



## Determine Category of Specimen

### Category A Infectious Substances



**Public Health**  
Prevent. Promote. Protect.

Category A is an infectious substance which is transported in a form that, when exposure to it occurs, is capable of causing permanent disability, life-threatening or fatal disease in otherwise healthy humans or animals.

#### UN2814 “Infectious Substances, Affecting Humans”

- *Bacillus anthracis* (Anthrax) cultures
- *Brucella abortus* cultures
- *Brucella melitensis* cultures
- *Burkholderia mallei* –  
*Pseudomonas mallei* glanders cultures
- *Burkholderia pseudomallei* –  
*Pseudomonas pseudomallei* cultures
- *Chlamydia psittaci* – avian strain cultures
- *Clostridium botulinum* (Botulism) cultures
- *Coccidioides immitis* cultures
- *Coxiella burnetii* cultures
- Crimean-Congo hemorrhagic fever virus
- Dengue virus (Breakbone fever) cultures
- Eastern equine encephalitis virus cultures
- *Escherichia coli*, verotoxigenic cultures
- Ebola virus
- Flexal virus
- *Francisella tularensis* cultures
- Guanarito virus
- Hantann virus
- Hantaviruses causing hantavirus  
pulmonary syndrome
- Hendra virus
- Hepatitis B cultures
- Herpes B virus cultures
- Human immunodeficiency virus cultures
- Highly pathogenic avian influenza virus cultures
- Japanese Encephalitis virus cultures
- Junin virus
- Kyasanur Forest disease virus
- Lassa virus
- Machupo virus
- Marburg virus
- Monkeypox virus
- *Mycobacterium tuberculosis* cultures
- Nipah virus
- Omsk hemorrhagic fever virus
- Poliovirus cultures
- Rabies virus
- *Rickettsia prowazekii* cultures
- *Rickettsia rickettsii* cultures
- Rift Valley fever virus
- Russian spring-summer encephalitis virus
- Sabia virus
- *Shigella dysenteriae* type 1 cultures
- Tick-borne encephalitis virus cultures
- Variola virus
- Venezuelan equine encephalitis virus
- West Nile virus cultures
- Yellow Fever virus cultures
- *Yersinia pestis* cultures

#### UN2900 “Infectious Substances, Affecting Animals”

- African horse sickness virus
- African swine fever virus
- Avian paramyxovirus  
Type 1 – Velogenic Newcastle disease virus
- Bluetongue virus
- Classical swine fever virus
- Foot and mouth disease virus
- Lumpy skin disease virus
- *Mycoplasma mycoides* –  
Contagious bovine pleuropneumonia
- Peste des petits ruminants virus
- Rinderpest virus
- Sheep-pox virus
- Goatpox virus
- Swine vesicular disease virus
- Vesicular stomatitis virus



## Category A Specimen “Triple Pack” Requirements

### 1) Leak-Proof Primary Receptacle

- MUST** have positive closure for example a screw-on cap.
- may be glass, metal, or plastic.

### 2) Leak-Proof Secondary Packaging

- Each primary receptacle must be individually wrapped or separated and **placed inside a leak-proof secondary container**, for example a leak-proof biohazard bag.
  - For a liquid, **an absorbent material** must also be included and be **capable of absorbing the entire contents of the primary receptacle(s)**.
    - ie. paper towels, cotton/cotton balls, bubble wrap, cellulose wadding.
  - When shipped by air, the primary and secondary containers must be able to withstand an internal pressure of no less than 95kPa (14 psi) in the range of -40°C to 55°C (-40°F to 130°F).
  - An itemized list of contents (Request for Analysis)** must be **placed between the secondary and outer containers** and should be **protected by storage in a leak-proof plastic bag**, preferably taped to the inside of the box, on top of the Styrofoam insulated pack (or similar item).
  - If a courier is used, then you **must write the waybill number on the outside of each secondary container**. Ie. DHL, FedEx, or UPS.
  - If you cannot place a pencil between the primary receptacles after the absorbent material is added, then the secondary container is too full.

