Laboratory Biosafety Resources Related to SARS-CoV-2/COVID-19 Virus Samples/Materials
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SECTION A

FAQ: Guidance on the Use of Samples/Materials Associated with SARS-CoV-2/COVID-19 Virus

Question 1: What is the relationship between 2019-nCoV, SARS CoV-2 and COVID-19 virus?

These are different names given to the same strain of coronavirus at different points.

When the virus was first isolated from pneumonia cases in December 2019, it was named 2019 novel coronavirus (2019-nCoV). As more information and genetic analyses became available, the virus was given the official name of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) by the International Committee for Taxonomy of Viruses, while the WHO named the disease caused by the virus, Coronavirus disease 2019 (COVID-19).

Question 2: Is SARS-CoV-2/COVID-19 virus listed as a scheduled biological agent under the Biological Agents and Toxins Act (BATA)?

SARS-CoV-2/COVID-19 virus is listed as a BATA First Schedule Part I biological agent as of 2 April 2022. An approval to possess from MOH is required for facilities to possess/handle the virus or any samples/materials known to contain the virus unless viral inactivation (see Qn 11 for information related to inactivation) has been performed.

If the possession/use/handling of such samples is solely for the purpose of diagnosis, the facility will be exempted from BATA but will have to comply with the Private Hospitals and Medical Clinics (PHMC) Act and/or Healthcare Services (Clinical Laboratory Service and Radiological Services) Regulations 2021 (HCSA).

For more details, please see:
(a) Qn3 for BATA’s definition of “diagnosis”;
(b) Qn4 for the conditions that apply to diagnostic activity; and
(c) Section C - Biosafety Guidelines for Laboratories and Personnel Handling Samples or Materials Associated with SARS-CoV-2/COVID-19 for information regarding the transport and processing of diagnostic samples.

Question 3: What is the BATA’s definition of “diagnosis”? 

Diagnosis is defined in the BATA (Section 2) as “any activity undertaken solely with the intention of analysing any specimen from a person or an animal in which a biological agent is or is suspected of being present for the purpose of:
(a) determining the cause of any disease suffered by any person or animal;
(b) assessing the clinical progress of any person or animal;
(c) carrying out the clinical management of any person or animal; or
(d) determining the cause of death of any person or animal in an autopsy”.
Question 4: What are the requirements or conditions for conducting diagnostic activities involving samples/materials associated with SARS-CoV-2/COVID-19 virus?

Diagnostic activities shall be carried out according to “MOH Circular 34/2006 on Interpretation of Diagnosis”. All samples positive for SARS-CoV-2/COVID-19 virus, including virus isolated from the clinical samples and the clinical samples where the virus was isolated from, **MUST be inactivated as part of the diagnostic process, destroyed or transferred** to a facility that has been granted an approval to possess the virus as soon as possible after confirmation of diagnostic test results. Click [here](#) for details of the Circular.

Question 5: Can a diagnostic laboratory retain residual SARS-CoV-2/COVID-19 virus-positive clinical samples as positive controls?

For safety purposes, diagnostic laboratories are strongly advised to **use non-infectious materials** (e.g. synthetic or plasmid DNA) or **inactivated materials** as positive controls. *Please see Qn 11 for examples of inactivation methods.*

Question 6: Can a diagnostic laboratory handle and store SARS-CoV-2/COVID-19 virus-positive clinical samples for evaluation of diagnostic kits?

A **clinical laboratory** that is licenced under the Private Hospitals and Medical Clinics (PHMC) Act and/or Healthcare Services Act (HCSA) and/or is accredited by a reputable accreditation body such as the Singapore Accreditation Council-Singapore Laboratory Accreditation Scheme (SAC-SINGLAS) or College of American Pathologist (CAP) can obtain a **conditional approval** to store and handle **clinical samples** from patients with COVID-19 for the **purpose of evaluating or validating the performance of diagnostic assays that are CE marked, have received approval, including provisional authorisation from HSA or FDA, or are developed in-house for diagnostic/clinical testing use** related to COVID-19, by submitting the completed **Declaration Form A in Annex A** to moh_biosafety@moh.gov.sg.

