

- Syringes and needles / vacutainer needle holder
- Vacutainer tubes (EDTA and plain)
- Well-fitting, latex, non-sterile gloves
- A tourniquet
- 70% alcohol
- Alcohol hand rub
- Gauze or cotton-wool
- Laboratory specimen labels
- Writing pen
- Laboratory forms
- Leak-proof transportation containers
- Ice packs
- Sharps bin and waste bins.

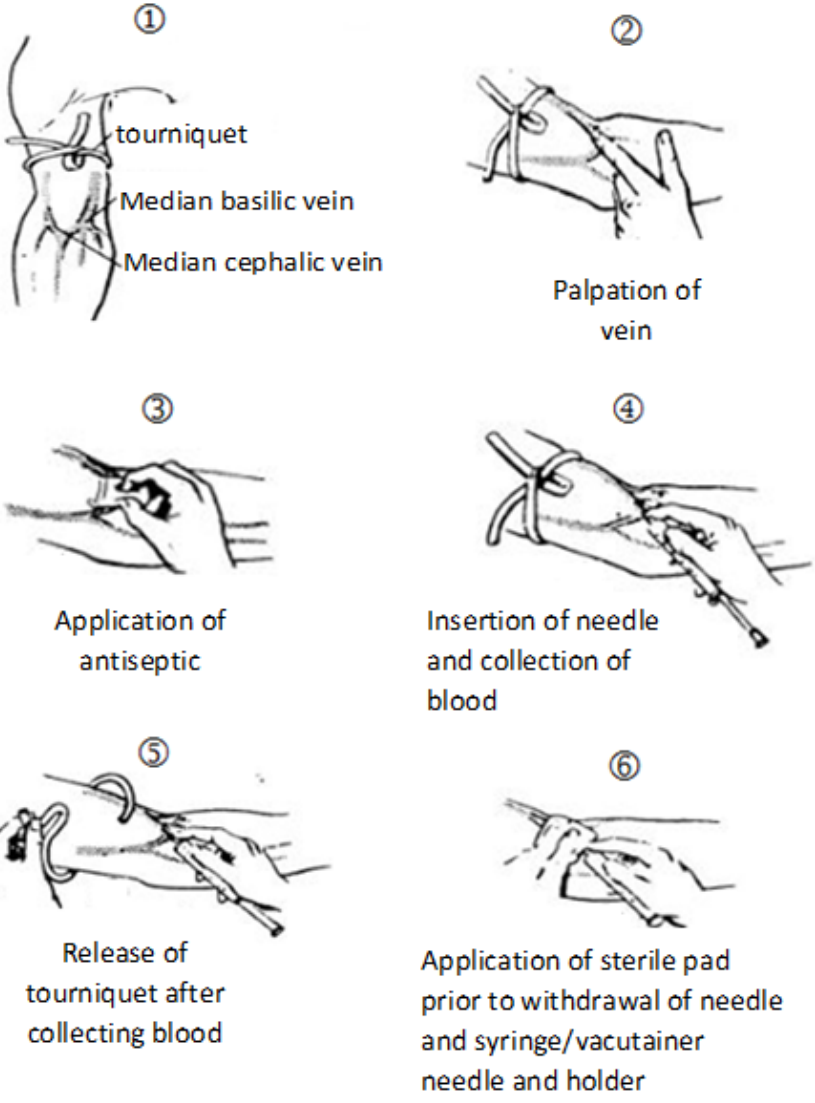
Collect all the materials needed for the procedure and place it within safe and easy reach on a tray or trolley, ensuring that all the items are clearly visible.

7.2. Instructions for Blood Collection

Blood collection should always be done under aseptic conditions

- Identify the patient by checking the patient identification details.
- Select the site
    - Inspect the antecubital fossa or forearm on the extended arm.
    - Select a vein of a good size that is visible, straight and clear (The vein should be visible without applying the tourniquet).
- Apply the tourniquet about 4–5 finger widths above the venepuncture site and re-examine.
- Clean the entry site with 70% alcohol.
- If vacutainer is used insert the needle and the holder. Then fix the tube to the holder and draw blood. Blood can be collected to number of tubes in this manner without using a syringe.
- When the bleeding is over, remove the needle and discard it into the sharp bin.
- If the vacutainer holder is contaminated put it in to the sharp bin.
- If the syringe is used, use a syringe with appropriate volume according to the number of the samples needed and after collecting discard both syringe and the needle together into the sharp bin. **Do not recap the needle.**

Figure 2: Steps in Drawing Blood



7.3 Collection of Blood specimens for Serological Investigations

7.3.1 Sample Collection

- Collect 3-5ml of blood (adults) in to a dry, sterile plain tube.
- Allow blood to clot at room temperature for a minimum of 20-25 minutes in vertical position before dispatching to laboratory.

7.3.2 Storage and Transportation

- Keep the blood tubes in a rack in refrigerator at 4^{o}C.
  Transport within 24 hours to the laboratory at 4^{0}C.
- If any delay in transport, centrifuge at 2500 rpm for 10-15 minutes.
  Pipette the supernatant serum into another sterile tube; label it.
- Separated serum should reach the laboratory within 5 days.

7.4 Collection of blood for HIV Viral Load Test

It is essential for the molecular tests to receive a good quality sample to obtain accurate results. Heamolyzed samples are not acceptable. Therefore, one should be very careful in collecting and preparing samples for molecular testing.

7.4.1 Sample collection

- Collect 3ml of venous blood under aseptic conditions into a K3EDTA tube.
  Note: Fill the tube exactly up to the marked level.
  Excess EDTA, as well as insufficient EDTA will cause coagulation problems in the sample which can affect the accuracy of results.
- Mix the tube gently by inverting 10 times.

7.4.2 Storage and Transportation

- Store at room temperature if the sample is dispatched to the laboratory within 6hrs.
- If there is a delay of more than 6 hours to reach the laboratory the blood sample should be centrifuged to separate plasma.
  The separated plasma should be pipetted to a sterile container and refrigerate at $4^{o}C$.
  The container should preferably be a screw capped cryo vial. Separated plasma should reach the laboratory within 5 days.
  Transport the specimen in $2\text{-}8^{0}C$.

7.5 Collection of blood for PCR for EID

7.5.1 Sample collection

- Collect 3ml of venous blood under aseptic conditions into a K3EDTA tube.
  Note: Fill the tube exactly up to the marked level of EDTA tube. Excess EDTA, as well as insufficient EDTA will cause coagulation problems in the sample which can affect the accuracy of results.
- Mix the tube gently by inverting 10 times.

7.5.2 Storage and Transportation

- Store at room temperature if the sample is dispatched to the laboratory within 8hrs.
- If there is a delay of more than 8 hours to reach the laboratory the blood sample should be stored $2\text{-}8^{o}C$.
- The blood can be stored at this temperature up to 72 hours.

