



PUBLIC HEALTH Laboratory Services



County of Orange
Health Care Agency - 2016

Orange County Public Health Laboratory
1729 West 17th Street, Santa Ana, CA 92706



**Public Health Laboratory
Health Care Agency
County of Orange
1729 West 17th Street
Building 40
Santa Ana, CA 92706**

Lab Director: Richard Alexander

Hours: Monday – Friday 8:00 a.m. to 5:00 p.m.

Accreditations:

CLIA	05D0643378
State of California	0974
ELAP	1275
AIHA	154879
Federal Tax ID	95-6000-928
Medicare Provider Number	05L009046
CAP Proficiency Program	23428-01-01-01
AAB Proficiency Program	600974
Wisconsin State Laboratory of Hygiene	4244

Lab Director's Approval: _____

Date: _____

Date Discontinued: _____

Table of Contents

General Information

Phone Numbers	4
Instructions for Specimen Submission	5
Laboratory Request Form	9
Specimen Collection Supplies	11
Specimen Collection Stations and Courier Pick Up Schedule Public Health Clinics.....	14

Test Request Information

Laboratory Tests – Alphabetical	20
Laboratory Tests – by Department	53

Specimen Collection Guides

Mycobacteriology Specimen Collection Guide	84
Mycology Specimen Collection Guide	87
Parasitology Specimen Collection Guide.....	89
Serology Specimen Collection Guide	90
Virology Specimen Collection Guide	92
Molecular Specimen Collection Guide	98

Additional Information

California Reportable Diseases	15
California Reportable Conditions: Notification by Laboratories	16
California Conditions for Which Clinical Lab Shall Submit a Culture or a Specimen to the PHL.....	19
Bioterrorism Event.....	4

LABORATORY PHONE NUMBERS

Main Line: (714) 834-8385
Fax: (714) 834-7968
Weekend-
Emergency Line (714) 720-1116

<u>DEPARTMENT</u>	<u>SUPERVISOR</u>	<u>PHONE NUMBER</u>
Laboratory Director	Richard Alexander MS MPH	(714) 834-8385
Laboratory Manager	Lydia Mikhall MBA	(714) 834-8378
Virology/ Immunology	Kathryn Krusel	(714) 834-8390
Bacteriology/ Clinical Microbiology	Paul Hannah	(714) 834-8327
TB/Mycology Parasitology	Minoo Ghajar	(714) 834-8292
Molecular/PulseNet	Julia Wolfe	(714) 834- 8521
Water Quality	Joseph Guzman	(949) 219-0424
Information Systems	Doug Schan	(714) 834-7850
Supplies/Specimen Receiving Courier Service	Paterno Lopez	(714) 834-8401
Media Room	Philip Tam	(714) 834-8325

OTHER USEFUL PHONE NUMBERS

Reportable Diseases: (714) 834-8196 (FAX)
Epidemiology: (714) 834-8180
OC Animal Care: (714) 935-6848
Vector Control: (714) 971-2421

To report a Public Health Emergency after hours (including a bioterrorism event) call:
(714) 628-7008

Ask to speak to Public Health Services On-Call Official

Orange County Public Health Laboratory
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**ORANGE COUNTY PUBLIC HEALTH LABORATORY
SPECIMEN SUBMISSION INSTRUCTIONS**

I. SPECIMEN COLLECTION

- A. Collect specimens in containers appropriate for the test requested. See Test Request Information.
- B. Use media or collection containers with current expiration dates.
- C. Hold specimens under correct conditions before transport. See test request information.
- D. Observe time restrictions on collection and transport to the laboratory.

II. SPECIMEN IDENTIFICATION

Label specimen container with patient's last name, first name, middle name or initial, and unique identifier. For anonymous HIV testing only, use the identification number. The patient's name and/or unique identifier or anonymous HIV number on the specimen must be exactly as written on the test request form.

- A. Initials in place of the first or last name are unacceptable.
- B. The specimen cannot be processed without the patient name and/or unique identifier or anonymous HIV number. See specimen Quality Assurance.

III. TEST REQUEST FORM

A. **REQUIRED INFORMATION** – The specimen will not be processed without the following:

1. **PATIENT INFORMATION**

a. **PATIENT NAME** – Type the patient's last name, first name and middle name or initial. For anonymous HIV testing only, use the identification number. The patient's name and/or unique identifier or anonymous HIV number on the test request for must be exactly as written on the specimen.

- i. Initials in place of first or last name are unacceptable.
- ii. Use card imprint or labels only when the information is legible when placed in the correct space.

b. **PATIENT ADDRESS** – Type the patient's address.

- c. **DATE OF BIRTH** – Type the patients birthdate
 - d. **GENDER** – Check Male or Female
2. **CLIENT INFORMATION** – Type in the name and address of the submitting client or clinic if you do not have a “Client Number”.
- or–
- CLIENT NUMBER (Submitter Number assigned by OCPHL)** – Type the assigned client number in the space provided. **DO NOT WRITE OTHER NUMBERS IN THIS SPACE.** If the client number is not known, call the laboratory office (714) 834-8385.
3. **SPECIMEN SOURCE** – Check the appropriate box for specimen source. Check only one. If the appropriate source is not available, write the source on the line next to “Other”.
4. **COLLECTION INFORMATION** – Type the date (MM/DD/YYYY) and time (HH:MM) the specimen was collected.
- a. **COLLECTED BY** (not required but recommended) – Write the name of the individual collecting the specimen
5. **REFERENCE TEST** – A test or tests must be requested by authorized individual.
- a. Check the appropriate box on the Test Request Form for “Reference Culture”.
 - b. Check the box for the original specimen source.
 - c. For REFERENCE TEST (send an actively growing, pure culture for identification) – Also complete the **Cultured Referred As: (REQUIRED)** section and include any relevant history or laboratory findings in the Other Test / Notes section located at the bottom of the laboratory slip.
6. **CLINICAL TEST**– A test or tests must be requested by authorized individual.
- a. Check the appropriate test box. See Test Request Information.
 - b. Submit one specimen for each test requested.
 - c. **EXCEPTIONS** - One specimen may be submitted for each of the following combinations:
 - 1. Urine for urinalysis (UA) and Culture and Sensitivity (C & S) aerobic culture.
 - 2. Stool for enteric bacteriology (*Salmonella*, *Shigella*, *E. coli* and *Campylobacter*).