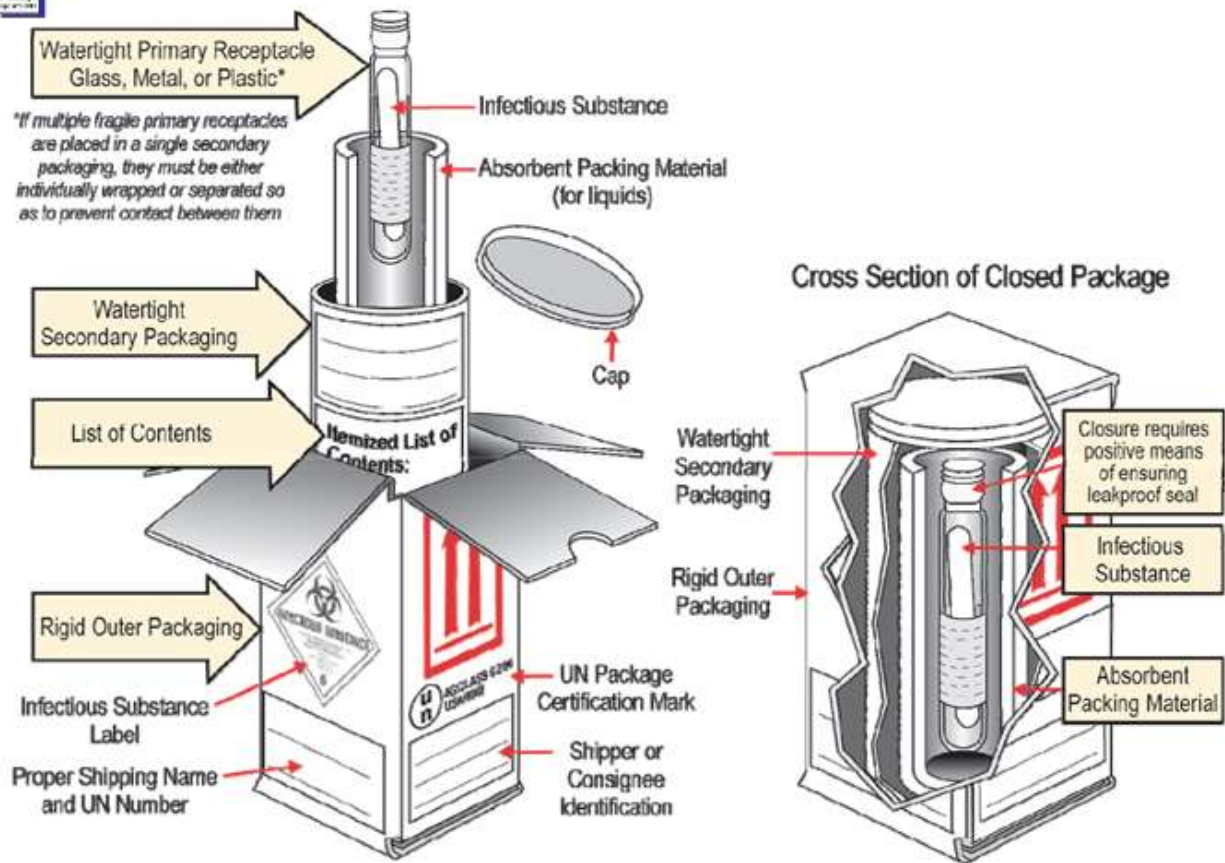
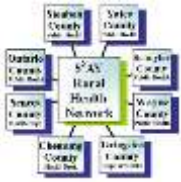
### 3) Outer Packaging

- The primary receptacle(s) and secondary container(s) are then **placed inside a sturdy outer container** that has a **minimum of one rigid** side of 4 in. (100 mm. x 100 m.) wide.
  - It must consist of **corrugated fiberboard, wood, metal or rigid plastic** and be appropriately sized for its contents.
  - Dry ice or ice packs/freezer blocks are placed between the secondary container(s) and the outer container when the specimens require refrigeration.
    - \*The VSP discourages the use of ice or dry ice. The simplest method is ice packs.\*
  - The outer container must not contain more than a total of 50 ml./50 g. for air shipment or 4 L./4 kg. for cargo shipment (excluding ice or dry ice used to keep specimens cold).
  - Each complete package must be **capable of withstanding a 4 ft. (1.2 meter) drop test** outlined in IATA and DOT regulations.

### 4) Outer Container Markings and Labels

- The **UN2814 label** for “Infectious Substances, Affecting Humans” or the **UN2900 label** for “Infectious Substances, Affecting Animals” with **proper name and net quantity of the infectious substance**.
- It must also have the **name, address, and telephone number of the shipper** as well as the **name, address, and telephone number of the receiver/consignee**.
- Requires an **Infectious Substance label** and **Shipper’s Declaration for Dangerous Goods**.

