

CENTRAL LEPROSY TEACHING AND RESEARCH INSTITUTE, CHENGALPATTU

Transport of samples for drug resistance testing in leprosy

Sample: Skin biopsy or Slit Skin Smear (SSS) scrapings

- Collect the skin biopsy sample using a punch of 4 mm for new cases and surgical biopsy of 6 mm for retreatment cases. Place the biopsy sample in a 1.8 mL centrifuge sterile tube (with screw cap), pre-filled with 1 mL of 70% ethanol. (If this cannot be prepared at the health facility, biopsies can stay in an empty 1.8 mL sterile centrifuge tube (with screw cap) without any preservatives.
- Collect slit skin smear scrapings using a disposable stainless steel blade No. 15 in the same manner as skin smears for BI examination. Rinse the stainless steel blade containing the tissue scrapings into 1.8 mL centrifuge tube (with screw cap) pre-filled with 1 mL of 70% ethanol making sure that the tissue scrapings are washed from the surface of the blade and are suspended in the solution.
- Keep the sample vial at room temperature until they are sent to the laboratory, (preferably within a week).
- Seal the sample vial with parafilm and place it in a leak proof container or zip lock pouch with absorbent cotton/tissue paper.
- Place the completed laboratory requisition form in a separate zip lock pouch.
- Place both ziplock pouches in a sample transportation box, pack with absorbent cotton and seal it completely. Label the package with biohazard symbol.
- No special measures are required for sample transportation with respect to temperature control.

References:

1. World Health Organization. A guide for surveillance of antimicrobial resistance in leprosy, 2017 update
2. NLEP. National guidelines for surveillance of antimicrobial resistance in leprosy. 2023.

Charges:

1. Clinical samples of patients from Government Institutions: free
2. Clinical samples of patients from Private Centers: Charges as per prevailing rates.


9/5/2023
DIRECTOR



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 केंद्रीय कुष्ठ रोग शिक्षण एवं अनुसंधान संस्थान
 DIRECTORATE GENERAL OF HEALTH SERVICES
 स्वास्थ्य सेवा महानिदेशालय
 MINISTRY OF HEALTH AND FAMILY WELFARE
 स्वास्थ्य और परिवार कल्याण मंत्रालय
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Laboratory Requisition Form for Drug Resistance Test

Name of the health facility sending the specimen:		Date of sample collection:	
Patient Name:	Age:	Sex:	IP/OP No:
Residential address:			
Brief case history:			
Treatment history:			
Drug history:	Name of the drug taken	Duration	Dosage
Reason for drug resistance testing:			
Diagnosis:	PB leprosy/ MB leprosy/ Relapse/ Reaction/ Histoid/ Pure neural leprosy		
Slit Skin Smear (SSS):	Done/ not done (If done, BI value:)		
Sample:	SSS scraping/ Skin biopsy specimen (from site with highest BI)		

"Let's Fight Leprosy & Make Leprosy a History"



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I/C Officer:	Name:	Signature:
	Email id:	
	Contact number:	

Note:

- * All the samples suspected of drug resistance has to be reported to the respective District Leprosy Officer (DLO) before sending the samples for drug resistance testing.
- * Please fill the form completely and send it along with the vial containing SSS scraping/ skin biopsy specimen.