The conditions for this approval are as follows:

- (a) The laboratory has in place an effective biorisk management system which allows the identification, assessment and control of laboratory biosafety and biosecurity risks to protect the safety of the personnel and the environment;
- (b) The laboratory shall maintain **proper inventory and tracking** of the samples, including aliquots. Records shall be made available to Biosafety Branch, MOH, when requested;
- (c) There shall be **NO attempts to purify, isolate or culture** SARS-CoV-2/COVID-19 virus from the samples;
- (d) **Retention** of the samples is limited to until **1 April 2024**, after which, the samples shall be destroyed or transferred to a facility with the requisite approval to possess SARS-CoV-2, unless otherwise advised by the Biosafety Branch, MOH; and
- (e) The use and handling of the samples must comply with all other **relevant regulatory requirements**, including material and waste disposal.
Question 7: What are the requirements for handling clinical samples from persons with COVID-19 for conducting on-site (outside of clinical laboratory setting) evaluation of rapid or point-of-care-testing (POCT) COVID-19 diagnostic assays?

Clinical samples from persons with COVID-19 can be used for on-site evaluation of rapid or POCT COVID-19 diagnostic assays outside of a laboratory setting, provided that ALL of the following conditions are met:

(a) The work is limited to the handling of COVID-19 clinical samples to conduct evaluation of rapid or POCT COVID-19 testing, in accordance with the procedures specified by the manufacturer. There shall be NO other manipulation or processing of the samples;
(b) The evaluation is conducted on-site, e.g. a medical clinic, emergency department at hospitals, isolation facility, that is or close to the site of sample collection from the subject, which will also be the setting where the test will eventually be deployed;
(c) A proper risk assessment has been conducted and risk mitigation measures have been implemented to ensure that the evaluation can be carried out safely;
(d) Only personnel who have been trained and have been assessed to be competent to perform the work will be allowed to handle the COVID-19 clinical samples;
(e) Standard operating procedures have been devised for the packaging, transfer, transportation and/or disposal of samples, where applicable, to ensure the safety of persons who may come into close contact with such materials and compliance with regulatory requirements;
(f) A system is in place to track the usage and movement of each sample from point of collection until disposal and/or transfer of the samples;
(g) On-site testing using rapid or POCT COVID-19 assay, shall be conducted as soon as possible, upon sample collection. Within 24-hours of sample collection, the collected clinical samples must be disposed according to regulatory requirements OR transferred to a clinical laboratory that has conditional approval from MOH to retain COVID-19 clinical samples OR transferred to a facility with approval to possess SARS-CoV-2;
(h) For evaluation involving rapid POCT COVID-19 that is non-CE-marked and have not received approval from HSA or FDA, please contact MOH Biosafety Branch (moh_biosafety@moh.gov.sg); and
(i) The conditional approval for on-site evaluation of rapid or POCT COVID-19 test is valid until 1 April 2024.

Question 8: What are the requirements for the importation, handling and/or storage of samples from clinical trial participants that are known or suspected to have SARS-CoV-2/COVID-19 virus for laboratory safety testing?

The requirements for activities related to clinical trials are specified in Section B - FAQ: Guidance for Laboratories Handling Clinical Trial Samples from Participants who have COVID-19 Infection.

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1 Point-of-care testing (POCT): The physical location where testing is performed is at or near the site where the patient is and is outside of the clinical laboratories.
Question 9: What are the requirements for conducting other activities (other than those described in Qn 4 to 8) involving samples/materials associated with SARS-CoV-2/COVID-19 virus?

Examples of activities other than those described in Qn 4 to 8 include (but are not limited to) the storage of samples, virus culture (see Qn 10 for additional conditions), virus neutralization assay, development of diagnostic assay, full genome sequencing, identification of disease biomarkers, generation of antibodies against SARS-CoV-2/COVID-19 virus, research and development of attenuated or inactivated vaccine.

Facilities intending to engage in other activities involving non-inactivated samples of SARS-CoV-2/COVID-19 virus MUST satisfy the requirements for the possession of BATA First Schedule Part I biological agents prior to the commencement of work, regardless of the type of laboratory (e.g. diagnostic or otherwise) where such activities are carried out. See detailed requirements in Table 1. These requirements do not apply to activities that fall under BATA exempted purposes^2.

The above activities involving inactivated samples can be carried out in a BSL2 laboratory with due precautions. Please see Qn 11 for examples of inactivation methods.