## Category A Packaging Diagrams



NYSDOH guidelines should be followed for packaging and shipping of clinical specimens. For general guidance and a demonstration of packaging and shipping of Category A and B specimens Saf-T-Pak (provider of shipping materials) videos are available online at the links provided below.

### Category A Specimens

[https://www.youtube.com/watch?v=cA4qYHg3U\\_M](https://www.youtube.com/watch?v=cA4qYHg3U_M)

This Saf-T-Pak video outlines the basic transportation requirements and packaging in order to pack a Category A Infectious substance according to IATA Packing Instruction 620 and 49 CFR 173.196. The packaging system used in the video is Saf-T-Pak's iconic STP-100. Please use proper personal protective equipment when handling infectious substances.

### Category B Specimens <https://www.youtube.com/watch?v=segYrsI6qAA>

This video outlines the basic transportation requirements and packaging in order to pack a Category B Infectious substance according to IATA Packing Instruction 650 and 49 CFR 173.199. The packaging system used in the video is Saf-T-Pak's versatile STP-250. Please use proper personal protective equipment when handling infectious substances



## Category B Infectious Substances

Category B is an infectious substance which does not meet the criteria for inclusion in Category A.

### UN3373 "Biological Substances, Category B"

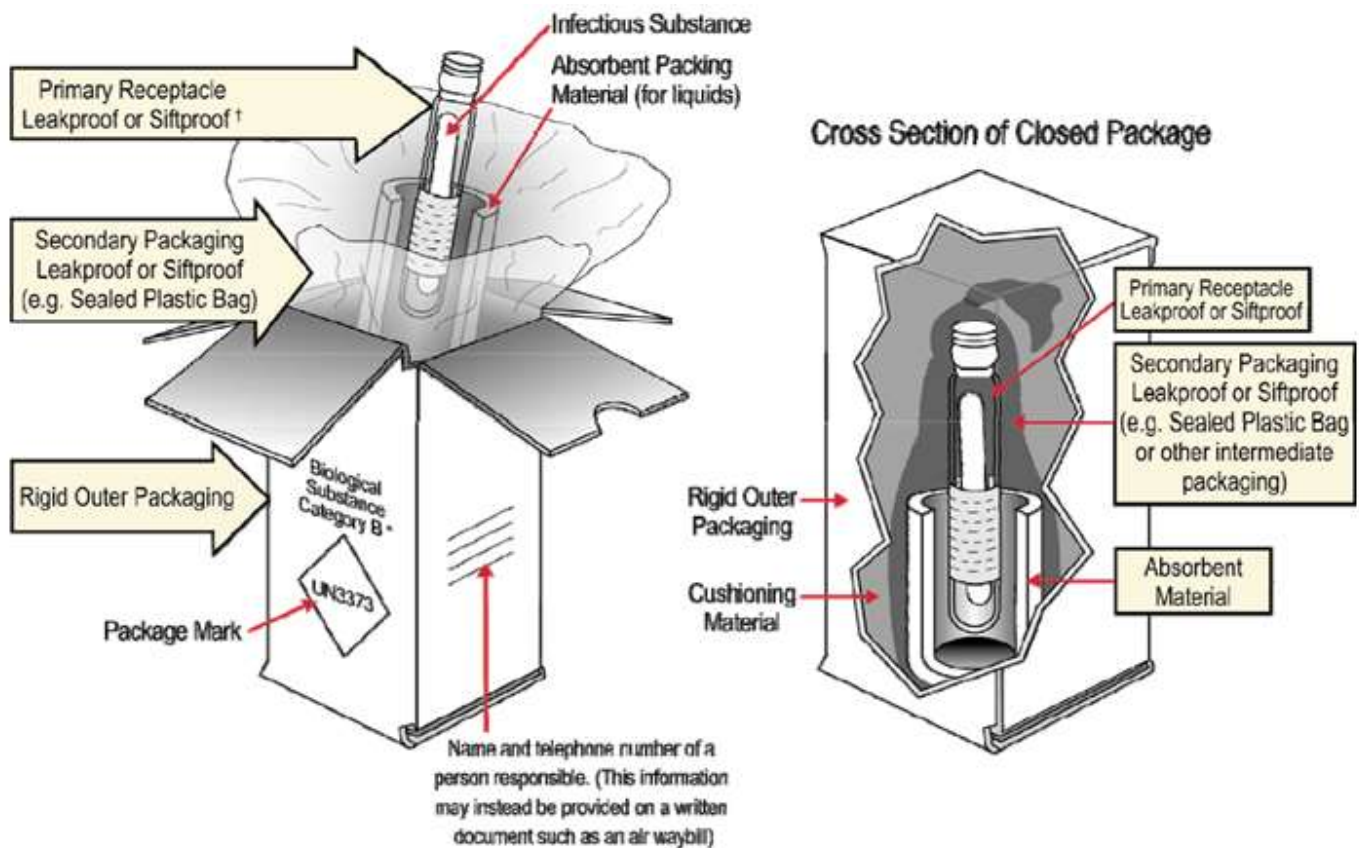
#### Exempt Substances

Exempt is a substance which does not contain infectious substances or substances which are unlikely to cause disease in humans or animals and are not subject to regulations unless they meet the criteria for inclusion in another class.

- Substances containing micro-organisms, which are non-pathogenic to humans or animals are not subject to these regulations unless they meet the criteria for inclusion in another class.
- Substances in a form that any present pathogens have been neutralized or inactivated such that they no longer pose a health risk are not subject to these regulations unless they meet the criteria for inclusion in another class.
- Environmental samples (including food or water samples), which are not considered to pose a significant risk of infection are not subject to these regulations unless they meet the criteria for inclusions in another class.
- Dried blood spots, collected by applying a drop of blood onto absorbent material, or fecal occult blood screening tests and blood or blood components which have been collected for the purposes of transfusion or for the preparation of blood products to be used for transfusion or transplantation and any tissue or organs intended for use in transplantation are not subject to these regulations.
- Patient specimens for which there is minimal likelihood that pathogens are present are not subject to these regulations if the specimen is packed in a packaging which will prevent any leakage and which is marked with the words "Exempt Human Specimen" or "Exempt Animal Specimen" as appropriate.