7.6 Collection of blood for CD4/CD8 Tests

7.6.1 Sample Collection

- Collect 3ml of venous blood in to EDTA tube.
- Mix the tube gently by inverting 10 times.

7.6.2 Storage and Transportation

- Transport the sample immediately to the lab in room temperature within 24 hours.
- **DO NOT** refrigerate the sample.

7.7 Collection of blood for HIV genotypic resistance testing

HIV genotypic resistance tests are done in National AIDS Research Institute, India which is a WHO collaboration center. National Reference Laboratory is coordinating the resistance testing. The samples are sent to India as dried blood spots. As if the viral load is very low the viral amplification for testing is difficult, a recently done (within 2 months) viral load result is essential to decide sending samples for HIV genotypic resistance testing.

7.7.1 Sample Collection

- Collect 3ml of venous blood in to K3EDTA tube.
- Mix the tube gently by inverting 10 times.

7.7.2 Storage and Transportation

- Transport the sample immediately to the lab within the same day of collection.
- Send the samples in 2-8^{o}C.

7.8 Collection of sputum for TB culture

- Sputum is collected to universal bottles issued by the National Reference Laboratory.
- Samples should be collected in cough area.
- Samples should be collected up to the mark on the bottle.
- Transport the sample immediately to the lab in 2-8^{o}C.

8. Collection and Transport of Specimens for diagnosis of *Neisseria gonorrhoeae* and *Chlamydia trachomatis*

8.1 Specimen Collection for Suspected Gonococcal Infection

8.1.1 Sites and Swabs for Gonococcal Culture and Microscopy

Appropriate sites for specimen collection depend on the sex, age and sexual practices of the individual as well as the clinical manifestations of the infection.

Females

- Endo-cervical canal is the primary collection site. The secondary sites include the urethra, rectum and oropharynx.
- Vaginal discharge and vulval swabs are used in pre-pubertal girls.
- Urethral swab is preferred than the high vaginal swab in women who have had hysterectomy.

Males

- Primary collection site is urethra in heterosexual men.
- Urethra, rectum and oropharynx are the primary sites in Men having sex with men (MSM)

- Sterile cotton swabs should be used to collect the specimen.
- When collecting specimens for PCR use the specimen collection kit provided by the lab.
- For culture and microscopy use two swabs (one for each)

8.1.2 Collection of Specimens

Collection of Endocervical swabs

- The collection of the specimen should be done by a Medical Officer
- Avoid using antiseptics, analgesics and lubricants before collecting the specimen.
- Use a vaginal speculum, moistened with saline to visualize the cervix.
- After inserting the speculum, clean the ecto-cervix with a cotton swab and discard it.
- After cleaning, insert a sterile cotton swab about 2cm into the cervical canal.
- Rotate the swab gently from side to side for 5-10 seconds to allow absorption of the exudate.
- Take out the swab without touching the sides of the vagina.
- Either place the swab in transport media / inoculate the culture plates for GC.
- Take another swab for Gonococcal microscopy.

Collection of Urethral specimens

- If discharge is evident collect it directly on to a swab/ container.
- If not, milk the urethra to evacuate exudate.
- Still if no discharge is evident, collect urethral specimens,4 hours after the patient has passed urine, by inserting a thin swab 2-3 cm in to the urethra and gently rotate the swab for 5-10 seconds to allow absorption of the exudates.
- Collect two swabs, one each for culture and microscopy
- For culture, inoculate the plates/ place the swab in the transport media.

Collection of swabs from Rectum

- Symptomatic patients - Rectal specimens should be obtained under direct vision following insertion of a proctoscope.
- Asymptomatic patients - Samples may be obtained by blindly inserting a cotton swab 3cm into the anal canal and rotate it for 10 seconds to collect exudates from the crypts just inside the anal ring. Use lateral pressure to avoid fecal contamination.
- If fecal contamination occurs, discard the swab and use another to obtain the specimen.

Collection of swabs from vagina

Vaginal specimens are recommended for prepubertal girls and women who have had a hysterectomy.

- Vaginal discharge of prepubertal girls should be collected with a swab without using a speculum.
- In women who have under gone hysterectomy, use a speculum and swab the posterior fornix for a few seconds and then take out the swab without touching the vaginal walls.

Note*:* For women who have had a hysterectomy – urethral swab for culture offers a better yield than high vaginal swab

Collection of swabs from Throat

- Instruct the patient to open the mouth widely.
- Visualize the throat with a good light
- Using a sterile cotton swab collect the sample from the region of the tonsillar crypts and the posterior pharynx.

8.1.3 Inoculating the Culture plates for Gonococcal culture

- Label the culture plate with patient identification details.
- Inoculate directly on the Gonococcal culture medium, in the examination room itself to ensure highest yield of gonococci isolate. (bedside inoculation)
- Roll the swab on agar on a small area of the plate to make a "well". When rolling the swab, care should be taken not to dig into the medium.

Figure 3: Labelling of Gonococcal culture plate

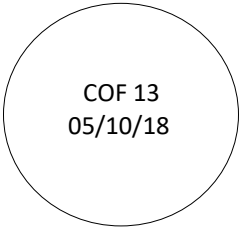
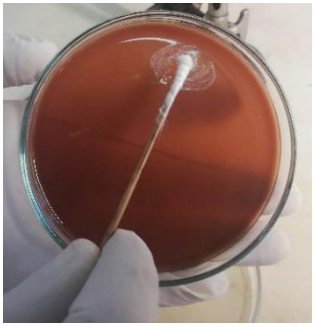


Figure 4: Roll the swab on the plate to make a well



8.1.4 Storage and Transportation

- Inoculated plates should be sent to the laboratory immediately in room temperature for further streaking and incubation.
- If culture facilities are not available, the swabs should be inserted into a transport medium (Amie's) and transported at room temperature, to reach the laboratory within 24-48 hours.
- **DO NOT** store the specimens/plates in refrigerator.

8.2 Collection of Specimens for PCR in diagnosing *Neisseria gonorrhoeae* and *Chlamydia trachomatis*

8.2.1 Collection of Cervical specimens for PCR

- Label the collecting tube prior to sample collection.
- Use the specimen collection kit and transport medium given by the lab.
- Avoid using antiseptics, analgesics and lubricants before collecting the specimen.
- Collect the swab as described in 8.1.2
- Unscrew and remove the cap from collecting tube making sure not to spill the medium.
- Insert the swab into the tube up to the marked level (be careful not to touch the swab with any surface prior to place in the collection tube).
- Break the swab shaft at the indicated height and discard the top portion of the shaft and insert the bottom portion into the collection tube and seal the tube.
- Once the specimen tube is sealed, mix the specimen to ensure the collected specimen has been thoroughly exposed to the transport media which contains nucleic acid stabilizing agents.