3. Genital swab for C & S aerobic culture (includes *Gonorrhoea* and aerobic bacterial culture and sensitivity).
4. Blood for multiple serological tests (RPR/VDRL, Hepatitis Markers, HIV and miscellaneous serology).

B. OTHER INFORMATION –Please fill out “Other Client Information” and “Client Patient Number” when applicable. This information will appear on the patient report.

1. **OTHER CLIENT INFORMATION** – Type the name, address and phone number of the attending physician if different from the client (submitter). *This space may be used for additional clinic subdivisions or coded information (nurses codes, clinic code, etc.)*
2. **CLIENT PATIENT NUMBER** – Type the patient identification number or code. Please be accurate.

IV. TRANSPORT

- A. Check that both specimen and test request form are label with the exact same patient’s last name, first name, middle name or initial, and unique identifier. For anonymous HIV testing only, check that both specimen and test request form are label with the exact same identification number. **The patient’s name and/or unique identifier or anonymous HIV number on the specimen must be exactly as written on the test request form.**
- B. Ensure the test(s) requested are appropriate and correlate with specimen collected.
- C. Retain the **last copy** of the request form for your records.
- D. Ensure the integrity of specimens before transport. Screw caps down tightly. Check for punctures or leakage.
- E. Place completed Test Request Form in the outer pocket of the laboratory specimen bag.
- F. Place the labeled specimen in the zip lock section of the laboratory specimen bag. Zip the bag
- G. Arrange for pick up or delivery. See Courier Schedule or Specimen Collection Stations.
- H. Changes to information on the test request form must be requested by the submitter in writing. FAX authorized written change requests to (714) 834-7968.

V. SPECIMEN QUALITY ASSURANCE CRITERIA

To help assure quality testing and to meet federal and state regulations, the laboratory has strict requirements for specimen identification.

A. The following specimens do not meet quality assurance standards and will not be tested.

1. Specimen or request form lacking patient name and/or unique identifier or anonymous HIV number.
2. Specimen with compromised quality (e.g. collected in improper or expired container, received leaking or broken, or past acceptable transport time).
3. Test request without client (submitter) number or client name and address.

B. The following specimens do not meet quality assurance standards. The client will receive a telephone call requesting correction.

1. Test request without specimen source, date taken or test request will not be tested until the information is received.
2. Missing information must be provided in writing by Fax (714) 834-7968 by 4:30 p.m. the next working day following notification.

C. The following specimens do not meet quality assurance standards and will not be tested until corrected by a physician or nurse practitioner.

1. Specimen whose patient name does not match name on test request EXACTLY (i.e. identical spelling of all names).
2. Client will be notified of mismatched identification by telephone.
3. A physician or nurse practitioner must come to the laboratory and make corrections on the test request form, and sign the corrections.
4. Corrections must be made by 4:30 p.m. the next working day following notification.



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Public Health Laboratory**
1729 W. 17th Street • Santa Ana, CA 92706
(714) 834-8385 • Fax: (714) 834-7968



