

**Courier –United States Department Of Transportation
(USDOT)**

**Category “A” Infectious Substance (UN2814)
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New Jersey Department of Health and Senior Services BioThreat Response
Laboratory Using a Courier (USDOT Regulations)**

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Page 6: Sample LAB-5 form (sample testing request and chain-of-custody) with required information filled-in.

Page 7: Blank LAB-5 form

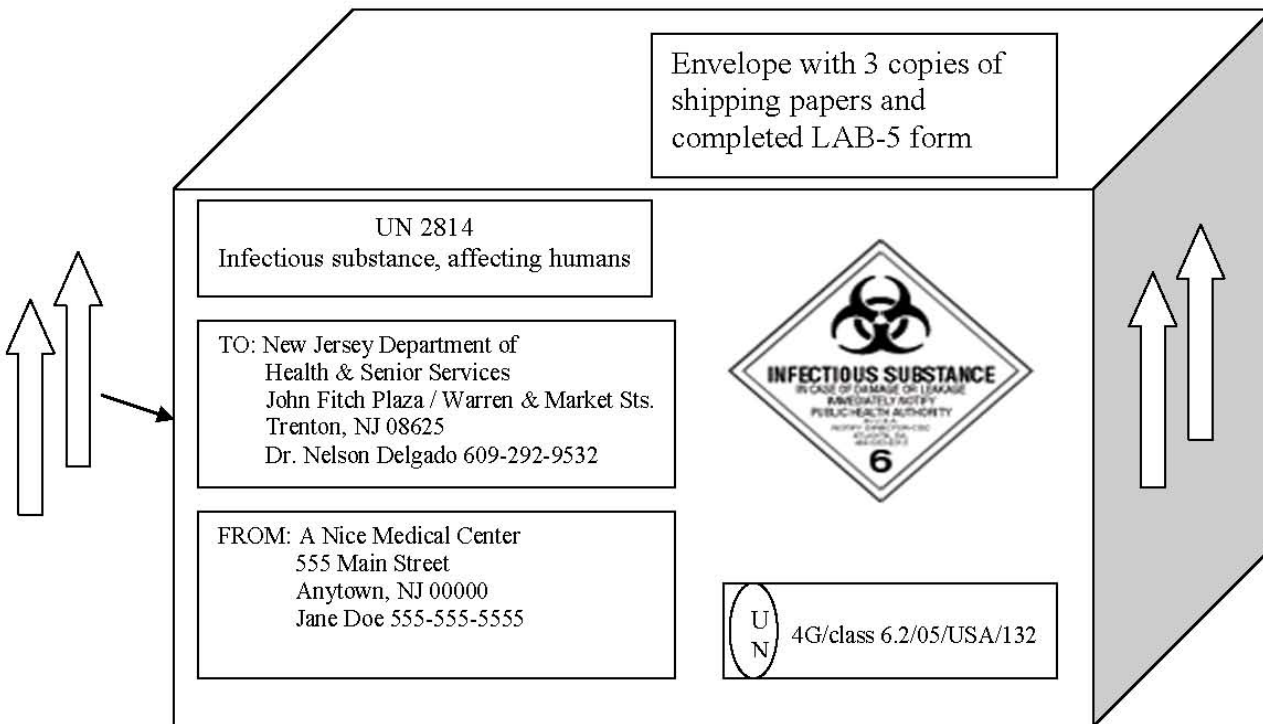
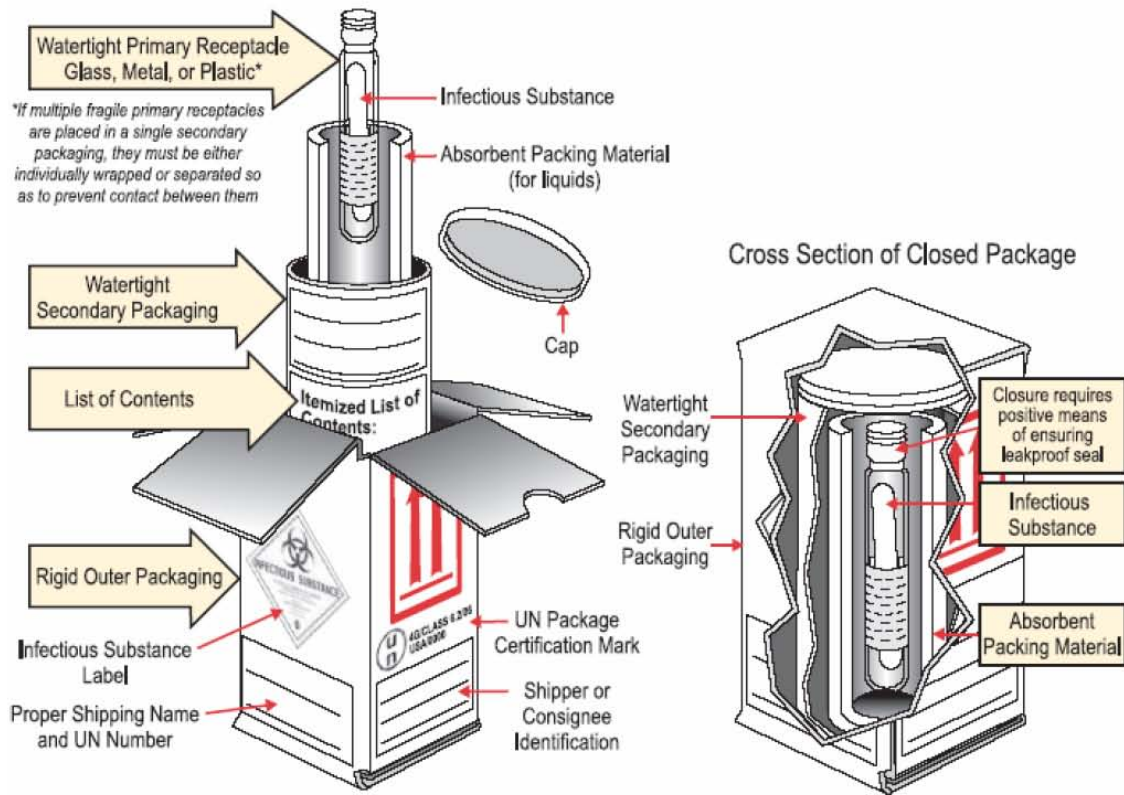
Three (3) copies of the completed shipping paper must be affixed to the outside of the package.