Prior to the commencement of any activities involving samples/materials associated with SARS-CoV-2/COVID-19 virus (whether inactivated or otherwise), individual facilities shall perform a thorough risk assessment and implement appropriate risk mitigation measures, which must be reviewed and approved by the Biosafety Committee (if performed in a BSL3 facility) or personnel with good biosafety and microbiology knowledge and experience. In addition, the facilities shall implement a robust inventory system and document all movement (or transfer) of the samples. Facilities are also required to notify MOH of any adverse incident involving the handling of such samples.

<table>
<thead>
<tr>
<th>Sample Types</th>
<th>Conditions for Sample Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Samples confirmed or known to contain SARS-CoV-2/COVID-19 virus.</strong> Examples:</td>
</tr>
<tr>
<td></td>
<td>(a) SARS-CoV-2/COVID-19 virus isolate (or culture)</td>
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<tr>
<td></td>
<td>(b) Clinical samples (e.g. respiratory samples, blood, urine, bodily fluids, stool) from individuals tested positive for SARS-CoV-2</td>
</tr>
<tr>
<td></td>
<td>(a) Handle in a BSL3 facility with the requisite approvals for the virus;</td>
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<tr>
<td></td>
<td>(b) All work procedures, risk assessments and safety measures shall be approved by the facility’s Biosafety Committee; and</td>
</tr>
<tr>
<td></td>
<td>(c) Can only be handled outside of a BSL3 facility after inactivation of the materials using a validated method.</td>
</tr>
</tbody>
</table>

Please refer to Qn 11 for more information regarding inactivation.

^2 BATA exempted purposes listed under Section 4 include:
(a) the disposal of any biological agent or toxin by a hazardous waste contractor
(b) the handling of any biological agent or toxin in the course of carrying out a diagnosis or an autopsy;
(c) the collection of food samples or samples from the environment for the purpose of carrying out any laboratory analysis to determine or identify, for public health purposes, the nature of any biological agent or toxin that is present in such samples or in the environment from which such samples have been taken; or
(d) the use or possession by any of the following persons of any finished cosmetic or medicinal product consisting of any toxin:
   i. any person lawfully manufacturing, supplying, selling or dispensing the finished cosmetic or medicinal product;
   ii. any registered medical practitioner using the finished cosmetic or medicinal product in the course of treating another person;
   iii. any person using the finished cosmetic or medicinal product for the cosmetic or medical purposes for which it is intended.
<table>
<thead>
<tr>
<th></th>
<th>Sample Types</th>
<th>Conditions for Sample Handling</th>
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</table>
| 2 | Clinical samples with **high potential** to contain SARS-CoV-2/COVID-19 virus | Please refer to Qn4 in Section A for information regarding diagnostic testing to ascertain the COVID-19 status of the individual.  
Samples shall be handled based on the COVID-19 status of the individual as follows:  
(a) Samples obtained from persons who tested positive for COVID-19 shall be handled according to the conditions per item 1 above.  
(b) Samples obtained from persons who tested negative for COVID-19 can be handled outside of a BSL3 facility, such as a BSL2 facility, as per risk assessment.  
If any downstream activities suggest the presence of SARS-CoV-2/COVID-19 virus in the sample/material, the facility shall secure and handle the sample/material in accordance with the BATA, i.e. to destroy or transfer it to a facility with an approval to possess the virus.  
*Please refer to Qn3 in Section B for information related to handling of such samples for clinical trial.* |
| 3 | Non-clinical samples with **high potential** to contain SARS-CoV-2/COVID-19 virus | Can be handled outside of a BSL3 facility, such as a BSL2 facility with enhanced safety measures, as per risk assessment and provided the intended activities to be performed in the BSL2 facility with such samples do not include virus isolation, culture or other processes with potential for virus replication.  
If any downstream activities suggest the presence of SARS-CoV-2/COVID-19 virus in the sample/material, the facility shall secure and handle the sample/material in accordance with the BATA, i.e. to destroy or transfer it to a facility with an approval to possess the virus. |
| 4 | Non-clinical samples (e.g. environmental samples, food samples) with low potential to contain SARS-CoV-2/COVID-19 virus | Can be handled outside of a BSL3 facility, such as a BSL2 facility, as per risk assessment.  
If any downstream activities suggest the presence of SARS-CoV-2/COVID-19 virus in the sample/material, the facility shall secure and handle the sample/material in accordance with the BATA, i.e. to destroy or transfer it to a facility with an approval to possess the virus. |
### Sample Types