8.2.2 Collection of urine

- Collect the urine from the initial part of urination (first pass urine after holding urine for 2-4hrs) to a sterile screw cap container.

8.2.3 Storage and Transportation

- Cervical swabs/urine in GC/CT transport medium for real time PCR should be transported to the laboratory at ≤4°C within 24 hours of collection.
- If transport is delayed >24 hours, the transport media containing the specimen should be stored at -70°C until dispatch.

9. Collection of Specimens for PCR for Diagnosis of HSV Infection

The specimen can be collected from vesicular/pustular/crusted lesions to a sterile swab obtained from the lab.

9.1 Collection of swabs from Vesicular or pustular lesions

1. Unroof the vesicle with an 18G needle.
2. Using the swab, abrade the base of the lesion in order to obtain a good sample of cells.
3. Immediately place the swab in viral transport media provided by the laboratory.

9.2 Collection of swabs from Crusted lesions

1. Remove the crust.
2. Scrape the base of the lesion with a sterile normal saline moistened swab. Avoid making the lesions bleed.
3. Immediately place the swab in viral transport media.

9.3 Storage and Transportation

- The specimens should be stored in refrigerator until transported to the laboratory.
- Transport at 4^{o}C within 72 hours and if delivery to the lab is delayed >72 hours, maintain the specimen in dry ice or at -70°C. (Freezer temperature of -20°C will not preserve the virus.

10. Transport of Specimens

10.1 General Instructions

Transport of specimens should always ensure the safety of all individuals handling the specimen and should meet the specific criteria involved in receiving a good sample to perform the test. Therefore, packaging and transportation of specimens should be done appropriately to obtain accurate results.

10.2 Packing of specimens

For Blood and Blood products the International standard of packing identified is the “Three-layer packing”.

The three layers involve

1. Primary receptacle
2. Secondary receptacle
3. Outer package

Primary receptacle

- This is a watertight, leak-proof receptacle which is labelled and contains the specimen.
- The receptacle is sufficiently wrapped in absorbent material to absorb all fluid at instances of breakage.

Secondary receptacle

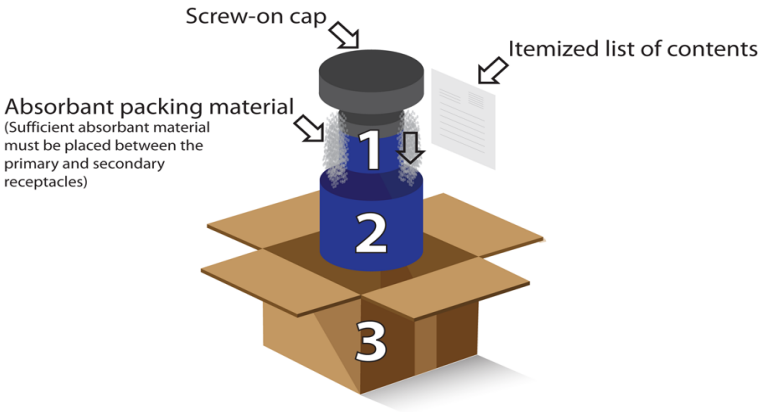
- The primary receptacle(s) should be placed in a second durable, watertight, leak-proof receptacle to enclose and protect the primary receptacle(s).
- Several wrapped primary receptacles may be placed in one secondary receptacle.
- Sufficient absorbent material must be used to cushion multiple primary receptacles in the secondary container.

- Specimen data forms, letters and other types of information that identify or describe the specimen and also identify the sender and receiver should be taped to the outside of the secondary receptacle, preferably in a zip pouch.
  Ice or dry ice required to maintain temperature should be placed in the secondary receptacle.

Outer package

- The secondary receptacle should be placed in an outer package which protects contents from outside influences such as physical damage and water while in transport. This is usually made of corrugated cardboard.
- This container must bear the mailing label which identifies the shipper and receiver along with biohazard sign.
- Ziploc plastic bags may also be used as leak-proof containers if suitable boxes are not available. Packed specimens should be sent to the referral laboratory for testing.

Figure 5: Three-layer packing for transport of Specimens



1. Primary receptacle (leakproof, 95kPa)
2. Secondary receptacle (leakproof)
3. Outer container (w/list of itemized contents)

Figure 6: Biohazard Sign

Figure 7: Cool box in use in NRL-NSACP to transport specimens

11. Sample Reception

All the samples are collected at sample reception counter of NRL. A medical laboratory technologist (MLT) and a lab orderly are available at all times in the sample reception counter.

11.1 Sample reception procedure

- The specimen should correctly be paired with the appropriate request form.
- Check following information on the label.
    a. Patient number
    b. Hospital/clinic/institution
    c. Type of test
    d. Date and time of collection
- Specimen is registered in the sample reception register.
- **Urgent samples should immediately be sent to the relevant section**.

Note:

- For HIV screening test, blood sample should come with Health 406 or Health 350 request forms. Incomplete request forms should be brought to the notice of the Medical officers of the laboratory immediately.
- HIV confirmation test samples should come with HIV confirmatory request form. For incomplete request forms instructions should be given to send a complete request form.
- For Private medicals - Take documents (Passport size photo and copy of passport) from the person and give specific number(H) and maintain a H Number register.

11.2 Sample rejection

Any specimen not meeting the required conditions are rejected as per policy.

The requests of rejected specimen are be given to medical staff without a delay**.** The medical officers inform the originating location/collector of the need to re-collect or re-order, if a specimen is rejected. All the rejected samples are entered in a special register.

Reasons for potential specimen rejection may include the following:

- Samples without labels/ Inadequately written labels
- Samples without accompanying request forms
- Incomplete request forms - Request forms are incomplete without the following information.
    - BHT number/Clinic number for patient identity
    - Ward /Clinic
    - Type of the sample (Eg: blood, CSF, urine)
    - Tests requested
    - Date &Time of sample collection
    - Short, relevant clinical history of the patient
    - Any relevant detail which specifically requested in request form
- If the details on the label of the sample and the request form are not identical.
- Specimens showing gross evidence of decomposition
- Inadequate/over collected volume of the specimen for the tests requested.
- Samples in inappropriate containers/ wrong container type.
- Specimens which were not transported properly and were not stored properly.
  Eg. Specimens for *N.gonorrhoeae*

If collected into transport medium and kept for more than 48 hrs.

If collected in to transport medium and refrigerated.

