



Saginaw County

HEALTH DEPARTMENT

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Title: Appendix A: Specimen Collection for VDRL

Index: STI 6

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Organizational Unit: Saginaw County Regional Laboratory

Section: High Complexity Testing

Location: High Complexity Testing

Title: Appendix A: Specimen Collection for VDRL (Syphilis Screening)

- I. SPECIMEN:**
Serum, Cerebrospinal Fluid (CSF)
- II. PATIENT PREPARATION AND INSTRUCTIONS:**
- Patient should be informed as to the nature of the test procedure.
 - Patient should be informed before time of test, that their blood should be drawn before meals or a minimum of one hour after meals to avoid chylous serum.
 - Patients should be advised that blood must not be drawn for 24 hours after a period of alcoholic inebriation since alcohol in the blood diminishes the intensity of reaction.
- III. EQUIPMENT AND SUPPLIES FOR COLLECTION:**
- For blood specimens, see Appendix A Venipuncture and/or Appendix B - Skin Puncture. Use red stopper collection tubes, they contain no additives.
 - For CSF specimens, collection tubes should be clean, dry and sterile.
- IV. COLLECTION PROCEDURE:**
- Identify the patient and label the red top collection tube (no anticoagulant) with name of patient, and preferably clinic/doctor. A standard laboratory slip must be filled out by the doctor or clinic with name of patient, clinic or doctor, date of collection, and preferably patient sex and birth date. Indicate test(s) desired on laboratory report form. These slips must accompany each specimen.
 - Use clean, sterilized disposable needles, syringes and collection tubes or vacutainer system, lancets, etc. Dispose of needles by use of a safety devise such as a Sharps Collector.
 - Spinal fluid collection should be preformed only by a licensed physician.
 - Refer to Appendix A - Venipuncture and/or Appendix A - Skin Puncture.
- V. PREFERRED SAMPLE AND ALTERNATIVES:**
- Preferred sample is serum from venous blood.
 - An acceptable alternative is serum from capillary blood if venipuncture cannot be performed.
 - CSF specimens that are not grossly contaminated with blood or bacteria are acceptable.
- VI. VOLUME OF SAMPLE REQUIRED:**
- The preferred volume is 5 - 8 ml of whole blood, 1 ml of CSF.
 - The minimum volume is, sufficient blood to yield 0.5 ml serum, 0.1 ml CSF.
- VII. ACCEPTABLE AND UNACCEPTABLE ANTICOAGULANTS:**
No anticoagulants are acceptable.
- VIII. ACCEPTABLE AND UNACCEPTABLE PRESERVATIVES:**
Serum may be preserved by freezing (-20°C). No other form of preservative is acceptable.
- IX. HANDLING:**
Handle all specimens as being etiological agents
- X. SPECIAL TIMING CONSIDERATIONS:**
Blood and CSF should be delivered to the laboratory as soon as possible after collection, or within 6 hours.
- XII. TRANSPORT CONDITIONS:**
If specimens are being mailed to reference laboratory, all USDOT regulations must be meet. Whole blood and CSF should be protected from freezing or extreme heat.
- XIII. STORAGE CONDITIONS:**
Store both CSF and serum in tightly stopper tubes in a laboratory refrigerator (2 - 8°C) for 48 hours. If serum is to be stored for more than 48 hours, freeze serum upon receipt.

XIV. SPECIAL EQUIPMENT:

None

XV. STABILITY, (TIME AND CONDITIONS):

- A. In tightly stopper tubes, blood and CSF may be kept at room temperature (23 - 29°C) for 1 day.
- B. Serum and CSF can be stored in the refrigerator (2 - 8°C) in tightly stopper tubes for 48 hours.
- C. If samples are to be stored for more than 48 hours, freeze serum upon receipt.
- D. Serum can be stored frozen for 60 days in a deep freeze unit or, 30 days in the freezer compartment of the chemistry refrigerator.

XVI. CRITERIA FOR REJECTION (LIST CRITERIA FOR SPECIMEN REJECTION):

- A. Serum specimens that are excessively hemolyzed (when the Atlanta Journal cannot be read through it), grossly contaminated with bacteria, or extremely turbid, are unsatisfactory for testing.
- B. Spinal fluids that are grossly contaminated with blood or bacteria are unsatisfactory for testing.
- C. Whole blood specimens that are greater than 8 hours are unacceptable for testing.
- D. Specimens that do not meet the minimum requirements will be rejected for testing.
- E. Specimens are unacceptable when they are not accompanied by a laboratory slip.
- F. Do not test specimens that are not acceptable for testing, instead report as UNSATISFACTORY. Note on the report form the condition of the specimen.
- G. Do not discard specimen until checking with supervisor. Record in comment section of flow sheet and on the laboratory report form the deposition of the specimen.

XVII. POLICY FOR CONSISTENTLY UNSATISFACTORY SPECIMEN FROM SAME CLIENT:

- A. Rejected/poor specimens shall be checked for authorized person/clinic of origin to determine any trends.
- B. Laboratory supervisor shall notify in writing the authorized person/clinic supervisor of a possible trend in rejected/poor specimens, and offer support and training.
- C. Should this trend continue, documentation of the events shall be sent to the Medical Officer for appropriate action.

XVIII. REFERENCES:

- A. Davidsohn, Israel and J.D. Henry, editors. 1969. Todd-Sanford-Clinical Diagnosis By Laboratory Methods, 14th Edition. W.B. Sanders Co., Philadelphia, PA.
- B. Henry, John Bernard M.D., et al editors. 1984. Todd-Sanford-Davidsohn, Clinical Diagnosis and Management, 17th Edition. W.B. Sanders Co., Philadelphia, PA.
- C. Personal communications with VDRL.
- D. U.S. Department of Health, Education and Welfare, Public Health Service, National Communicable Disease Center, Venereal Disease Program, 1969. Manual of tests for Syphilis. U.S. Government Printing Office, Washington, D.C.

Appendix: Appendix A: Specimen Collection for VDRL

Links

Please note: links are only correct at time of printing

Controlled Document links:

Document Revision History

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Appendix: Appendix A: Specimen Collection for VDRL

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Appendix: Appendix A: Specimen Collection for VDRL

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Appendix: Appendix A: Specimen Collection for VDRL

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