<table>
<thead>
<tr>
<th>Sample Types</th>
<th>Conditions for Sample Handling</th>
</tr>
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| Samples/materials where the presence of SARS-CoV-2/COVID-19 virus have been ruled out | Can be handled outside of a BSL3 facility but facilities are required to ensure that:  
(a) The method used for inactivation and/or RNA extraction is validated and effective, and approved by the Biosafety Committee (if performed in a BSL3 facility) or personnel with knowledge and expertise on biosafety and microbiology;  
(b) Personnel are properly trained and competent to perform the inactivation process; and  
(c) Personnel strictly adhere to the procedures (which may include the equipment used, the concentration of the chemical and contact time with the chemical or the temperature used) of the inactivation method. |
| (a) Inactivated SARS-CoV-2/COVID-19 virus culture;  
(b) Inactivated clinical samples of COVID-19 patients;  
(c) Inactivated environment samples collected from the area where a COVID-19 patient resided; and  
(d) RNA extract from (1), (2) (3) and (4). |  
Please refer to Qn 11 for more information regarding inactivation. |

### Question 10: Are there any restrictions to the volume of SARS-CoV-2/COVID-19 virus that can be cultured?

As the risk of the activity will increase with the volume of the sample/virus handled, facilities are strongly advised to keep the volume of virus culture to laboratory scale (up to a maximum of 100mL) at any one time. Facilities shall perform a thorough risk assessment and implement appropriate (and additional, if needed) risk mitigation measures, and these MUST be reviewed and approved by the Biosafety Committee.

Additional requirements (e.g. engineering controls, laboratory design, policy and procedures) may be required if culture volume is beyond laboratory scale. Please consult MOH in such instances.

### Question 11: What are the methods and/or criteria for inactivating samples/materials containing or highly suspected to contain SARS-CoV-2/COVID-19 virus?

Methods employed for the inactivation of samples/materials containing or highly suspected to contain SARS-CoV-2/COVID-19 virus shall be validated against SARS-CoV-2/COVID-19 virus or related coronavirus (i.e. SARS CoV or MERS CoV). Facilities are advised to carry out validation of the inactivation in-house, or to adopt a well-established inactivation procedure validated by others.

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3 E.g. water bath versus heating block
Samples that may require inactivation (see Qn 9 above): Virus culture; Clinical samples (examples include, but are not limited to blood, serum, plasma, urine, tears, stool, tissue); and Environmental samples (examples include, but are not limited to surface swab, air sampling filters, suspension from air sampling).

Inactivation of SARS-CoV-2/COVID-19 virus can be achieved through number of methods. Examples can be found in Table 2 below. Individual facilities are advised to assess the appropriateness of the respective inactivation method for their sample types / materials and to ensure that inactivation procedures are closely adhered to, so as not to compromise the efficacy of the inactivation process.

Table 2: Examples of inactivation method

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<thead>
<tr>
<th>Examples of Inactivation Method</th>
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<tbody>
<tr>
<td>Heat Inactivation</td>
</tr>
<tr>
<td>Example: Heat at 60°C or higher temperature for a specified minimum duration.</td>
</tr>
<tr>
<td>Chemical Inactivation</td>
</tr>
<tr>
<td>Examples: Acetone, formaldehyde, glutaraldehyde, Trizol.</td>
</tr>
<tr>
<td>Solvent/Detergent</td>
</tr>
<tr>
<td>Examples: Triton X, Tween 80.</td>
</tr>
</tbody>
</table>

Note:
The presence of certain substances, such as protein in the samples may affect the effectiveness of the inactivation process. Facilities shall conduct their own risk assessment to evaluate the appropriateness of the chosen inactivation method. If in doubt, facilities should consider conducting in-house validation of the inactivation method.

The Biosafety Committee is responsible for ensuring that the inactivation procedures are reliable, that the inactivation procedures are strictly adhered to, and are carried out by properly trained and competent laboratory personnel. The Biosafety Committee is also advised to ensure that personnel handling the inactivated materials will treat the materials as potentially infectious and take appropriate precautions when handling the materials.

4 References for inactivation methods include:
(g) WHO (2003b) First data on stability and resistance of SAR coronavirus compiled by members of WHO laboratory network.
FAQ: Guidance for Laboratories Handling Clinical Trial Samples from Participants who have COVID-19 Infection

Question 1: Who should refer to this guide?