The LAB-5 must be completed correctly for testing. All information requested is required. Be sure to sign the specimen destruction policy acknowledgement in the middle of the form. One (1) copy per specimen submitted must accompany the package. We recommend that the form be placed in an envelope and affixed to the outside of the package AFTER the courier signs the COC section (bottom) of the form.

If you have any questions, please contact the laboratory at:

609-292-3755 / 609-292-3597 / 609-943-9925

Courier/DOT – Packaging and Shipping a Sample/Specimen to the New Jersey Department of Health and Senior Services BioThreat Response Laboratory



Courier USDOT
Category “A” Infectious substance (UN2814)

Primary Receptacle: The primary receptacle contains the infectious substance and must be watertight to prevent leakage. Screw caps must be fastened with tape, shrink seals, or other comparable material.

Secondary Packaging: One or more primary receptacles may be placed in a watertight secondary packaging. Multiple samples/specimens must be individually wrapped to prevent contact between them. Absorbent material must be placed between the primary receptacle and the secondary packaging for liquid substances.

Outer Packaging: Packaging that is certified to meet UN performance test standards must be used and marked with a UN specification mark. An itemized list of contents must be enclosed between the secondary packaging and the outer packaging, and the secondary package secured with cushioning material.

Labeling/marking outer package:

1. “UN 2814: Infectious substance, affecting humans”
2. Infectious substance label for category “A” infectious substance.
3. Name, address, and phone number of the shipper, responsible person.
4. Name, address, and phone number of the consignee
5. Package orientation (this way up arrows)

Documentation:

1. Envelope containing 3 copies of shipping papers and completed LAB-5 form
2. Itemized list of content inside between secondary and outer packaging.

**NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
HAND CARRIED SPECIMEN DELIVERY**

Specimens should be delivered directly to the basement of the NJDHSS Laboratory Building at the John Fitch Plaza at the intersection of South Warren and Market Streets.

DURING PUBLIC HEALTH EMERGENCIES, LAW ENFORCEMENT AGENTS WITH IDENTIFICATION MAY DELIVER SPECIMENS APPROVED BY THE DHSS COMMUNICABLE DISEASE PROGRAM WITH AN ASSIGNED CASE NUMBER.

Those delivering specimens may park in a small lot adjacent to the Laboratory Building on South Warren St. Proceed down the ramp from the lot to the exterior of the Laboratory (greenhouse is on the left). In the alcove an intercom will be available to contact laboratory security to secure specimen entry. Agents delivering specimens should press the buzzer to initiate the process. A state security officer will **ONLY** admit authorized individuals, and initiate the chain of custody procedures.