"Exempt Human Specimen" or "Exempt Animal Specimen"

#### Category B Packaging Diagrams





## Category B and Exempt Specimen “Triple Pack” Requirements

### 1) Leak-Proof Primary Receptacle

- MUST have positive closure, for example a screw-on cap.
- May be glass, metal, or plastic.
- Volumetric capacity of no more than 500 ml./16.9 oz. for a liquid specimen; no more than 500 g./1.1 lbs. for a solid specimen.

### 2) Leak-Proof Secondary Packaging

- Each primary receptacle must be individually wrapped or separated and placed inside a leak-proof secondary container, for example a leak-proof biohazard bag.
  - a. For a liquid, an absorbent material must also be included and be capable of absorbing the entire contents of the primary receptacle(s), for example paper towels, cotton/cotton balls, bubble wrap, cellulose wadding.
  - b. When shipped by air, the primary and secondary containers must be able to withstand an internal pressure of no less than 95kPa (14 psi) in the range of -40°C to 55°C (-40°F to 130°F).
  - c. An itemized list of contents (Request for Analysis) must be placed between the secondary and outer containers and should be protected by storage in a leak-proof plastic bag, preferably taped to the inside of the box, on top of the Styrofoam insulated pack (or similar item).
  - d. If a courier is used, then you must write the waybill number on the outside of each secondary container, for example DHL, FedEx, or UPS.
  - e. if you cannot place a pencil between the primary receptacles after the absorbent material is added, then the secondary container is too full.

### 3) Outer Packaging

- The primary receptacle(s) and secondary container(s) are then placed inside a sturdy outer container that has a minimum of one rigid side of 4 in. (100 mm. x 100 m.) wide.
  - a. Must consist of corrugated fiberboard, wood, metal or rigid plastic and be appropriately sized for its contents.
  - b. Dry ice or ice packs/freezer blocks are placed between the secondary container(s) and the outer container when the specimens require refrigeration.
    - \*The VSP discourages the use of ice or dry ice. The simplest method is ice packs.\*
  - c. For liquid specimens, the outer container must not contain more than a total of 4 L. (excluding ice or dry ice used to keep specimens cold); for solid specimens, the outer container must not contain more than a total of 4 kg.
  - d. Each complete package must be capable of withstanding a 4 ft. (1.2 meter) drop test outlined in IATA and DOT regulations.

### 4) Outer Container Markings and Labels

- if Category B, the UN3373 label with the words “Biological Substances, Category B” next to the diamond. If exempt, the words “Exempt Human Specimen” or “Exempt Animal Specimen.”
- Must also have the name, address, and telephone number of the shipper as well as the name, address, and telephone number of the receiver/consignee.
- DOES NOT require an Infectious Substance label, Shipper’s Declaration for Dangerous Goods, or emergency response information.