Red indicates required information

CLIENT INFORMATION (REQUIRED)					
				PATIENT INFORMATION	
				HCA MEDICAL RECORD NUMBER	
PATIENT NAME (LAST, FIRST, MIDDLE)					
STREET ADDRESS / APT #					
CITY / STATE / ZIP / PHONE					
DATE OF BIRTH		AGE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
CLIENT PATIENT NUMBER					
OTHER CLINICIAN INFORMATION (if different from above)					
NAME / CLINIC CODE / PHONE #					
STREET ADDRESS					
CITY / STATE / ZIP					
SPECIMEN SOURCE (REQUIRED)		COLLECTION INFORMATION			
<input type="checkbox"/> Throat	<input type="checkbox"/> Stool	<input type="checkbox"/> Rectal Swab	<input type="checkbox"/> Sputum		
<input type="checkbox"/> NP	<input type="checkbox"/> CSF	<input type="checkbox"/> Urine	<input type="checkbox"/> BAL		
<input type="checkbox"/> Genital	<input type="checkbox"/> Oral Fluid	<input type="checkbox"/> Ear	<input type="checkbox"/> Gastric Aspirate		
<input type="checkbox"/> Serum	<input type="checkbox"/> Plasma	<input type="checkbox"/> Whole Blood	<input type="checkbox"/> Aerosol (D1, D2, D3, F)		
<input type="checkbox"/> Acute	<input type="checkbox"/> Convalescent	Onset Date _____	<input type="checkbox"/> Respiratory Processed		
			<input type="checkbox"/> Other _____ (Specify)		
		<input type="checkbox"/> Wound	<input type="checkbox"/> Tissue		
		<input type="checkbox"/> Lesion	Specify Site: _____		
DATE (MM/DD/YYYY)		TIME (HH:MM)			
COLLECTED BY					
REFERENCE TEST (REQUIRED) OR					
<input type="checkbox"/> B4 Bacterial Culture for Identification, Aerobic	<input type="checkbox"/> T2 Mycobacterium Culture for Identification	<input type="checkbox"/> V4 Viral Culture for Identification			
<input type="checkbox"/> B5 Bacterial Culture for Identification, Anaerobic	<input type="checkbox"/> T6 Mycobacterium tuberculosis Culture for Identification and Susceptibility	Culture Referred As: (REQUIRED)			
<input type="checkbox"/> B13 Gonorrhea, Culture for Identification	<input type="checkbox"/> T7 Mycobacterium tuberculosis Culture for Reportable Disease Only				
<input type="checkbox"/> B20 Salmonella/Shigella, Culture for Identification					
<input type="checkbox"/> M2 Mycology Culture for Identification					
CLINICAL TEST (REQUIRED)					
BACTERIOLOGY	MYCOBACTERIOLOGY	VIRAL LOAD			
<input type="checkbox"/> B1 Aeromonas Culture	<input type="checkbox"/> T1 Mycobacterium Culture and Sensitivity	<input type="checkbox"/> S68 HIV 1 Viral Load, TaqMan v2			
<input type="checkbox"/> B2 Bacterial Culture and Sensitivity, Aerobic	<input type="checkbox"/> T3 Mycobacterium Smear	SEROLOGY			
<input type="checkbox"/> B3 Bacterial Culture and Sensitivity, Anaerobic	<input type="checkbox"/> T4 Mycobacterium tuberculosis complex NAAT	<input type="checkbox"/> S18 Hepatitis Acute Panel			
<input type="checkbox"/> B6 Bordetella pertussis Culture and PCR	<input type="checkbox"/> T5 Mycobacterium tuberculosis, Antimicrobial Drug Levels	Hepatitis A IgM Ab			
<input type="checkbox"/> B7 Campylobacter Culture	PARASITOLOGY	Hepatitis B Core IgM Ab			
<input type="checkbox"/> B8 Clostridium botulinum Toxin	<input type="checkbox"/> P1 Arthropod Identification	Hepatitis B Surface Antigen Screen			
<input type="checkbox"/> B9 Diphtheria Culture	<input type="checkbox"/> P2 Cryptosporidium/Giardia Screen	Hepatitis C Total Ab			
<input type="checkbox"/> B10 Escherichia coli (STEC) Culture	<input type="checkbox"/> P3 Cyclospora Screen	<input type="checkbox"/> S19 Hepatitis A IgM Antibody	<input type="checkbox"/> S67 Hepatitis A Total Ab		
<input type="checkbox"/> B12 Gonorrhea Culture	<input type="checkbox"/> P4 Entamoeba histolytica/Entamoeba dispar Differentiation	<input type="checkbox"/> S20 Hepatitis B Core IgM Antibody	<input type="checkbox"/> S21 Hepatitis B Core Total Antibody		
<input type="checkbox"/> B14 Gonorrhea, Microscopic Exam	<input type="checkbox"/> P5 Helminth Identification	<input type="checkbox"/> S22 Hepatitis B Surface Antigen Screen	<input type="checkbox"/> S23 Hepatitis B Surface Antigen Antibody		
<input type="checkbox"/> B15 Haemophilus ducreyi Culture	<input type="checkbox"/> P6 Isospora Screen	<input type="checkbox"/> S24 Hepatitis C Total Antibody	<input type="checkbox"/> S31 HIV 1, 2 Antibody Screen		
<input type="checkbox"/> B16 Legionella Culture	<input type="checkbox"/> P7 Malaria/Blood Parasites Screen	<input type="checkbox"/> S28 HIV 1 Oral Fluid Screen	<input type="checkbox"/> S43 Measles Antibody		
<input type="checkbox"/> B17 Occult Blood	<input type="checkbox"/> P8 Microsporidium Screen	<input type="checkbox"/> S58 Syphilis Screen	<input type="checkbox"/> S59 Syphilis TP-PA Confirmation		
<input type="checkbox"/> B19 Salmonella/Shigella Culture	<input type="checkbox"/> P9 Ova and Parasite Exam	<input type="checkbox"/> S61 Toxoplasma Antibody			
<input type="checkbox"/> B21 Streptococcus Group A Culture	<input type="checkbox"/> P10 Paragonimus Screen	SEROLOGY OTHER			
<input type="checkbox"/> B22 Syphilis Darkfield, Microscopic Exam	<input type="checkbox"/> P11 Pinworm Exam	<input type="checkbox"/> S32 Immunology Other Antibody			
<input type="checkbox"/> B25 Urinalysis	<input type="checkbox"/> P12 Pneumocystis Screen	Specify _____			
<input type="checkbox"/> B27 Vibrio Culture	VIROLOGY				
<input type="checkbox"/> B29 Yersinia Culture	<input type="checkbox"/> V1 Chlamydia/Gonorrhea NAAT				
	<input type="checkbox"/> V2 Rabies DFA				
	<input type="checkbox"/> V3 Viral Culture				
	<input type="checkbox"/> V5 Viral Culture, Herpes Simplex Virus				
	<input type="checkbox"/> V8 Influenza PCR				
MYCOLOGY					
<input type="checkbox"/> M1 Mycology Primary Culture					

Other Tests / Notes:

F042-05.1360 (10/12) - DTP472

ORANGE COUNTY HEALTH CARE AGENCY PUBLIC HEALTH LABORATORY REQUISITION FORM

THE FOLLOWING INSTRUCTIONS ARE FOR PUBLIC HEALTH LABORATORY CLIENTS ONLY, IF YOU ARE NOT A CLIENT PLEASE CALL THE LABORATORY AT (714) 834-8385



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(714) 834-8385 • Fax: (714) 834-7968