If discharge is sent on dry swab without transport medium

- Clotted/partially clotted specimens Eg: FBC, ESR, fasting plasma glucose
- Specimens that have leaked or have specimen material on the outside of the container
- Delay in receipt of sample as specified against test (Eg: Sample for CD4 testing should reach the NRL before 12 noon on Friday)
- Duplicate samples
- Visible contamination of sample
- Delayed transport time

Eg: CD4 samples sent at Room temperature after 24 hours of collection

Viral Load samples sent at Room temperature after 6 hours of collection

HSV PCR samples sent at Room temperature after four hours of collection

Chlamydia PCR- urine sent at room delayed more than 24 hours of collection

- Improper Transportation

Specific testing methodology may require specific handling, such as keeping warm or on ice, during transportation.

12. Reporting of results

Specimens are processed upon receipt. Reporting times vary depending on the nature of the test and the analytical time required for the procedure.

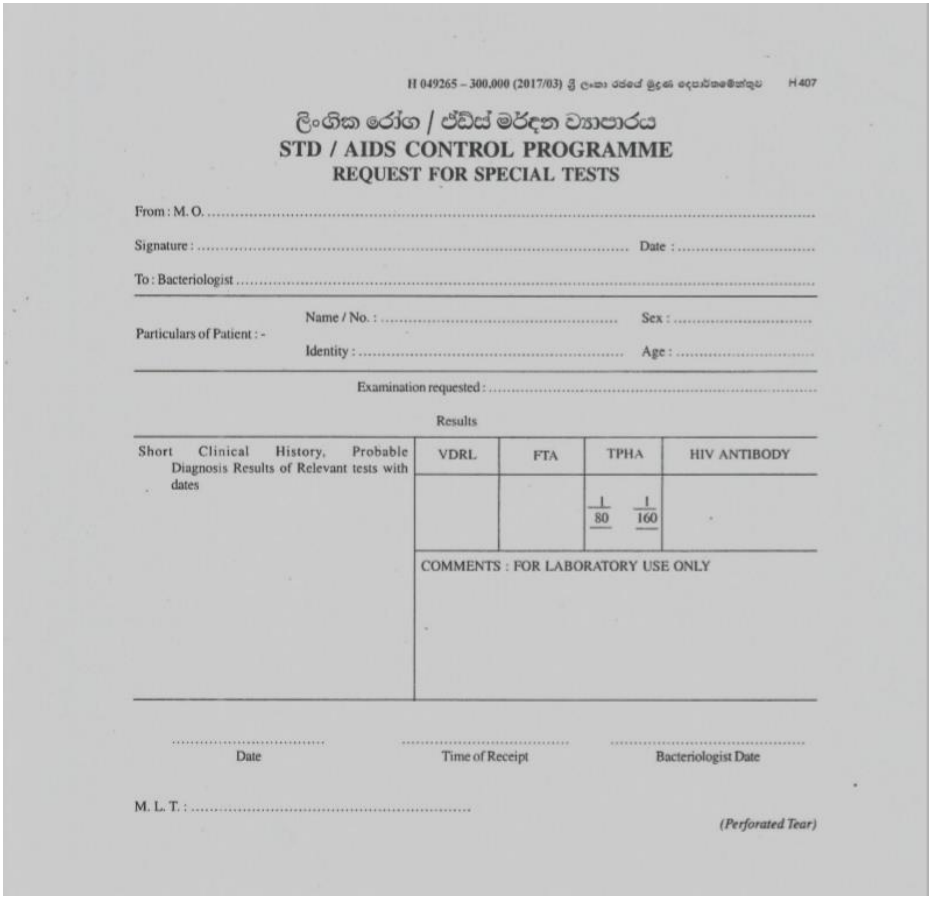
Table 5: Turnaround time

Turnaround time for laboratory testing at NRL				
Test	Turnaround time			
	Clinic NSACP		Out Station	
	Urgent Requests	Routine Requests	Urgent Requests	Routine Requests
VDRL	2 hrs	2-3 days	1 day	4 days
TPPA	1 day	3 days	1 day	5 days
Syphilis IgM	1 day	7 days	1 day	7 days
ELISA-HIV	0-1 days	2-3 days	-	4 days
Western Blot	-	1 week	-	1 week
CD4	0-1 days	1-2 days	-	1-2 days
Viral RNA	-	Once a week	-	Once a week
Hepatitis B Surface Antigen	1 day	Once a week	1 day	Once a week
Hepatitis C Antibodies		Once a week		Once a week
GC Culture	NA	3 days	NA	-
Chlamydia PCR	-	-		14 days
HSV serology	-	14 days		
HSV PCR	-			
Biochemistry	-	1 day		
Haematology	2 hrs	1 day		

Annexures

Annexures

Annexure 1



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STD / AIDS CONTROL PROGRAMME

REQUEST FOR SPECIAL TESTS

From : M. O. .....

Signature : ..... Date : .....

To : Bacteriologist .....

Particulars of Patient : - Name / No. : ..... Sex : .....

Identity : ..... Age : .....

Examination requested : .....