**NYSDOH Form 4463 Infectious Diseases Requisition can be found here:**

[http://www.wadsworth.org/divisions/infdis/DOH-4463\\_060209.pdf](http://www.wadsworth.org/divisions/infdis/DOH-4463_060209.pdf)

**A fillable Shippers Declaration form can be found here:**

<https://www.iata.org/whatwedo/cargo/dgr/Documents/Shippers-Declaration-Column-Format-Fillable.pdf>

New York State Department of Health  
Wadsworth Center  
Empire State Plaza  
PO Box 509, Albany, NY 12201-0509

# Infectious Diseases Requisition

NYS Accession Number \_\_\_\_\_

Date received \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Shipping address: [www.wadsworth.org/wcinfo.htm](http://www.wadsworth.org/wcinfo.htm)

Telephone: (518) 474-4177

## Patient Demographics

\* denotes required information

Last Name \* \_\_\_\_\_ First Name \* \_\_\_\_\_ MI \_\_\_\_\_ DOB \* \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex  Male  Female

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

NYS County of Residence \* \_\_\_\_\_ NYS DOH Outbreak Number \_\_\_\_\_ CDESS Case Number \_\_\_\_\_ Submitter's Reference Number \_\_\_\_\_

## Submitter (Laboratory report will be sent to)

\* denotes required information

Name and Address \* \_\_\_\_\_

Laboratory PFI \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Specimen Information

\* denotes required information

Specimen is:  Isolate  Primary Specimen  Autopsy Specimen Collection Date \* \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

Source / Specimen Type \* \_\_\_\_\_ Time Collected (if applicable for test) \_\_\_\_\_ : \_\_\_\_\_  
(HH:MM)

## Laboratory Examination Requested

[www.wadsworth.org/IDtesting](http://www.wadsworth.org/IDtesting)

Bacterial  Fungal  Mycobacterial  Parasitic  Serology  Viral

## Suspected Organism / Agent

Identification / Confirmation  Susceptibility (specify antimicrobial(s)) \_\_\_\_\_

TB Fast Track [www.wadsworth.org/mycobac/fasttrack.htm](http://www.wadsworth.org/mycobac/fasttrack.htm)  Serology (specify test and define onset date) \_\_\_\_\_

Viral Encephalitis Panel  Other (specify) \_\_\_\_\_  
[www.wadsworth.org/divisions/infdis/enceph/form.htm](http://www.wadsworth.org/divisions/infdis/enceph/form.htm)

Submitting lab findings: Smear/Stain/Other results \_\_\_\_\_ Comments \_\_\_\_\_

Specimen submitted on/in: Media \_\_\_\_\_ Preservative \_\_\_\_\_ Tissue cell line \_\_\_\_\_

Relevant Exposure:  Contact known case  Food/water  Nosocomial

Travel \_\_\_\_\_  Animal \_\_\_\_\_  Arthropod \_\_\_\_\_  
Location & Dates Type Type

## Clinical History

Name of patient's healthcare provider \_\_\_\_\_ Telephone Number \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Hospitalized?  Yes  No  Unknown If hospitalized, hospital name: \_\_\_\_\_

Pregnant (trimester): \_\_\_\_\_ Symptoms:  Acute  Chronic  Other \_\_\_\_\_ Onset of symptoms: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

Fever: max \_\_\_\_\_ duration \_\_\_\_\_ CSF: Glu \_\_\_\_\_ Prot \_\_\_\_\_ RBC \_\_\_\_\_ WBC \_\_\_\_\_

Relevant Treatment: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relevant Immunization: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Symptoms/Clinical Epidemiology (check all that apply):

Central Nervous System:  Altered Mental Status  Coma  Encephalitis  Headache  Meningitis  Paralysis  Seizures

Gastrointestinal:  Diarrhea  Blood/Mucus  Nausea  Vomiting

Respiratory:  Bronchitis  Bronchiolitis  Cough  Pneumonia  Upper Respiratory Infection

Skin/hair/nails:  Hemorrhagic  Maculopapular Rash  Petechial Rash  Vesicular

Cardiovascular:  Endocarditis  Myocarditis  Pericarditis

Miscellaneous:  Arthralgia  Conjunctivitis  Cystitis  Hepatitis  Hepatomegaly  Immunocompromised  Jaundice  
 Keratitis  Lymphadenopathy  Malaise  Myalgia  Pleurodynia  Splenomegaly  Ulcer(s)  Urethritis