A

- A** Peel-off Labels
- B** Barcode
- C** Pre-printed Client Name & Address

1 Red indicates required information																																									
<p>CLIENT INFORMATION (REQUIRED)</p> <p>ZZZ HOSPITAL CLIENT 1234 TEST DR SANTA ANA, CA 92705</p> <p>OTHER CLINICIAN INFORMATION (if different from above)</p> <p>NAME / CLINIC CODE / PHONE # _____</p> <p>STREET ADDRESS _____</p> <p>CITY / STATE _____</p> <p>SPECIMEN SOURCE (REQUIRED)</p> <table style="width: 100%; font-size: small;"> <tr> <td><input type="checkbox"/> Throat</td> <td><input type="checkbox"/> Stool</td> <td><input type="checkbox"/> Rectal Swab</td> <td><input type="checkbox"/> Sputum</td> <td><input type="checkbox"/> Aerosol (D1, D2, D3, F)</td> </tr> <tr> <td><input type="checkbox"/> NP</td> <td><input type="checkbox"/> CSF</td> <td><input type="checkbox"/> Urine</td> <td><input type="checkbox"/> BAL</td> <td><input type="checkbox"/> Respiratory Processed</td> </tr> <tr> <td><input type="checkbox"/> Genital</td> <td><input type="checkbox"/> Oral Fluid</td> <td><input type="checkbox"/> Ear</td> <td><input type="checkbox"/> Gastric Aspirate</td> <td><input type="checkbox"/> Other (Specify)</td> </tr> <tr> <td><input type="checkbox"/> Serum</td> <td><input type="checkbox"/> Plasma</td> <td><input type="checkbox"/> Whole Blood</td> <td><input type="checkbox"/> Wound</td> <td><input type="checkbox"/> Tissue</td> </tr> <tr> <td><input type="checkbox"/> Acute</td> <td><input type="checkbox"/> Convalescent</td> <td><input type="checkbox"/> Onset Date _____</td> <td><input type="checkbox"/> Lesion</td> <td><input type="checkbox"/> Specify Site _____</td> </tr> </table> <p>REFERENCE TEST (REQUIRED) OR</p> <table style="width: 100%; font-size: x-small;"> <tr> <td><input type="checkbox"/> B4 Bacterial Culture for Identification, Aerobic</td> <td><input type="checkbox"/> T2 Mycobacterium Culture for Identification</td> <td><input type="checkbox"/> V4 Viral Culture for Identification</td> </tr> <tr> <td><input type="checkbox"/> B5 Bacterial Culture for Identification, Anaerobic</td> <td><input type="checkbox"/> T6 Mycobacterium tuberculosis Culture for Identification and Susceptibility</td> <td></td> </tr> <tr> <td><input type="checkbox"/> B13 Gonorrhea, Culture for Identification</td> <td><input type="checkbox"/> T7 Mycobacterium tuberculosis Culture for Reportable Disease Only</td> <td></td> </tr> <tr> <td><input type="checkbox"/> B20 Salmonella/Shigella, Culture for Identification</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> M2 Mycology/Aerobic Actinomyces Culture for Identification</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Throat	<input type="checkbox"/> Stool	<input type="checkbox"/> Rectal Swab	<input type="checkbox"/> Sputum	<input type="checkbox"/> Aerosol (D1, D2, D3, F)	<input type="checkbox"/> NP	<input type="checkbox"/> CSF	<input type="checkbox"/> Urine	<input type="checkbox"/> BAL	<input type="checkbox"/> Respiratory Processed	<input type="checkbox"/> Genital	<input type="checkbox"/> Oral Fluid	<input type="checkbox"/> Ear	<input type="checkbox"/> Gastric Aspirate	<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Serum	<input type="checkbox"/> Plasma	<input type="checkbox"/> Whole Blood	<input type="checkbox"/> Wound	<input type="checkbox"/> Tissue	<input type="checkbox"/> Acute	<input type="checkbox"/> Convalescent	<input type="checkbox"/> Onset Date _____	<input type="checkbox"/> Lesion	<input type="checkbox"/> Specify Site _____	<input type="checkbox"/> B4 Bacterial Culture for Identification, Aerobic	<input type="checkbox"/> T2 Mycobacterium Culture for Identification	<input type="checkbox"/> V4 Viral Culture for Identification	<input type="checkbox"/> B5 Bacterial Culture for Identification, Anaerobic	<input type="checkbox"/> T6 Mycobacterium tuberculosis Culture for Identification and Susceptibility		<input type="checkbox"/> B13 Gonorrhea, Culture for Identification	<input type="checkbox"/> T7 Mycobacterium tuberculosis Culture for Reportable Disease Only		<input type="checkbox"/> B20 Salmonella/Shigella, Culture for Identification			<input type="checkbox"/> M2 Mycology/Aerobic Actinomyces Culture for Identification			<p>PATIENT INFORMATION</p> <p>HCA MEDICAL RECORD NUMBER _____</p> <p>PATIENT NAME (LAST, FIRST, MIDDLE) 2 _____</p> <p>STREET ADDRESS / APT # _____</p> <p>CITY / STATE / ZIP / PHONE 4 _____</p> <p>DATE OF BIRTH 3 _____ AGE _____ GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE</p> <p>CLIENT PATIENT NUMBER _____</p> <p>COLLECTION INFORMATION</p> <p>DATE (MM/DD/YYYY) _____ TIME (H:MM) _____ <input type="checkbox"/> AM <input type="checkbox"/> PM</p> <p>COLLECTED BY 5 _____</p> <p>Culture Referred As: (REQUIRED) _____</p>
<input type="checkbox"/> Throat	<input type="checkbox"/> Stool	<input type="checkbox"/> Rectal Swab	<input type="checkbox"/> Sputum	<input type="checkbox"/> Aerosol (D1, D2, D3, F)																																					
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<p>Other Tests / Notes: _____</p> <p style="text-align: right;">Specify _____</p>																																									

- REQUIRED INFORMATION**
- 1** Client Information
 - 2** Patient's Name
 - 3** Date of Birth
 - 4** Gender
 - 5** Date & Time
 - 6** Source
 - 7** Test

INSTRUCTIONS FOR USE

- (1) Complete all required Information
- (2) Affix a peel-off label on the specimen container(s). If there is more than one container, i.e. O&P kits have PVA and Formalin vials, affix a labels to each container.
- (3) Keep the last yellow copy for records
- (4) Place the specimen, with the requisition label attached, and the requisition form inside specimen transport bag.
- (5) Send to the laboratory for testing












SPECIMEN COLLECTION SUPPLIES - for County Clinics

ITEM	USE	MAXIMUM QUANTITY	ORDER INFORMATION
Anaerobic Transport Tube	Bacterial Culture		Call the OCPH-Lab Bacteriology Department at (714) 834-8327
BACTEC Blood Culture Bottles – Adult	Aerobic and Anaerobic Blood Cultures		Call Central Processing (714) 834-8401
BACTEC Blood Culture Bottles - Pediatric	Aerobic and Anaerobic Blood Cultures		
BACTEC Blood Culture Bottles – Myco F/Lytic	TB/Mycology		
Bacterial Culturettes (Modified Amies Clear Media)	Bacterial Transport Media		
Blood Collection Tube w/EDTA Lavender Top	Viral Load Testing		Call Purchasing at (714) 834-2188
Blood Serum Separator Tube (SST) Tiger Top, Plastic Only	Serology Testing		
C&S Vial (Culture and Sensitivity)	Enteric Pathogens i.e. <i>Salmonella</i> and <i>Shigella</i>	25 Vials	Call Central Processing (714) 834-8401
Chlamydia Swab Collection Kit – Aptima (Purple Box)	Chlamydia and Gonorrhea NAAT testing (Nucleic Acid Amplification Testing)		
Chlamydia Urine Collection Kit – Aptima (Yellow Box)	Chlamydia and Gonorrhea NAAT testing (Nucleic Acid Amplification Testing)		
Fresh Stool Collection Vials	Tests requiring a fresh stool sample		
GC-Lect Plates	Gonorrhea Cultures		
Hemocult Slide	Occult Blood Testing		Call Purchasing at (714) 834-2188
IMA Slant (Inhibitory Mold Agar)	Fungal Cultures		Call Central Processing (714) 834-8401
O&P Collection Kit – 2 Vials (10% Formalin and PVA)	Identification of Ova and Parasites in Stool Samples	25 Kits (RPHS=100 Kits)	
Orasure Oral Fluid Collection Kit	HIV Testing		
Pinworm Paddle	Isolation and Identification of Pinworms		
Regan-Lowe Transport Bottles and CAS Broth	<i>Bordetella pertussis</i> Culture		
Requisition Forms	To be used when LIS is down. Form is to be completed and accompany each specimen submitted to the OCPH-Lab.		
Specimen Bags	Bag to Transport specimen and Lab Slip together in separate compartments		
Sterile 15 ml Conical Tube	Specimen Container		
Sterile 50 ml Conical Tube	Specimen Container		
Sterile Screw-cap Tube with 0.5 ml Sterile Buffered Water	<i>Haemophilus ducreyi</i> Transport Media		
Typhoid Urine Kits	Typhoid Clearance Cases	25 Kits	
Urine C&S Transport Kit (grey-top tube) Urinalysis Transport Kit (red & yellow tube)	Urine Cultures and Sensitivities (C&S) and Urinalysis Testing		Call Purchasing at (714) 834-2188
Viral Collection & Transport Kit (VTM)	Viral Cultures	12 Kits	Call Central Processing (714) 834-8401
Water Collection Bottles (Idexx-120 ml Bottle with Sodium Thiosulfate)	Water Sampling		Call the Water Quality Lab at (949) 219-0423
Zebra Printer Specimen Labels			Call Central Processing (714) 834-8401

