

Recommended Laboratory Investigation of Severe Acute Respiratory Syndrome

In addition to clinically indicated laboratory testing conducted at the local level, the following specimens should be collected for all patients meeting the **probable case** definition or for all **suspect cases with close contacts**^{*} to probable cases:

- I. Acute and convalescent blood for serology with at least 2 weeks between acute and convalescent samples
- II. Red tube (10mL minimum)
- III. Lavender tube (7mL minimum) for amplification tests
- IV. Throat swab in viral transport media
- V. Nasopharyngeal swab or aspirate viral transport medium (2mL)
- VI. **Stool for virology** fresh or in viral transport media (if diarrhea is present). *Not in preservative.*

AND WHERE POSSIBLE

- VII. Bronchial alveolar lavage or tracheal aspirate in a sterile container
- VIII. **IF** a probable or suspect case had additional symptoms of meningitis** - **CSF** for virology - fresh specimen in CSF tube
- IX. All tissues from biopsy or autopsy <u>fresh</u> and <u>fixed</u>: lung, liver, spleen, brain etc.

Laboratories should follow normal testing procedures and refer specimens where necessary to the appropriate reference laboratories.

IMPORTANT Transportation notes!!

- 1) **PLEASE** indicate the following on the laboratory requisition form:
 - a. "SARS SPECIAL INVESTIGATION"
 - b. Date of onset of illness
 - c. 'Travel history' and/or 'contact of known case'
- 2) **PLEASE communicate with local provincial laboratories FIRST** before sending samples to the Provincial labs or to the National Microbiology Laboratory (NML).

THESE RECOMMENDATIONS ARE SUBJECT TO REVISION THEY WILL BE REFINED AS NEW INFORMATION BECOMES AVAILABLE

* **Close contact** means having cared for, lived with or had face-to-face (within 1 metre) contact with or having had direct contact with respiratory secretions and/or body fluids of a person with SARS.

** Meningitis has not been reported in SARS cases reported to date.