Specimen Receipt Hours: Monday through Friday 8:00 am–5:00 pm

For high priority specimens after hours and weekends, please contact the answering service at (609) 392-2020. During these times ring the bell by the main entrance of the Health and Agriculture Building door. A guard will assist with specimen submission.

DIRECTIONS TO DHSS PUBLIC HEALTH AND ENVIRONMENTAL LABORATORY

FROM POINTS NORTH:

- Rt 29 South Follow to Trenton area; exit to the left at “Market Street” exit; turn left at the second stoplight onto Warren St. Turn left into small parking lot (greenhouse is on the left). See information above.
- Rt 206 South Follow to Rt 1 South (see directions from Rt 1 below)
- Parkway S. Follow to the NJ Turnpike South (see directions from NJ Turnpike.South below).
- Rt. 1 South Stay left where Rt 1 and Alternate Rt. 1 split, just north of Trenton. Follow to Trenton area; exit to the right at “Capital Complex” exit (last exit in NJ); Turn right at the end of ramp (traffic light) on to Warren St.; go through the traffic light at the intersection of Market and Warren Sts. Turn left into the small parking lot by the greenhouse (on Warren St). Follow instructions above for delivering specimens.
- NJ Turnpike Follow to exit 7A; take I-195 West , which will turn into Rt. 129 as the road crosses under I-295 (follow directions for I-195 West, below).

FROM POINTS SOUTH AND EAST

- I-295North Take exit 60, Route 129, towards Trenton (see directions from Route 129 below).
- Rt 206 North Exit on I-195 West to Rt. 129 (see from Rt. 129 below)
- I-195 West As I-195 crosses under I-295 it becomes Rt 29; follow signs for Lambertville/29N, through the tunnel and past the baseball stadium; exit to the right at “Market St.” exit; turn left at the second stoplight onto Warren St. Turn left into the small parking lot by the greenhouse. Follow instructions above for delivering specimens.

Shipping Papers for Ground Transportation of Hazardous Materials
 (To be completed when transporting hazardous materials by hospital courier)
 (One signed copy retained by shipper for 2 years)

Shipper's Reference Number(s) Internal reference, if any

Shipper: A Nice Medical Center - Jane Doe
555 Main Street
Anytown, NJ 000000

Consignee: Dr. Nelson Delgado
 New Jersey Department of Health & Senior Services
 BioThreat Response Laboratory
 John Fitch Plaza / Warren and Market Sts.
 Trenton, NJ 08625

Nature and Quantity of Hazardous Material:

Hazardous Material Identification					
HM Place "X"	Proper Shipping Name	Hazard Class or Division	UN or ID No.	Packing Group	Quantity, Number, and Type of Packages
X	Infectious substance, affecting humans (Suspected Category A Infectious substance)	6.2	UN 2814		One fiberboard box One 10 ml tube

Emergency response telephone number: (555)-555-5555

SHIPPER'S CERTIFICATION: "This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

Print Name: Jane Doe

Date: 12/1/2006

Sign Name: 

Shipping Papers for Ground Transportation of Hazardous Materials

(To be completed when transporting hazardous materials by hospital courier)

(One signed copy retained by shipper for 2 years)

Shipper's Reference Number(s) _____

Shipper: _____

Consignee: Dr. Nelson Delgado
New Jersey Department of Health & Senior Services
BioThreat Response Laboratory
John Fitch Plaza / Warren and Market Sts.
Trenton, NJ 08625

Nature and Quantity of Hazardous Material:

Hazardous Material Identification		Hazard Class or Division	UN or ID No.	Packing Group	Quantity, Number, and Type of Packages
HM Place "X"	Proper Shipping Name				

Emergency response telephone number: _____

SHIPPER'S CERTIFICATION: "This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

Print Name: _____

Date: _____

Sign Name: _____

**New Jersey Department of Health and Senior Services
Public Health and Environmental Laboratories**

REQUEST FOR TESTING OF SUSPECTED SELECT AGENTS AND CHAIN OF CUSTODY

Please provide the following information on each sample submitted for testing.