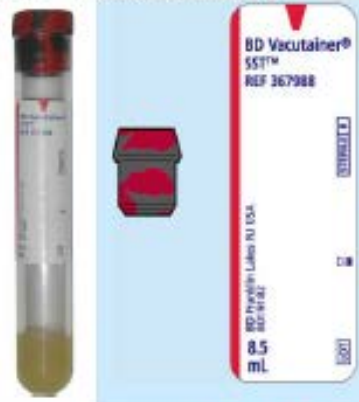



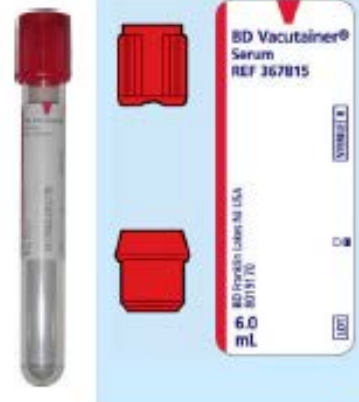




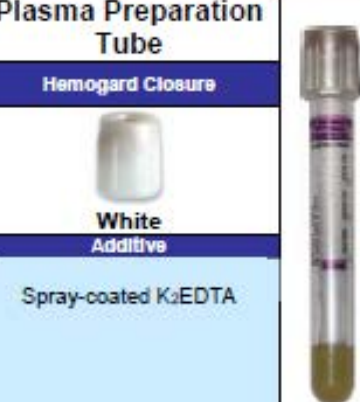




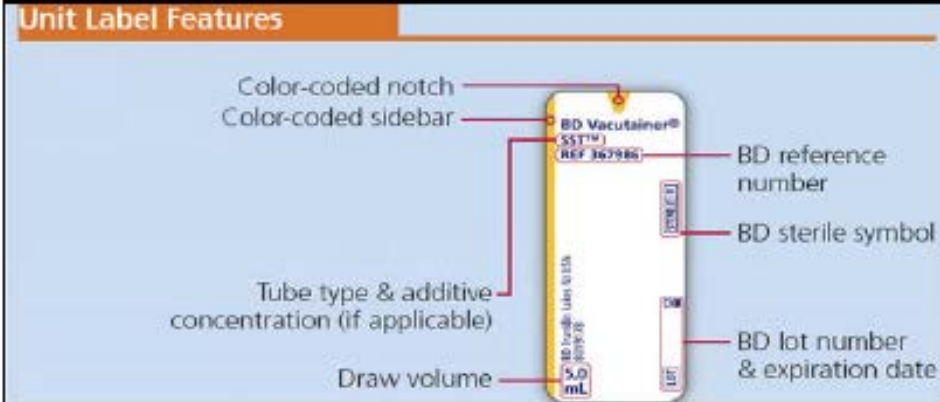
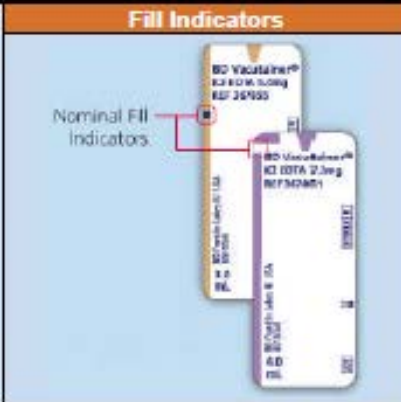
LABORATORY SUPPLIES - for Hospitals, Dr. Offices and Clinical Laboratories

ITEM	USE	ORDER INFORMATION
Requisition Forms	To be completed and accompany each specimen submitted to the OCPH-Lab	Call Central Processing (714) 834-8401