This guide is intended for facilities performing laboratory testing on samples from clinical trial participants.

Question 2: What is the purpose of this guide?

To provide guidance for handling samples from clinical trial participants who are known, incidentally found or suspected to have COVID-19. This refers to the handling of samples that are known or are suspected to contain SARS-CoV-2/COVID-19 virus.

Question 3: Am I allowed to receive and perform laboratory testing on samples collected from clinical trial participants who are known or suspected to have COVID-19?

You may receive and handle samples from clinical trial participants, who are known, incidentally found or suspected to have COVID-19, by adopting the guidelines in Section C - Biosafety Guidelines for Laboratories and Personnel Handling Samples or Materials Associated with SARS-CoV-2/COVID-19 virus, where applicable. In addition, you are also required to adhere to the following procedures:

(a) Secure a valid import permit5 prior to the importation of such samples from overseas collection sites;
(b) Maintain proper inventory and tracking of such samples including aliquots, from the time of sample receipt or once the sample status is known;
(c) Access to such samples shall be restricted insofar as possible;
(d) Upon completion of laboratory testing, the samples must be disposed of or exported or transferred to a facility with the requisite approval to possess SARS-CoV-2/COVID-19 virus, preferably within 7 days, up to a maximum of 14 days. In the interim, samples shall be stored under lock and key with adequate safety and security measures in place;
(e) Dispose of the samples in accordance with regulatory requirements for disposal of biological waste materials; and
(f) Notify MOH Biosafety Branch in the event of any of occurrence of any adverse incident related to the handling of the samples.

5 More information about application of import permit is available here.
Question 4: What MOH product code should I use when applying for import permit for the importation of clinical trial samples from COVID-19 patients?

Please contact MOH Biosafety Branch to request for a facility import specific product (ISP) code for the application of import permit related to COVID-19 clinical trial participants. Please provide the following information when submitting request for ISP code:

- Site(s) where samples will be imported from;
- Types of sample(s) that will be imported;
- List of biological agent(s) that are known or likely to be present in the samples;
- Test(s) that will be performed;
- Estimated number of samples;
- Duration of study, including expected start and end date; and
- Duration of sample retention.

Question 5: Are there additional requirements that I need to meet in order to perform serological and/or molecular laboratory testing for COVID-19 for clinical trials?

Laboratories that intend to perform testing for SARS-CoV-2/COVID-19 virus are advised to contact MOH Regulatory Compliance and Enforcement Division (elis@moh.gov.sg) to ascertain the applicability of requirements under the Private Hospitals and Medical Clinics Act and/or Healthcare Services Act.

Question 6: Am I allowed to import samples from COVID-19 patients who are participating in clinical trials, for the purpose of re-exportation to a laboratory outside of Singapore for testing?

You can import samples from COVID-19 patients for the sole purpose of re-exportation, provided that the re-exportation takes place preferably within 7 days, up to a maximum of 14 days. You are still required to obtain an import permit prior to the importation of the samples. The samples shall be stored in a safe and secure manner while under your custody, pending exportation.

You are advised to contact Singapore Customs (customs_stgc@customs.gov.sg) directly on the requirements, if any, related to the exportation of the samples and refer to Section C - Biosafety Guidelines for Laboratories and Personnel Handling Samples or Materials Associated with SARS-CoV-2/COVID-19 virus for the requirements of the International Air Transport Associations (IATA).

Question 7: Do I have to comply with the Biological Agents and Toxins Act?

Handling of samples beyond laboratory testing to ascertain the safety of the clinical trial participants is subject to regulations under the Biological Agents and Toxins Act (BATA). This includes storage of samples beyond the duration stipulated in 3(d) and the importation6 and

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6 Refer to the MOH advisory on the importation of biological agents and/or toxins.

Released on: 29 Sep 2022
possession of samples positive or suspected to be positive for any scheduled biological agents and toxins regulated under the BATA.\footnote{A non-exhaustive list of biological agents and toxins regulated under the BATA is available \url{here}.}

For clarifications, please contact the MOH Biosafety Branch at \textit{moh_biosafety@moh.gov.sg}. 

