AFM Biorepository

Guidelines for Acute Specimen Collection

All materials you need will be in the collection kit. Please make sure to only use the supplies provided in the kit. Do not use your own supplies.

**Blood**

The blood *must* be collected in the following order and are labeled DRAW 1-2:

For children participants:

1. 6-mL K2 EDTA (B-D 366643 Vacutainer™, lavender Hemogard™ closure, plastic)
2. 6-mL plain (B-D 366430 Vacutainer™, no anticoagulant, silicone-coated, red conventional closure, glass)

For adult participants:

1. 10-mL K2 EDTA (B-D 366643 Vacutainer™, lavender Hemogard™ closure, plastic)
2. 10-mL plain (B-D 366430 Vacutainer™, no anticoagulant, silicone-coated, red conventional closure, glass)

The Vacutainers™ should be inverted 10 times to mix the anti-coagulant/preservative with the whole blood (or to activate clotting in the red-top tubes with no anticoagulant).

All blood draws are to be attempted from the arm unless noted in your collection documents. You are allowed two sticks to draw blood. If you are unable to draw blood after two sticks, tell the participant that someone from the Biorepository will be in touch to discuss other options.

**Nasopharyngeal/oropharyngeal swabs (NP/OP)**

Remove the NP/OP swab label located inside the healthcare worker envelope. Place the label on the outside of the viral transport media tube.

The distance from the tip of the project participant’s nose to their ear should be measured to determine how far down the nasal passage the shaft of the swab will be inserted. This distance should be marked on the shaft of the swab. Once the specimen has been collected place the swab into the viral transport media tube.

**Nasal Wash**

If NP/OP swabs are not available or a patient refuses to or is unable to provide a NP/OP swab sample a Nasal Wash sample may be collected once the nasal wash consent has been reviewed and signed. The nasal wash will be prepared by pouring 15-20mL of lactate ringer solution or sterile saline into a specimen cup. A sterile bulb syringe will be filled with the lactate ringer or sterile saline solution. The solution will be expelled into one nostril and the effluent will be collected in the specimen container.

**Stool/Rectal Swab**

The stool specimen must be ≥ 2 grams.

Attempt to collect a large amount of stool (≥ 2 grams) from a bed pan or plastic wrap placed between the toilet seat and bowl. Stool that has been contaminated with urine or toilet water should not be collected. If the participant has not had a bowel movement 12 hours after the other specimens were collected, conduct a rectal swab using kit supplies. If using the rectal swab, please remove the rectal swab label located inside the healthcare worker envelope. Place the label on the outside of the transport tube.

**Cerebrospinal Fluid (CSF)**

No lumbar punctures will be performed for CSF specimen collection for the AFM Biorepository.

During any lumbar punctures done after the study participant has enrolled, and provided consent to participate in the AFM Biorepository, the participant will have additional CSF collected for Biorepository purposes if feasible. A minimum of 0.5 mL of CSF will be collected.

If not feasible to collect fresh specimens, CSF specimens will be remnant specimens from collections taken for the diagnosis of AFM. For remnant specimens, please remove the CSF sample label located inside the healthcare worker envelope. Place the sticker label on the outside of the cyrovial tube.

**Shipping directions**

Follow the packing instructions in the Specimen Collection Kit. Carefully pack specimens in styrofoam-insulated shippers with gel-packs to maintain ambient temperature for overnight shipping by Federal Express Priority Overnight to Fisher BioServices. Do not use dry ice.

**Contact Information**

If the participant has questions about the study, ask them to call the number on the consent form, 1-855 874-6912. If there are problems with the kit for specimen collection, call 1-855 874-6912 and ask for Wendy or Laurie.