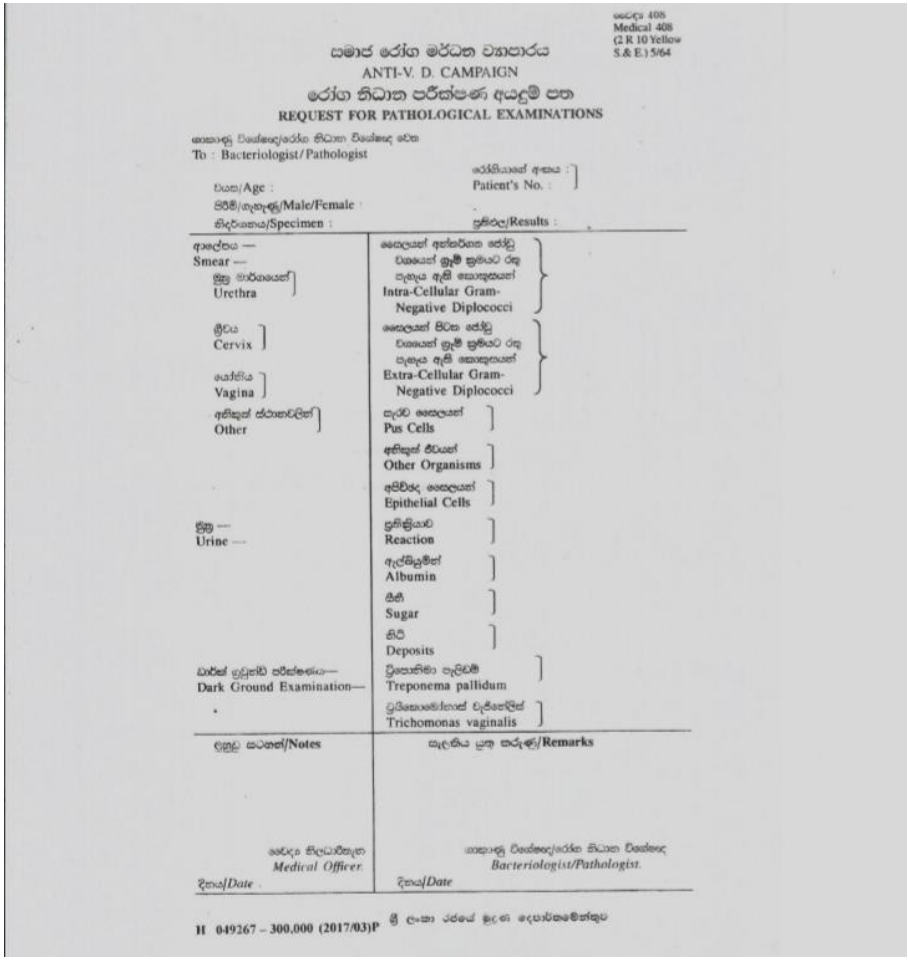
Results

Short Clinical History, Probable Diagnosis Results of Relevant tests with dates	VDRL	FTA	TPHA	HIV ANTIBODY
			1/80 1/160	
	COMMENTS : FOR LABORATORY USE ONLY			

..... Date ..... Time of Receipt ..... Bacteriologist Date

M. L. T. : .....

(Perforated Tear)



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ANTI-V. D. CAMPAIGN
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REQUEST FOR PATHOLOGICAL EXAMINATIONS

බැක්ටීරියෝ විද්‍යඥ/රෝග නිධාන විද්‍යඥ වෙත
To : Bacteriologist / Pathologist

රෝගියාගේ අංකය : Patient's No. :
වයස/Age :
පිරිමි/ගැහැණු/Male/Female :
නිදර්ශනය/Specimen :
ප්‍රතිඵල/Results :

ආලේපය — Smear —	
මූත්‍ර මාර්ගයෙන් Urethra	සෛලයන් අන්තරගත ජෝඩු වශයෙන් ග්‍රෑම් ප්‍රතියට රතු පැහැය ඇති කොකුසයන් Intra-Cellular Gram-Negative Diplococci
ශ්‍රීවය Cervix	සෛලයන් පිටත ජෝඩු වශයෙන් ග්‍රෑම් ප්‍රතියට රතු පැහැය ඇති කොකුසයන් Extra-Cellular Gram-Negative Diplococci
යෝනිය Vagina	
අනිකුත් ස්ථානවලින් Other	පැරව සෛලයන් Pus Cells
	අනිකුත් ජීවියන් Other Organisms
	අපිච්ඡද සෛලයන් Epithelial Cells
මූත්‍ර — Urine —	ප්‍රතික්‍රියාව Reaction
	ඇල්බියුමින් Albumin
	සීනි Sugar
	තිරිවී Deposits
ඩාර්ක් ග්‍රවුන්ඩ් පරීක්ෂණය— Dark Ground Examination—	ට්‍රිපොනිමා පැලිඩම් Treponema pallidum
	ට්‍රයිකොමොනාස් වැජිනලිස් Trichomonas vaginalis

සටහන්/Notes

සැලකිය යුත්ත කරුණු/Remarks

වෛද්‍ය නිලධාරියා
Medical Officer.
දිනය/Date .

බැක්ටීරියෝ විද්‍යඥ/රෝග නිධාන විද්‍යඥ
Bacteriologist/Pathologist.
දිනය/Date

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National STD/HIV Reference Laboratory
No.29, De Saram Place, Colombo 10, Sri Lanka
Tel: 0112 667163, Tel/Fax: 0112 5336873

REQUEST FOR
HERPES SIMPLEX VIRUS ANTIBODY TEST

Patient's File No: ……
Age : …….
Sex: ……

Lab No:	
Date of collection:	
Time of collection:	

Examination Requested:

Ig	
HSV 1 IgG	
HSV 2 IgG	
HSV 1 IgM	
HSV 2 IgM	

Brief Clinical History:……..
……..…

Results of relevant previous test(s) …….
……..

Requesting Doctor	
Name	
Designation	
Signature	

(For Laboratory use only)

HERPES SYMPLEX VIRUS ANTIBODY TEST
RESULTS

HSV 1 Ab. IgG	HSV 2 Ab. IgG	HSV 1 & 2 IgM

Comments:……

…….....
Medical Laboratory Technologist
Date: ……..……

…….……
Consultant Microbiologist
Date: …….……

Annexure 4 NRL/RQ/8/HIV/VL

National STD/HIV Reference Laboratory
No.29, De Saram Place, Colombo 10, Sri Lanka
Tel: 0112 667163, Tel/Fax: 0112 5336873

REQUEST FOR HIV VIRAL LOAD ASSAY

Patient Information

Lab No:	
Date of collection:	
Time of collection:	

Patient's File No: ……..
Ward / Clinic / Hospital: ……
Sex: ……

Brief Clinical History	Indication for Viral Load Testing

Previous test Results

Date	CD4	CD8	Viral Load

Any other relevant information:

Requesting Doctor	Consultant in Charge
Name ……	Name ……
Designation ……	
Date ……	Signature ……
Signature ……	

Annexure 5 NRL/RQ/9/HIV/CD4

National STD/HIV Reference Laboratory
No.29, De Saram Place, Colombo 10, Sri Lanka
Tel: 0112 667163, Tel/Fax: 0112 5336873

REQUEST FOR ENUMERATION of CD4/CD8 T – LYMPHOCYTES

Patient Information

Patient's File No: .....
Ward / Clinic / Hospital: .....
Age: .....
Sex: .....