Specimen Containers

 <p style="text-align: center;">BD Plastic Vacutainer (SST)</p> <p>Source: Serum</p> <p>Desired test:</p> <p>S58 Syphilis Screen S31 HIV1, 2 Antibody S18 Hepatitis Acute Panel Hepatitis A IgM Ab Hepatitis B Core IgM Ab Hepatitis B Surface Antigen Screen Hepatitis C Total Ab S19 Hepatitis A IgM Antibody S67 Hepatitis A IgG Antibody S20 Hepatitis B Core IgM Antibody S21 Hepatitis B Core Total Antibody S22 Hepatitis B Surface Antigen Screen S23 Hepatitis B Surface Antigen Antibody S24 Hepatitis C Total Antibody</p>	 <p style="text-align: center;">Plastic Vacutainer (EDTA)</p> <p>Source: Plasma</p> <p>Desired test:</p> <p>S68 HIV Viral Load, Taqman v2</p> <p>Purple top - 24 hrs limit, date and time required Pearl top - Spun within 24 hrs and refrigerated - Date and time required</p>		
 <p style="text-align: center;">GenProbe Aptima Urine Chlamydia</p> <p>Source: Urine</p> <p>Desired test:</p> <p>V1 Chlamydia/Gonorrhea Nucleic Acid Amplification</p>	 <p style="text-align: center;">GenProbe Aptima Swab Chlamydia</p> <p>Acceptable sources:</p> <p>Cervix – Female Urethra – Male } Genital Rectal Throat</p> <p>Desired test:</p> <p>V1 Chlamydia/Gonorrhea Nucleic Acid Amplification</p>	 <p style="text-align: center;">Orasure</p> <p>Source: Oral Fluid</p> <p>Desired test:</p> <p>S28 HIV 1 Oral Fluid Screen</p>	 <p style="text-align: center;">BD Urine Vacutainer</p> <p>Source: Urine</p> <p>B25 Urinalysis B2 Bacterial C & S, Aerobic</p>
 <p style="text-align: center;">GC-LECT</p> <p>Acceptable sources:</p> <p>Throat Rectal Swab Genital (Penis, Urethra, Vagina, Cervix)</p> <p>Desired test:</p> <p>B12 Gonorrhea Culture</p> <p>* Must have <u>CO2 sachet</u> and <u>inner bag sealed</u></p>	 <p style="text-align: center;">Para-Pak (LV-PVA & 10% Formalin)</p> <p>Source: Stool</p> <p>Desired test:</p> <p>P9 Oval&Parasite P2 Crytosporidium/Giardia P8 Microspidium P6 Isospora P3 Cyclospora P10 Paragonimus</p>	 <p style="text-align: center;">PARA-PAK (C&S)</p> <p>Source: Stool</p> <p>Desired test:</p> <p>B19 Salmonella/Shigella Culture B7 Campylobacter Culture B10 Escherichia coli (STEC) Culture</p>	
<p style="text-align: center;">Starplex Bacteriology Culturette</p>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Source:</p> <p>Throat</p> <p>Desired test:</p> <p>B21 Streptococcus Group A Culture</p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p>Acceptable sources:</p> <p>Eye • Ear • Wound • Lesion Genital (Cervix • Penis • Urethra • Vagina)</p> <p>Desired test:</p> <p>B2 Bacterial Culture & Sensitivity, Aerobic</p> </div> </div>		<p style="text-align: center;">(VTM/UTM)</p>  <p>Acceptable sources:</p> <p>Throat • Eye Wound • Lesion Genital (Cervix • Penis • Urethra • Vagina)</p> <p>Desired test:</p> <p>V5 Viral Culture, Herpes Simplex Virus</p> <hr style="border-top: 1px dashed black;"/> <p>V8 Influenza PCR (Throat & NP) V9 Measles PCR (Urine & Throat)</p>	

Tube Guide - Serum Vs Plasma

SERUM SEPARATOR TUBE (SST)				
Hemogard Closure	Additive	Clotting Time		
 Gold	Clot activator and gel for serum separation	30 Minutes		
Conventional Stopper	Laboratory Use			
 Red/Black	For serum determination in chemistry. May be used for routine blood donor screening and diagnostic testing of serum for infectious disease.			
SERUM				
Hemogard Closure	Additive	Clotting Time		
 Red	None (Glass) <i>Not Preferred by OC Health Laboratory</i> Clot activator (Plastic)	60 Minutes		
Conventional Stopper	Laboratory Use			
 Red (Glass)	For serum determination in chemistry. May be used for routine blood donor screening and diagnostic testing of serum for infectious disease.			
PLASMA				
Hemogard Closure	Additive			
 Lavender	Liquid K ₂ EDTA (Glass) Spray-Coated K ₂ EDTA (Plastic)			
Conventional Stopper	Laboratory Use			
 Lavender	K ₂ EDTA and K ₃ EDTA for whole blood hematology determinations. K ₂ EDTA may be used for routine immunohematology testing and blood donor screening.			
Plasma Preparation Tube				
Hemogard Closure			 White	
Additive			Spray-coated K ₂ EDTA	
Unit Label Features			Fill Indicators	
				

Laboratory Specimen Collection Stations and Courier Pick Up Schedule – Public Health Clinics & Collection Stations

A.M. ROUTE - DAILY

ETA	ACCT. NAME	ADDRESS	SPECIAL INSTRUCTIONS
0830	Juvenile Hall	331 The City Drive S. Orange	Enter through guarded gate marked JUVENILE HALL on N. side of building. Knock on W. Door at S. end of parking area for entrance. P/U specimens FM. 153. Check Refrigerator and wire basket on left.
0845	Orangewood	401 The City Drive S. Orange	Pick up specimens
0900	Theo Lacy Jail	501 The City Drive S. Orange	Stop at front desk, guard will call dispensary. Pick up from Grand Sta. Near Admin Office on 2 nd floor.
0930	Central Men's Jail	550 N. Flower St. Bldg. 42 Santa Ana	Pick up specimens
0945	Central Women's Jail	550 N. Flower St. Bldg. 96 Santa Ana	Pick up specimens
1000	Intake and Release Center	550 N. Flower St. Bldg. 50 Santa Ana	Pick up specimens
1030	PUBLIC HEALTH LAB	1729 W. 17 th Street Santa Ana	DROP OFF SPECIMENS. Pick up any supplies to be delivered.

P.M. ROUTE - DAILY

ETA	ACCT. NAME	ADDRESS	SPECIAL INSTRUCTIONS
1315	Placentia Linda Hospital	1301 Rose Avenue, Placentia	Laboratory
1345	Anaheim Regional MC	1111 W. La Palma Avenue, Anaheim	Main Laboratory
1420	CAST	401 The City Drive South, Orange	1 st Floor, BLDG 46B
1425	Orangewood	401 The City Drive South, Orange	Pick up specimens
1440	Juvenile Hall	331 The City Drive South, Orange	Enter through guarded gate marked JUVENILE HALL on N. side of building. Knock on W. Door at S. end of parking area for entrance. P/U specimens FM.153. Check Refrigerator and wire basket on left.
1500	PUBLIC HEALTH LAB	1729 W. 17 th Street, Santa Ana	DROP OFF SPECIMENS. Pick up any supplies to be delivered.

MISC ROUTE – DAILY (MONDAY TO FRIDAY)

ETA	ACCT. NAME	ADDRESS
1100	Hoag Hospital	1 Hoag Dr., Newport Beach 92663
1200	Laguna Beach Community Clinic	362 Third St., Laguna Beach 92651
1230	Saddleback Memorial MC	24451 Health Center Dr., Laguna Hills 92653
1300	Musick Correctional Facility	13502 Musick Rd., Irvine 92618
ETA: BETWEEN 1330 and 1400	PUBLIC HEALTH LAB	1729 W. 17 th Street, Santa Ana 92706

MISC ROUTE: SATURDAY ROUTE

PICK UP FROM THE FOLLOWING HOSPITALS AND DELIVER TO OCPHL ON SATURDAY BETWEEN 9:00 A.M. AND 10:00 A.M.