CLINICAL SPECIMENS/REFERRED CULTURE	ENVIRONMENTAL/OTHER SAMPLES
NJDHSS Case Number: 113006MJF01	NJDHSS HIPER Case Number: _____
<i>(Lab Use Only)</i> PHEL Accession Number: _____	<i>(Lab Use Only)</i> PHEL Accession Number: _____
Name of Requesting Agency/Institution: A Nice Medical Center	Name of Requesting Agency/Institution: _____
Address: 555 Main Street	Address: _____
City: Anytown	City: _____
State: NJ Zip: 00000	State: _____ Zip: _____
Phone: 555-555-5555 Fax: 555-555-5555	Phone: _____ Fax: _____
Patient Name: Doe, John <i>(Last)</i> <i>(First)</i>	Sample Collected By: _____
DOB or Age: 01/23/1945 <i>(MM/DD/YYYY)</i>	Collection/Pickup Site: _____
Collection Date: 11/30/2006 <i>(MM/DD/YYYY)</i>	Collection Date: _____ <i>(MM/DD/YYYY)</i>
Describe Sample: Blood culture on agar slant	Describe Sample: _____
Culture Growth Temperature (if applicable): <input checked="" type="checkbox"/> 37° <input type="checkbox"/> Other: _____	
Analysis Requested (Suspected Select Agent): rule out Bacillus anthracis	Analysis Requested (Suspected Select Agent): _____

NOTE: ALL SPECIMENS THAT TEST NEGATIVE FOR SELECT AGENTS MUST BE RETRIEVED 30 DAYS AFTER WRITTEN RESULT NOTIFICATION. ALL NEGATIVE SPECIMENS NOT CLAIMED AFTER 30 DAYS WILL BE DESTROYED.

Signature of Submitter: *Jane Doe* Date: **11/30/06**

Sample Receiving (Chain of Custody / Official Use Only)				
Name	Date	Time	Initials	Action
Person Submitting Specimen for Delivery (<i>Print</i>) Jane Doe	11/30/06	9:30 AM	JD	Give to courier
Person Submitting Specimen for Delivery (<i>Signature</i>) <i>Jane Doe</i>				
Person Making Delivery (<i>Print</i>) Delivery Man	11/30/06	9:30 AM	DM	Receive from hospital lab
Person Making Delivery (<i>Signature</i>) <i>Delivery Man</i>				
Person Receiving Delivery (<i>Print</i>)				
Person Receiving Delivery (<i>Signature</i>)				

**New Jersey Department of Health and Senior Services
Public Health and Environmental Laboratories**

REQUEST FOR TESTING OF SUSPECTED SELECT AGENTS AND CHAIN OF CUSTODY

Please provide the following information on each sample submitted for testing.

CLINICAL SPECIMENS/REFERRED CULTURE	ENVIRONMENTAL/OTHER SAMPLES
NJDHSS Case Number: _____	NJDHSS HIPER Case Number: _____
(Lab Use Only) PHEL Accession Number: _____	(Lab Use Only) PHEL Accession Number: _____
Name of Requesting Agency/Institution: _____	Name of Requesting Agency/Institution: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Patient Name: _____ (Last) (First)	Sample Collected By: _____
DOB or Age: _____ (MM/DD/YYYY)	Collection/Pickup Site: _____
Collection Date: _____ (MM/DD/YYYY)	Collection Date: _____ (MM/DD/YYYY)
Describe Sample: _____	Collection Time: _____
Culture Growth Temperature (if applicable): <input type="checkbox"/> 37° <input type="checkbox"/> Other: _____	Describe Sample: _____
Analysis Requested (Suspected Select Agent): _____	Analysis Requested (Suspected Select Agent): _____

NOTE: ALL SPECIMENS THAT TEST NEGATIVE FOR SELECT AGENTS MUST BE RETRIEVED **30 DAYS AFTER WRITTEN RESULT NOTIFICATION. ALL NEGATIVE SPECIMENS NOT CLAIMED AFTER 30 DAYS WILL BE **DESTROYED**.**

Signature of Submitter: _____ Date: _____

Sample Receiving (Chain of Custody / Official Use Only)				
Name	Date	Time	Initials	Action
Person Submitting Specimen for Delivery (<i>Print</i>)				
Person Submitting Specimen for Delivery (<i>Signature</i>)				
Person Making Delivery (<i>Print</i>)				
Person Making Delivery (<i>Signature</i>)				
Person Receiving Delivery (<i>Print</i>)				
Person Receiving Delivery (<i>Signature</i>)				

Approval (NJDHSS Case Number) is required for testing to proceed. To obtain case numbers for clinical specimens and suspect cultures, call CDS: 609-588-7500 (Monday-Friday, 8:00 AM to 5:00 PM; 609-392-2020 all other times). For environmental samples, call HIPER: 609-588-3572 (Monday-Friday, 8:00 AM to 5:00 PM; 609-392-2020 all other times).