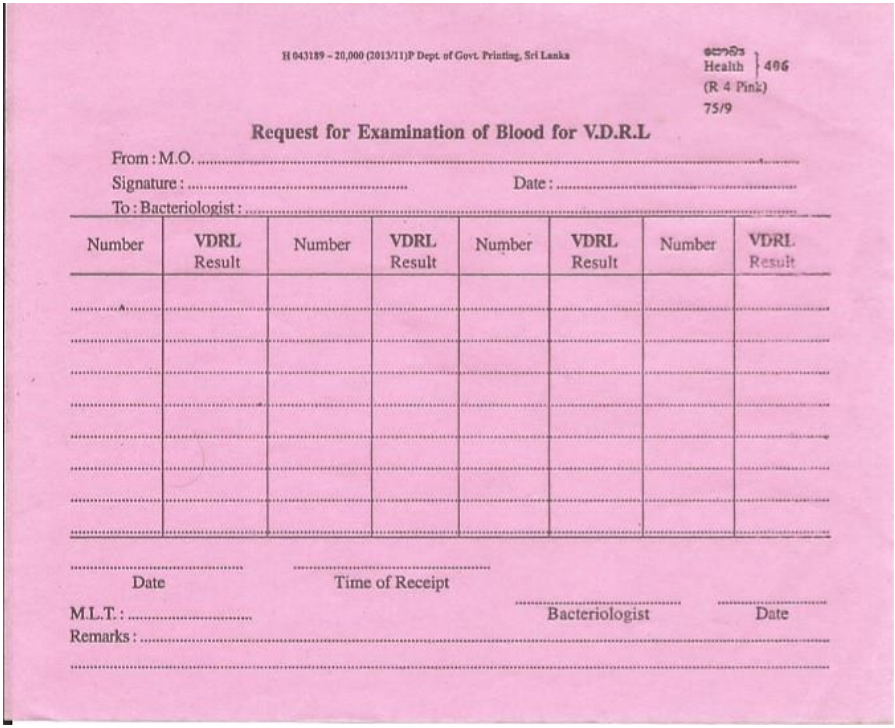
Lab No:	
Date of collection:	
Time of collection:	

Brief Clinical History	Indication for Viral Load Testing

Date	Previous Test Results		Brief History of ART
	CD4	CD8	

Any other relevant information:

Requesting Doctor	Consultant in Charge
Name ..... Designation ..... Date ..... Signature	Name ..... Signature .....



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Request for Examination of Blood for V.D.R.L

From : M.O. .....

Signature : ..... Date : .....

To : Bacteriologist : .....

Number	VDRL Result	Number	VDRL Result	Number	VDRL Result	Number	VDRL Result

....

Date Time of Receipt

M.L.T. : ....

Bacteriologist Date

Remarks : .....

.....

Annexure 7

Health 350

ශ්‍රී ලංකා රජයේ මුද්‍රණ දෙපාර්තමේන්තුව

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DEPARTMENT OF HEALTH SERVICES

ඉල්ලුම් පත්‍රය/REQUEST FORM

කොළඹ මහරෝහලේ ව්‍යාධිවේදී වෙතටයි.

To : The Pathologist, General Hospital, Colombo.

.... හා සම්බන්ධයෙන් ....

....නිදර්ශකය පරීක්ෂා කර බලනු මැනවි.

Please examine specimen of...with regard to..

අත්සන / *Signature* ....

දිනය / *Date* .... පදවිනාමය / *Designation* ....

රෝගියා පිළිබඳ විස්තර/ Particulars of Patient

නම / Name .... වයස / Age ....

රෝගියාගේ අංකය / Case No. .... ස්ත්‍රී පුරුෂ භාවය / Sex ....

වාට්ටුව / Ward .... දිස්ත්‍රික්කය / District ....

රෝග විනිශ්චය සමග කෙටි සායනික ඉතිහාසය.

Short clinical history with probable diagnosis.

(ව්‍යාධිවේදියාගේ ප්‍රයෝජනය සඳහා/For Pathologist's use)

Annexure 8

Page 1

Request for Confirmatory HIV Testing from the Reference Laboratory of the National STD/AIDS Control Programme

(VERSION: JAN 1, 2017)

Instructions: To be completed by referring doctor/healthcare worker at the time of requesting HIV confirmatory test from the reference laboratory of the National STD/AIDS Control Programme, No. 29, De Saram Place, Colombo 10, Sri Lanka.

Patient should be informed that all questions contained in this questionnaire are strictly confidential and will become part of their medical record)

Part I: TO BE FILLED BY THE REFERENCE LABORATRY

Date of Receipt ☐☐/☐☐/☐☐☐☐ Day Month Year

Date of Confirmation ☐☐/☐☐/☐☐☐☐ Day Month Year

PART II – TESTING DETAILS AND DEMOGRAPHIC INFORMATION

PATIENT/CLIENT IDENTIFICATION INFORMATION

If STD clinic patient fill A, otherwise fill B

1A. STD Clinic Registration Number (For STD Clinic Clients)

☐/☐☐☐☐/☐☐/☐☐ Gender Sequential No Year Clinic Code

1B. Sample Number
(For non-STD Clinic Clients - Private Lab, TB clinic, Hospital ID or other)

_____

HIV SCREENING TEST DETAILS

2. Type of Screening Test

☐ a. ELISA Test
☐ b. Particle Agglutination Test
☐ c. Rapid Diagnostic Test
☐ d. Other _____

3. Date of Screening Test:

☐☐/☐☐/☐☐☐☐ Day Month Year

HIV TESTING HISTORY

4. Has patient/client ever been tested for HIV previously

☐ a. If Yes (date of last negative test) ☐☐/☐☐/☐☐☐☐ Day Month Year ☐ b. No ☐ c. Not Known

DEMOGRAPHIC INFORMATION

5. Name and address of Patient/Client

Name : _____

Address : _____

6. Gender

☐ M ☐ F
☐ Other

7. Date of Birth

☐☐/☐☐/☐☐☐☐ Day Month Year

8. Marital status ☐ a. Single/Never Married ☐ b. Currently Married/Living Together ☐ c. Widow/Separated/Divorced

9. Occupation ☐ a. Unemployed ☐ b. Student ☐ c. Employed as: _____ ☐ d. NA

10. District of Residence:

11 Nationality ☐ a. Sri Lanka ☐ b. Other (specify) _____

12. Ethnicity ☐ a. Sinhalese ☐ b. Tamil ☐ c. Moore ☐ d. Other (specify) _____ ☐ e. Not Sri Lankan

13. Reason for HIV Testing (More than one option possible)

☐ a. Voluntary Testing	☐ e. Partner/spouse or family member diagnosed	☐ i. Visa Screening	☐ m. Screening as part of a Survey
☐ b. Provider Initiated Testing (asymptomatic)	☐ f. STD Screening	☐ j. Foreign Job Screening	☐ n. TB clinic screening
☐ c. Clinical symptoms suggestive of HIV	☐ g. Blood Donor Screening	☐ k. Screening for Legal/Insurance purposes	☐ o. Prison
☐ d. Accompanied by NGO outreach worker or peer	☐ n. ANC Screening	☐ l. Screening before Medical/Surgical Procedure	☐ p. Other (Specify):

14. Clinical status at time of diagnosis ☐ a. Asymptomatic ☐ b. Symptomatic HIV ☐ c. AIDS

PART III: INFORMATION ON EXPOSURE TO HIV

15. Sexual Exposure (Multiple Responses Possible

- ☐ a. Sexual Contact with Regular Partner of Opposite Sex
- ☐ b. Sexual Contact with Non-Regular Partner of Opposite Sex
- ☐ c. Sexual Contact with Person of Same Sex
- ☐ d. Sexual Contact with Both Sexes
- ☐ e. No Sexual Contact

