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## Specimen Collection and Submission

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### Specimen Collection

Clinicians should collect specimens from patients suspected of having AFM as early as possible in the course of illness, preferably on the day of onset of limb weakness, including

- cerebrospinal fluid (CSF),
- blood (serum and whole blood),
- a nasopharyngeal aspirate, nasopharyngeal wash, or nasopharyngeal swab with lower respiratory specimen if indicated, and an oropharyngeal swab, AND
- stool, preferably two stool specimens collected as soon after onset of limb weakness and separated by 24 hours.

Early specimen collection has the best chance to yield a diagnosis of AFM. Additional instructions regarding specimen collection and shipping can be found at [AFM Specimen Collection Instructions](#).

Available clinical specimens from patients that meet the [clinical case definition for AFM](#) should be submitted to the state or local health department and promptly shipped from the health department to CDC so that CDC can test and monitor these cases in as real time as possible.

### Specimen Submission

CDC advises state and local health departments to promptly ship available clinical specimens from patients that meet the [clinical case definition](#) to CDC so these cases can be tested and monitored in as real time as possible.

State and local health departments may contact CDC for further laboratory and epidemiologic support by phone through the CDC Emergency Operations Center (770-488-7100), or by email at [limbweakness@cdc.gov](mailto:limbweakness@cdc.gov) (<mailto:limbweakness@cdc.gov>).

See [AFM Specimen Collection Instructions](#) for more information.

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Page last reviewed: January 22, 2016

Page last updated: January 22, 2016

Content source: National Center for Immunization and Respiratory Diseases (<http://www.cdc.gov/ncird/>),  
Division of Viral Diseases (<http://www.cdc.gov/ncird/DVD.html>)