	ACCT. NAME	ADDRESS
	Hoag Hospital	1 Hoag Dr. Newport Beach 92663
	Anaheim Regional Medical Center	1111 W. La Palma Ave., Anaheim 92801
	Saddleback Memorial Medical Center	24451 Health Center Dr., Laguna Hills 92653
	Placentia Linda Hospital	1301 N. Rose Dr., Placentia 92870
ETA: BETWEEN 0900 and 1000	PUBLIC HEALTH LAB	1729 W. 17 th Street, Santa Ana 92706

MISC ROUTE – HOLIDAY ROUTE

PICK UP FROM THE FOLLOWING LOCATIONS AND DELIVER TO OCPHL ON HOLIDAYS, ACCORDING TO COUNTY HOLIDAY SCHEDULE BETWEEN 9:00 A.M. AND 10:00 A.M.

	ACCT. NAME	ADDRESS
	Orangewood	401 The City Drive South, Orange
	Theo Lacy Jail	501 The City Drive S. Orange
	Juvenile Hall	331 The City Drive S. Orange
	Central Men's Jail	550 N. Flower St. Bldg. 42 Santa Ana
ETA: BETWEEN 0900 and 1000	PUBLIC HEALTH LAB	1729 W. 17 th Street, Santa Ana 92706

Orange County Public Health Laboratory
1729 West 17th Street, Santa Ana, CA 92706

Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5-2643.20, and §2800-2812 Reportable Diseases and Conditions*

§ 2500. REPORTING TO THE LOCAL HEALTH AUTHORITY.

- § 2600(b) It shall be the duty of every health care provider, knowing or in attendance on a case or suspected case of any of the diseases or condition listed below, to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides.
- § 2600(o) The administrator of each health facility, clinic, or other setting where more than one health care provider may know of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local officer.
- § 2600(a)(14) "Health care provider" means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

URGENCY REPORTING REQUIREMENTS [17 CCR §2500(h)(1)]

- Ⓢ ! Report immediately by telephone (designated by a + in regulations).
- † Report immediately by telephone when two or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness (designated by a ● in regulations.)
- FAX Ⓢ ! Report by electronic transmission (including FAX), telephone, or mail within one working day of identification (designated by a + in regulations).
- ! All other diseases/conditions should be reported by electronic transmission (including FAX), telephone, or mail within seven calendar days of identification.

REPORTABLE COMMUNICABLE DISEASES §2500(i)(1)

- Acquired Immune Deficiency Syndrome (AIDS)
(HIV infection only: see "Human Immunodeficiency Virus")
- FAX Ⓢ ! Amebiasis
- Ⓢ ! Anaplasmosis/Ehrlichiosis
- FAX Ⓢ ! Anthrax, human or animal
- Ⓢ ! Babesiosis
- Ⓢ ! Botulism (Infant, Foodborne, Wound, Other)
- Ⓢ ! Brucellosis, animal (except infections due to *Brucella canis*)
- Ⓢ ! Brucellosis, human
- FAX Ⓢ ! Campylobacteriosis
- Chancroid
- FAX Ⓢ ! Chickenpox (Varicella) (only hospitalizations and deaths)
- Chlamydia trachomatis infections, including lymphogranuloma venereum (LGV)
- Ⓢ ! Cholera
- Ⓢ ! Ciguatera Fish Poisoning
- Coccidioidomycosis
- Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)
- FAX Ⓢ ! Cryptosporidiosis
- Cyclosporiasis
- Cysticercosis or taeniasis
- Ⓢ ! Dengue
- Ⓢ ! Diphtheria
- Ⓢ ! Domoic Acid Poisoning (Amnesic Shellfish Poisoning)
- FAX Ⓢ ! Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
- Ⓢ ! Escherichia coli: shiga toxin producing (STEC) including E. coli O157
- 1 FAX Ⓢ ! Foodborne Disease
- Giardiasis
- Gonococcal infections
- FAX Ⓢ ! Haemophilus influenzae, Invasive disease (report an incident of less than 15 years of age)
- Ⓢ ! Hantavirus infections
- Ⓢ ! Hemolytic Uremic Syndrome
- FAX Ⓢ ! Hepatitis A, acute infection
- Hepatitis B (specify acute case or chronic)
- Hepatitis C (specify acute case or chronic)
- Hepatitis D (Delta) (specify acute case or chronic)
- Hepatitis E, acute infection
- Influenza, deaths in laboratory-confirmed cases for age 0-64 years
- Ⓢ ! Influenza, novel strains (human)
- Legionellosis
- Leprosy (Hansen Disease)
- Leptospirosis
- FAX Ⓢ ! Listeriosis
- Lyme Disease
- FAX Ⓢ ! Malaria
- Ⓢ ! Measles (Rubeola)
- FAX Ⓢ ! Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
- Ⓢ ! Meningococcal infections
- Mumps
- Ⓢ ! Paralytic Shellfish Poisoning
- Pelvic Inflammatory Disease (PID)
- FAX Ⓢ ! Pertussis (Whooping Cough)
- Ⓢ ! Plague, human or animal
- FAX Ⓢ ! Poliovirus infection
- FAX Ⓢ ! Polittacosis

- FAX Ⓢ ! Q Fever
- Ⓢ ! Rabies, human or animal
- FAX Ⓢ ! Relapsing Fever
- Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like illnesses
- Rocky Mountain Spotted Fever
- Rubella (German Measles)
- Rubella Syndrome, Congenital
- FAX Ⓢ ! Salmonellosis (Other than Typhoid Fever)
- Ⓢ ! Scombroid Fish Poisoning
- Ⓢ ! Severe Acute Respiratory Syndrome (SARS)
- Ⓢ ! Shiga toxin (detected in feces)
- FAX Ⓢ ! Shigellosis
- Ⓢ ! Smallpox (Variola)
- FAX Ⓢ ! Staphylococcus aureus infection (only a case resulting in death or admission to an intensive care unit of a person who has not been hospitalized or had surgery, dialysis, or residency in a long-term care facility in the past year, and did not have an indwelling catheter or percutaneous medical device at the time of culture)
- FAX Ⓢ ! Streptococcal infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)
- FAX Ⓢ ! Syphilis
- Tetanus
- Toxic Shock Syndrome
- FAX Ⓢ ! Trichinosis
- FAX Ⓢ ! Tuberculosis
- Ⓢ ! Tularemia, animal
- Ⓢ ! Tularemia, human
- FAX Ⓢ ! Typhoid Fever, Cases and Carriers
- FAX Ⓢ ! Vibrio infections
- Ⓢ ! Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)
- FAX Ⓢ ! West Nile virus (WNV) infection
- Ⓢ ! Yellow Fever
- FAX Ⓢ ! Yersiniosis
- Ⓢ ! OCCURRENCE OF ANY UNUSUAL DISEASE
- Ⓢ ! OUTBREAKS OF ANY DISEASE (including diseases not listed in § 2600). Specify if institutional and/or open community.