16. Ever sold sex to client

- ☐ a. Yes
- ☐ b. No

17. Ever bought sex from sex worker

- ☐ a. Yes
- ☐ b. No

18. Ever gone abroad?

- ☐ **a. Yes, countries:** _____
- ☐ **b. No**

19. History of Blood Exposure

- ☐ a. No
- ☐ b. Injecting Drug Use
- ☐ c. Receipt of Blood/Tissue/Organ/Sperm Specify year: ☐☐☐☐
- ☐ d. Needle stick injury/mucosal splash Specify year: ☐☐☐☐

20. Ever had sex with a foreigner? (In Sri Lanka or abroad)

- ☐ **a. Yes**
- ☐ **b. No**
- ☐ **c. Not Applicable (Foreign Nationality)**

21. Acquired from mother to child transmission

- ☐ a. No
- ☐ b. Yes
- ☐ c. Not Known

INFORMATION ABOUT SPOUSE/LIVE-IN PARTNER EXPOSURE TO HIV

22. HIV status of spouse

- ☐ a. Positive
- ☐ b. Negative
- ☐ c. Not Known
- ☐ d. Not Applicable

23. Has spouse ever gone abroad?

- ☐ a. Yes, countries _____
- ☐ b. No
- ☐ c. Not Known
- ☐ d. Not Applicable

24. Risk factors for HIV spouse

☐ a. None ☐ b. MSM ☐ c. Sex Worker (now or former) ☐ d. Multiple Sex Partners
☐ e. Injecting drug user (now or former) ☐ f. Not Known ☐ g. Not Applicable

DETAILS OF THE REFEREING DOCTOR/HEALTHCARE WORKER

A. Name : _____
B. Signature : _____
C. Designation : _____
D. Institution : _____
E. Telephone No. : _____
F. Date : _____

Annexure 9 NSACP/10/ANC/2

National STD/HIV Reference Laboratory
No.29, De Saram Place, Colombo 10, Sri Lanka
Tel: 0112 667163, Tel/Fax: 0112 5336873

REQUEST FOR SYPHILIS / HIV TESTING IN ANTENATAL MOTHERS

Institution / Clinic .....

MOH Area .....

Date of Sample Collection .....

Patient No (ANC)	Age	Parity	POA	HIV Results	VDRL Results

....
Name of Collecting Officer Designation Signature

....
Name of Medical Officer Designation Signature

REPORT (Laboratory use only)
Date/Time of Receipt of Samples :..... .....am/pm
MLT: ..... Consultant Microbiologist: .....
Date: ..... Date: .....

National STD/HIV Reference Laboratory
No.29, De Saram Place, Colombo 10, Sri Lanka
Tel: 0112 667163, Tel/Fax: 0112 5336873

REQUEST FOR ANTI-RETROVIRAL DRUG RESISTANCE TESTING

The result of a viral load test done within 2 months should be available to accept the specimens. If not sample will be rejected.

Patient Information

Patient's File No: .....
Age: .....
Sex: .....
Ward / Clinic / Hospital: .....

Lab No:	
Date of collection:	
Time of collection:	

Brief Clinical History	History of ART

Indication for Testing

Previous Test Results of Viral Load Testing

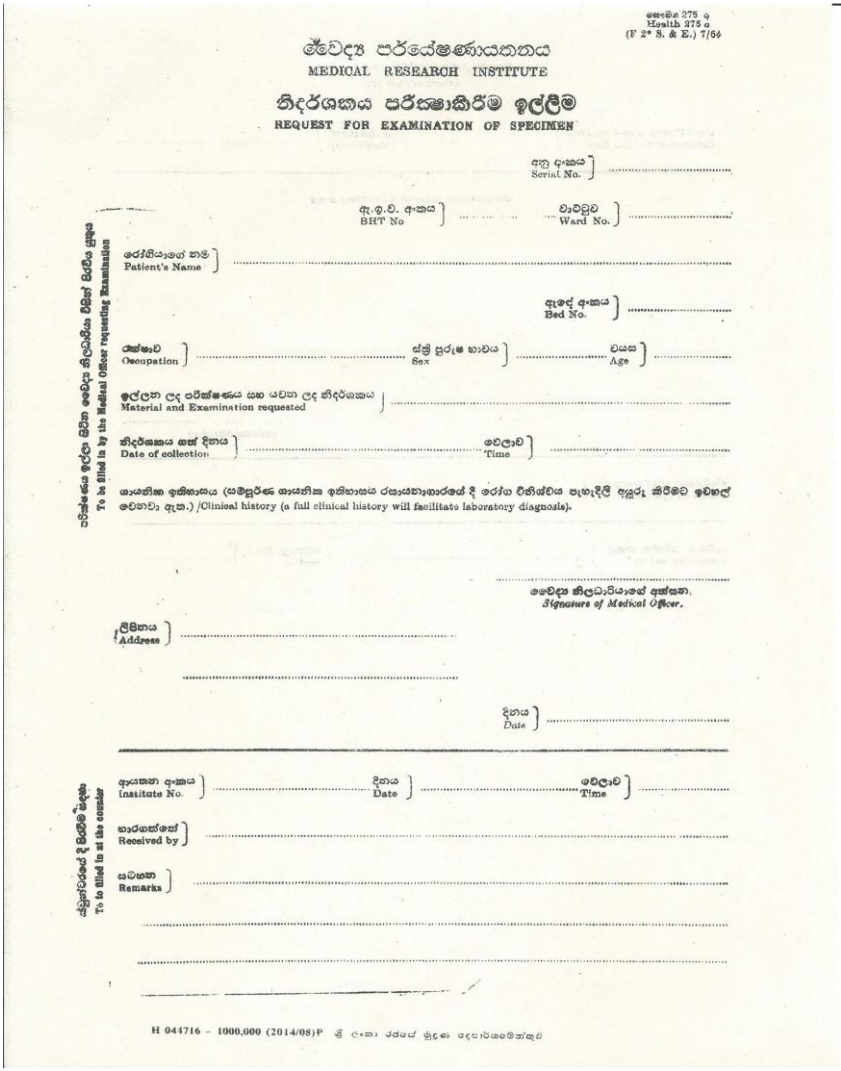
Date	Viral Load

Any other relevant information:

Requesting Doctor	Consultant in Charge
Name	Name .....
Designation	
Date	Signature .....

Annexure 11

Page 1



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MEDICAL RESEARCH INSTITUTE

නිදර්ශකය පරීක්ෂාකිරීම ඉල්ලීම
REQUEST FOR EXAMINATION OF SPECIMEN

අනු අංකය
Serial No. .....

