

## Sample Type and Collection Guidelines for Herpes simplex Virus (HSV) and Varicella zoster Virus (VZV) Testing

**Specimen type:** Generally, swabs of lesions on skin, lips, oral, gum, tongue, genital, eye/conjunctiva, anal/rectal/perineum are acceptable.

**Collection/Transport container:** Universal Transport Medium (UTM), store at room temperature and use before expiry date (written on the UTM collection device – see picture).



**Swab type:** Sterile cotton, polyester or rayon on a plastic shaft are acceptable (see example below). Flock, foam, calcium alginate or wooden shaft swabs are not acceptable.



**Storage after collection:** keep samples refrigerated (2 to 8 degrees Celsius).  
Transport temperature: Transport at ambient temperature.

### Collection of a clinical sample:

1. Select a lesion or lesions that are fluid filled, to be sampled.
  - a. In the absence of fluid-filled lesions, pick the crusts of lesions that appear partially crusted over, put them into the UTM, and follow on from step 4.
  - b. If the site is ulcerated or infected, remove the crust and discard, remove the pus with a sterile swab and follow on from step 4 with a fresh sterile swab.
2. Clean area with sterile water or saline, if required. Do not use alcohol or other skin disinfectants to clean the area.
3. Using a sterile needle or disposable scalpel, gently de-roof the vesicle.
4. Use the sterile swab to collect the fluid and swab the base of the lesion to collect cellular material where the virus is present.
  - a. If multiple distinct sites (e.g., face, chest, etc.), are being sampled, use separate swabs for each site, and put each swab into a separately labeled UTM container.
5. Place the swab(s) into the UTM and screw the cap on tightly to prevent leakage of the transport medium. (It may be necessary to cut the top of the swab so that the cap will screw down completely).
6. Label the swab container(s) with the patient's full first and last name, site of the lesion, and Personal Health Number (PHN) or Unique Lifetime Identifier (ULI) or one other unique identifier.
7. Complete a ProvLab Virology requisition with the required information:
  - Patient's full first and last name **and** PHN/ULI or alternate unique identifier
  - Full first and last name of requestor **and** report location/address
  - Collection date and time
  - Body site(s) / sample type of collection – one requisition can be used for multiple sites
  - Test required i.e., Herpes simplex Virus or Varicella zoster Virus detection
  - Relevant Clinical History