Other Symptoms: \_\_\_\_\_

# Non-Human Samples

New York State Department of Health  
Wadsworth Center  
Empire State Plaza  
PO Box 509, Albany, NY 12201-0509

NYS Accession Number \_\_\_\_\_

Date received \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Shipping address: [www.wadsworth.org/wcinfo.htm](http://www.wadsworth.org/wcinfo.htm)

Telephone: (518) 474-4177

## Submitter (test ordered by)

\* denotes required information

Name and Address \*

Contact Person \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_

## Sample Information

\* denotes required information

Collection Date \* \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

Time Collected (if applicable for test) \_\_\_\_ : \_\_\_\_  
(HH : MM)

NYSDOH Outbreak Number \_\_\_\_\_

## Laboratory Examination Requested

Bacterial  Fungal  Mycobacterial  Parasitic  Serology  Viral

Suspected Organism / Agent \_\_\_\_\_

## Animal

Domestic  Wild

Avian  Mammal  Reptile  Other

Common Name \_\_\_\_\_

Sample Source \_\_\_\_\_

Submitter Sample Number \_\_\_\_\_

If domestic, name of owner and animal; if wild, specify collection site: \_\_\_\_\_

Owner/Site \_\_\_\_\_

Animal \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ NYS County \_\_\_\_\_

Comments \_\_\_\_\_

## Food

Brand Name \_\_\_\_\_ Lot Number \_\_\_\_\_ USDA Number \_\_\_\_\_

Sample description \_\_\_\_\_

Place collected \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ NYS County \_\_\_\_\_

Comments \_\_\_\_\_

## Environmental

Collection Site or Facility Name \_\_\_\_\_

Source description \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ NYS County \_\_\_\_\_

Describe below samples taken; use separate sheets if necessary.

Sample type (Swab, etc.)	Identifier (Room number, etc.)	Sample type (Swab, etc.)	Identifier (Room number, etc.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments \_\_\_\_\_

**SHIPPER'S DECLARATION FOR DANGEROUS GOODS**

*(Provide at least two copies to the airline.)*

<p><b>Shipper</b></p>					<p><b>Air Waybill No.</b></p>			
<p><b>Consignee</b></p>					<p><b>Page            of            Pages</b></p>			
<p><i>Two completed and signed copies of this Declaration must be handed to the operator.</i></p>					<p>Shipper's Reference No. (optional)</p>			
<p><b>TRANSPORT DETAILS</b></p>					<p><b>WARNING</b> Failure to comply in all respects with the applicable Dangerous Goods Regulations may be in breach of the applicable law, subject to legal penalties. This Declaration must not, in any circumstances, be completed and/or signed by a consolidator, a forwarder, or an IATA cargo agent.</p>			
<p>This shipment is within the limitations prescribed for: <i>(delete non-applicable)</i></p>				<p>Airport of Departure:</p>	<p>Shipment Type: <i>(delete non-applicable)</i></p>			
<p><b>PASSENGER AND CARGO AIRCRAFT</b></p>		<p><b>CARGO AIRCRAFT ONLY</b></p>			<p><b>NON-RADIOACTIVE</b></p>		<p><b>RADIOACTIVE</b></p>	
<p>Airport of Destination:</p>								
<p><b>NATURE AND QUANTITY OF DANGEROUS GOODS</b></p>								
<p>Dangerous Goods Identification</p>					<p>Quantity and Type of Packing</p>		<p>Packing Inst.</p>	<p>Authorization</p>
UN or ID No.	Proper Shipping Name	Class or Division	Packing Group	Subsidiary Risk				
<p><b>ADDITIONAL HANDLING INFORMATION:</b> "Prior arrangements as required by IATA Dangerous Goods Regulations 1.3.3.1 have been made." Prepared according to ICAO/IATA.</p>								
<p>24hr. Emergency Contact No.</p>								
<p>I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked, labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.</p>				<p>Name/Title of Signatory</p>				
<p></p>				<p>Place and Date</p>				
<p></p>				<p>Signature (see WARNING above)</p>				
<p>FOR RADIOACTIVE MATERIAL SHIPMENT ACCEPTABLE FOR PASSENGER AIRCRAFT: THE SHIPMENT CONTAINS RADIOACTIVE MATERIAL INTENDED FOR USE IN OR INCIDENT TO RESEARCH, MEDICAL DIAGNOSIS, OR TREATMENT.</p>								