ඇ.ඉ.වි. අංකය
BHT No ..... වාට්ටුව
Ward No. .....

රෝගියාගේ නම
Patient's Name .....

ඇඳේ අංකය
Bed No. .....

රැකියාව
Occupation ..... ස්ත්‍රී පුරුෂ භාවය
Sex ..... වයස
Age .....

ඉල්ලන ලද පරීක්ෂණය සහ යවන ලද නිදර්ශකය
Material and Examination requested .....

නිදර්ශකය ගත් දිනය
Date of collection ..... වෙලාව
Time .....

පරීක්ෂණය ඉල්ලා සිටින වෛද්‍ය නිලධාරියා විසින් පිරවිය යුතුය
To be filled in by the Medical Officer requesting Examination

ශාරීරික ඉතිහාසය (සම්පූර්ණ ශාරීරික ඉතිහාසය රසායනාගාරයේ දී රෝග විනිශ්චය පැහැදිලි අයුරු කිරීමට ඉවහල් වෙනවා ඇත.) /Clinical history (a full clinical history will facilitate laboratory diagnosis).

.....

වෛද්‍ය නිලධාරියාගේ අත්සන
Signature of Medical Officer.

ලිපිනය
Address .....

.....

දිනය
Date .....

ආයතන අංකය
Institute No. ..... දිනය
Date ..... වෙලාව
Time .....

භාරගත්තේ
Received by .....

සටහන
Remarks .....

.....

.....

ඡේදාගාරයේ දී පිරවිය යුතුය
To be filled in at the counter

H 044716 – 1000,000 (2014/08)P ශ්‍රී ලංකා රජයේ මුද්‍රණ දෙපාර්තමේන්තුව

රසායනාගාරය පාවිච්චිය සඳහා පමණයි
Laboratory use only

රසායනාගාර අංකය හා දිනය
Laboratory No. and Date .....

භාරගත්තේ
Received by .....

රසායනාගාර සටහන්/Laboratory Notes

.....
අත්සන/Signature

නිදර්ශකය ගැන වාර්තාව
Report on Specimens .....

වාර්තාව පරීක්ෂා කළේ
Report checked by .....

යවනලද දිනය
Sent on .....

Annexure 12

Page 1

National Programme for Tuberculosis Control and Chest Diseases TB 06

REQUEST FORM
TB CULTURE, DRUG SUSCEPTIBILITY AND MOLECULAR TESTING
National TB Reference Laboratory, Welisara

Specimen		Date of Collection		
Sputum	Other (Specify)	dd	mm	Yy

Lab Use Only	Serial No			
Date of Receipt			Lab No.	
dd	mm	yy	Culture	DST

Last Name of the Patient (In Block Letters)

First Name/Initials of the Patient (In Block Letters)

Date of Birth			Sex	
yyyy	mm	dd	M	F

Contact Number	NIC/ID of Patient/Parent/Guardian

Name of Sending Institution	Ward/ Clinic	BHT/Clinic No	Forwarding DCC	Standard Card No.	District TB NO	Report to be Sent to

Patients Address:		Residential District:	

Test/s Requested	Culture & DST		Xpert (MTB/RIF)	

Indication	For Diagnosis		Follow Up CAT I		Follow Up CAT II		Follow Up CAT IV		Other (Specify)	

Probable Diagnosis	PTB Smear positive		PTB Smear negative		EPTB		Site/s	

Treatment History	New		Previously Treated		Known MDR		Known MOTT		History Unknown	

If Previously Treated	First Relapse		>1 Relapse		Rx After Failure		Rx After Loss to Follow Up		Other (Specify)	

Details of Treatment

Past ATT (Indicate periods of treatment)	Cat I/Cat II/Cat IV
Present ATT (on the date of specimen collection)	Not on ATT / On ATT (indicate regime & starting date) Cat I /Cat II /Cat IV

Current Sputum Smear Status of Follow Up Patients		Duration of Treatment	Does the patient belong to a Presumptive MDR group?	
Positive	Negative		Yes	No

Contact No.: 011-2956702 or 011-2951428 or 011-2951751 or 011-2958271 Ext 409, 138 or 421

National Programme for Tuberculosis Control and Chest Diseases TB 06

Previous Cultures Done

Lab Serial No.	ABST No.	MDR No.	Year	Result

Other Relevant Clinical Details (e.g. HIV /Other Causes of Immune Suppression/X Ray/Mantoux)

.....
.....
.....
.....
.....

Signature of Medical Officer:.....
Name: .....
Designation: HO/ MO/DTCO/SHO/REG/SR/VP/VS/.....

Please Refer to Lists Given to District Chest Clinic for the Following

- ***Indications for Culture - List 1***
- ***Indications for Xpert MTB/RIF - List 2***
- ***Presumptive MDR Groups –List 3***

Laboratory Use Only

Lab Serial No: .....

Smear	Positive 3+		Positive 2+		Positive 1+		Positive scanty		Negative	

Culture	Positive		Negative		Contaminated		Other	

Identification	MTB		Atypical		Other (Specify)	

Results of Sensitivity Test

Result	Streptomycin	Isonlazid	Rifampicin	Ethambutol
Sensitive				
Resistant				

.....
MLT /NTRL

Date :.....

.....
Consultant Microbiologist/NTRL

Date : .....

Contact No.: 011-2956702 or 011-2951428 or 011-2951751 or 011-2958271 Ext 409, 138 or 421

Annexure 13

National STD/HIV Reference Laboratory
No.29, De Saram Place, Colombo 10, Sri Lanka
Tel: 0112 667163, Fax: 0112 5336873

NRL/RQ/6/HIV/GX

Request for Early Infant Diagnosis

To be filled by blood drawing officer	
Date of Sample Collection:	
Time of Sample Collection:	

Lab use only	
Sample Received Date:	
Sample Received Time:	

Patient Information:

Infant File Number : - …… Date of birth :- ……Sex:- ……
Mothers File Number :- ……
Ward/Clinic :- ……
Hospital/Institution :- ……

Sample Taken

At Birth ……. ☐
At 4 – 6 Week ……. ☐
At 4 – 6 months ……. ☐
Repeat test (Specify age) ……. ☐

Mother's Previous Test Results in Chronological Order

Date	CD4	CD8	Viral load (RNA copies/ml)
At Delivery			

Patient's Previous Test Results in Chronological Order

Date	CD4 %	HIV DNA PCR Test Results	Viral load (RNA copies/ml)
At Delivery			

Current Feeding Practice:

☐ Formula feeding ☐ Breast feeding ☐ Mix feeding

Any other relevant information:
……

Requesting Doctor
Name: - ……
Designation: -……
Date: - ……

Consultant in charge of patient
Name: - ……
Signature: - ……
Date:……