\footnote{possession of samples positive or suspected to be positive for any scheduled biological agents and toxins regulated under the BATA.\footnote{A non-exhaustive list of biological agents and toxins regulated under the BATA is available \url{here}.}}
SECTION C

Biosafety Guidelines for Laboratories and Personnel Handling Samples or Materials Associated with SARS-CoV-2/COVID-19 virus

I. Packaging and Transportation of Samples/Materials

Transport within Singapore

1. Clinical samples intended for diagnostic activities shall be appropriately packaged to effectively contain the sample and to efficiently prevent/minimise of sample container breakage and sample leakage, as indicated by risk assessment. The external packaging must be labelled with the biohazard logo.

All personnel involved in the transportation process, shall be trained to respond to all foreseeable incidents involving the samples, especially where there is potential exposure to the samples.

For local transportation of all samples/materials, public conveyances shall not be used.

2. Virus isolates or cultures confirmed to contain the virus shall be packaged and transported according to the Biological Agents and Toxins (Transportation) Regulations [https://www.moh.gov.sg/biosafety].

3. Necessary precautions shall be taken if other hazardous materials (such as dry ice or liquid nitrogen) are to be used during transportation.

4. Shippers\(^8\) must be trained and are liable to ensure that all items are properly and safely packaged.

5. The shipper/transferor shall notify the recipient laboratory as soon as possible, once the sample/material is transported.

International Air Shipment

For international air shipment, the requirements of the International Air Transport Associations (IATA) shall be followed –

(a) Clinical samples: Ship as Category B, UN3373 biological substance.
(b) Viral cultures: Ship as Category A, UN2814 infectious substances affecting human.

II. Risk Assessment for Activities Involving Clinical Samples for Diagnostic Laboratory Testing

It is the responsibility of each laboratory to conduct a local risk assessment and implement appropriate risk control measures to ensure that all risks are appropriately mitigated and laboratory testing can be carried out safely and securely.

Local risk assessments shall be performed for the following (but not limited to):

1. Handling and processing samples which contain or are suspected to contain SARS-CoV-2/COVID-19 virus;

2. Inventory management system aimed at ensuring that all samples/materials are properly labelled, accounted for and their movement could be efficiently tracked;

\(^8\) The person who prepared the packaging of the samples to be transferred or exported.
SECTION C

3. Choice of disinfectants to be used for the respective activities involving such samples/materials; and

4. Occupational health system to efficiently detect personnel exposure to the virus for promptly reporting to the medical authorities and receipt of appropriate medical advice or management.

III. Waste Management

All waste management procedures shall be conducted in accordance with requirements of the relevant local authorities.
Annex A

Declaration Form A

Clinical LaboratoryStoring and Handling of COVID-19 Clinical Samples for the Restricted Use of Evaluating or Validating COVID-19 Diagnostic Assays (including rapid or POCT Tests)Registered or Approved by HSA, FDA or Bearing CE Mark, or developed in-house for diagnostic use

Name of Laboratory:
________________________________________________________________________

Address of Laboratory:
________________________________________________________________________

Person-in-Charge of Laboratory (Name, Designation, email contact and telephone number):
________________________________________________________________________

My laboratory is

(a) Licensed under the Private Hospitals and Medical Clinics (PHMC) Act and/or Healthcare Services Act:

☒ Yes (please specify the validity period):

☐ No

(b) Accredited by (please specify the name of the accreditation body and validity period of the accreditation):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
I declare that my laboratory

1. ☐ Has in place an effective Biorisk management system to ensure biosafety and biosecurity related to the storage and handling of samples positive or potentially positive for SARS-CoV-2 or COVID-19 virus (henceforth COVID-19 clinical samples).

   Note: An effective Biorisk management system shall include the conduct of a proper risk assessment to identify all potential hazards and implementation of mitigation measures to protect personnel who may come into contact with the samples, and to minimise the risk of non-authorised access to the samples.

2. ☐ Has a proper inventory and tracking system for all COVID-19 clinical samples.

3. ☐ Will NOT carry out any activities (such as purification, isolation or culture) with the intention to generate or produce live SARS-CoV-2/COVID-19 virus from the clinical samples.

4. ☐ Will destroy or transfer all COVID-19 clinical samples in my laboratory to a facility with the requisite approval to possess SARS-CoV-2/COVID-19 virus by 1 April 2024, unless advised otherwise by the Biosafety Branch, MOH.

5. ☐ Will comply with all other relevant regulatory requirements, including material or waste disposal.

Signature of Declarant

__________________

Name:
Designation:
Date: