

Dear Faculty and Staff,

The Microbiology and Virology Clinical Laboratories have developed a protocol for the safe handling of specimens from patients with suspected Ebola or other viral hemorrhagic fevers (VHF). This protocol takes into account the latest guidance from the CDC and American Society for Microbiology, and is designed to limit the risk of exposure while providing essential testing for patient diagnosis and monitoring.

Please note that diagnostic testing for Ebola/VHF will take place at the CDC. We anticipate that results will be available within **24-48 hours** of specimen receipt, though turnaround may be longer. A minimum of 4 mL of whole blood in plastic EDTA tubes (lavender top) is required for testing.

Limited laboratory testing will be available in-house to manage patients while Ebola/VHF is being ruled out.

In-house Testing

Microbiology: Malaria thin smears, if BinaxNOW antigen test is negative. Blood cultures, in plastic blood culture bottles only. No stool, respiratory, or fluid cultures will be performed until Ebola/VHF has been ruled out.

Virology: Routine virology testing, including the respiratory virus panel, will not be performed until Ebola/VHF has been ruled out.

Chemistry: No blood, urine or body fluid specimens will be accepted by the core chemistry laboratory. Point of care (POC) testing will be available at the bedside, to include electrolytes (Na, K, Cl, iCa), BUN, creatinine, troponin, glucose, lactate, hemoglobin/hematocrit, and blood gases (pH, PCO₂, PO₂, TCO₂, BE, S0₂). POC testing will be performed by trained nursing staff with POC devices dedicated for use with the patient with suspected VHF, labeled "Danger: Suspected Ebola/VHF", and kept in the isolation room.

Hematology: Routine automated complete blood count/differential studies will be available. Closed mode of the automated analyzers will be used to minimize exposure. For malaria testing, antigen test (BinaxNOW) will be performed. No body fluid specimens will be accepted by the hematology laboratory.

Coagulation: No blood specimens will be accepted by the coagulation laboratory. Point of care (POC) testing will be available at the bedside, to include INR/PT and Activated Clotting Time (ACT) measurements, and be performed at the bedside by trained nursing staff with POC devices dedicated to use with the patient with suspected VHF, labeled "Danger: Suspected Ebola/VHF", and kept in the isolation room.

Transfusion service: No blood specimens will be accepted by the transfusion service. Accordingly, therapeutic blood products issued for the duration of hospitalization will consist of:

- RBC: universal donor (O pos), emergency-released, uncross-matched
- For children and women of child-bearing age (less than 50 years of age), RBC issued will be O neg, inventory-permitting.
- Plasma or Cryoprecipitate: universal donor blood group AB or blood group A, depending on inventory availability
- Apheresis Platelets: any blood group, depending on inventory availability

Molecular Diagnostics: No specimens will be accepted until Ebola/VHF has been ruled out.

Surgical Pathology: Biopsies will not be accepted until Ebola/VHF has been ruled out.

Please let us know if you have any questions or concerns.

Thank you,

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