HIV REPORTING BY HEALTH CARE PROVIDERS § 2641.5-2643.20

Human Immunodeficiency Virus (HIV) infection is reportable by traceable mail or person-to-person transfer within seven calendar days by completion of the HIV/AIDS Case Report form (CDPH 8641A) available from the local health department. For completing HIV-specific reporting requirements, see Title 17, CCR, § 2641.5-2643.20 and <http://www.cdph.ca.gov/programs/aids/Pages/OAHIVReporting.aspx>

REPORTABLE NONCOMMUNICABLE DISEASES AND CONDITIONS §2800-2812 and §2693(b)

Disorders Characterized by Lapses of Consciousness (§2800-2812)
Pesticide-related illness or injury (known or suspected cases)**
Cancer, including benign and borderline brain tumors (except (1) basal and squamous skin cancer unless occurring on genitals, and (2) carcinoma in-situ and CIN III of the Cervix) (§2593)***

LOCALLY REPORTABLE DISEASES (if Applicable):

* This form is designed for health care providers to report those diseases mandated by Title 17, California Code of Regulations (CCR). Failure to report is a misdemeanor (Health & Safety Code §120295) and is a citable offense under the Medical Board of California Citation and Fine Program (Title 16, CCR, §1364.10 and 1364.11).

** Failure to report is a citable offense and subject to civil penalty (§250) (Health and Safety Code §105200).

*** The Confidential Physician Cancer Reporting Form may also be used. See Physician Reporting Requirements for Cancer Reporting in CA at: www.ccrca.org.

CDPH 110a (revised 10/03/2011)

Title 17, California Code of Regulations (CCR), Section 2505
REPORTABLE CONDITIONS: NOTIFICATION BY LABORATORIES
 (January 2014)

California Code of Regulations, Title 17, Section 2505 requires laboratories to report laboratory testing results suggestive of the following diseases of public health importance to the local health department:

<p>Subsection (e)(1) List Anthrax, animal (<i>B. anthracis</i>) Anthrax, human (<i>B. anthracis</i>) Botulism Brucellosis, human (all <i>Brucella</i> spp.) <i>Burkholderia pseudomallei</i> and <i>B. mallei</i> (detection or isolation from a clinical specimen) Influenza, novel strains (human) Plague, animal Plague, human Smallpox (<i>Variola</i>) Tularemia, human (<i>F. tularensis</i>) Viral hemorrhagic Fever agents, animal (VHF), (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses) Viral Hemorrhagic Fever agents, human (VHF), (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)</p>	<p>Subsection (e)(2) List Acid-fast bacillus (AFB) Anaplasmosis/Ehrlichiosis <i>Bordetella pertussis</i> acute infection, by culture molecular identification <i>Borrelia burgdorferi</i> infection Brucellosis, animal (<i>Brucella</i> spp. except <i>Brucella canis</i>) Campylobacteriosis (<i>Campylobacter</i> spp.) (detection or isolation from a clinical specimen) Chancroid (<i>Haemophilus ducreyi</i>) <i>Chlamydia trachomatis</i> infections, including lymphogranuloma venereum Coccidioidomycosis Cryptosporidiosis <i>Cyclosporiasis</i> (<i>Cyclospora cayetanensis</i>) Dengue (dengue virus) Diphtheria Encephalitis, arboviral <i>Escherichia coli</i>: shiga toxin producing (STEC) including <i>E. coli</i> O157 Giardiasis (<i>Giardia lamblia</i>, <i>intestinalis</i>, or <i>duodenalis</i>) Gonorrhea <i>Haemophilus influenzae</i> (report an incident of less than 15 years of age, from sterile site) Hantavirus Infections Hepatitis A, acute infection Hepatitis B, acute or chronic infection (specify gender) Hepatitis C, acute or chronic infection Hepatitis D (Delta), acute or chronic infection Hepatitis E, acute infection (detection of hepatitis E virus RNA from a clinical specimen or positive serology) Legionellosis (<i>Legionella</i> spp.) (antigen or culture) Leprosy (Hansen Disease) (<i>Mycobacterium leprae</i>) Leptospirosis (<i>Leptospira</i> spp.) Listeriosis (<i>Listeria</i>) Malaria Measles (Rubeola), acute infection Mumps (mumps virus), acute infection <i>Mycobacterium tuberculosis</i> <i>Neisseria meningitidis</i> (sterile site isolate) Plague (<i>Yersinia pestis</i>), human or animal Poliovirus Psittacosis (<i>Chlamydophila psittaci</i>) Q Fever (<i>Coxiella burnetii</i>) Rabies, animal or human Relapsing Fever (<i>Borrelia</i> spp.) (identification of <i>Borrelia</i> spp. spirochetes on peripheral blood smear) <i>Rickettsia</i>, any species, acute infection (detection from a clinical specimen or positive serology) Rocky Mountain Spotted Fever (<i>Rickettsia rickettsii</i>) Rubella, acute infection Salmonellosis (<i>Salmonella</i> spp.) Shiga toxin (detected in feces) Shigellosis (<i>Shigella</i> spp.) Syphilis Trichinosis (<i>Trichinella</i>) Tuberculosis Tularemia, animal (<i>F. tularensis</i>) Typhoid Vibrio species infections West Nile virus infection Yellow Fever (yellow fever virus) Yersiniosis (<i>Yersinia</i> spp., non-pestis) (isolation from a clinical specimen)</p>
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Revision 01/24/2014

Laboratory findings for these diseases are those that satisfy the most recent communicable disease surveillance case definitions established by the Centers for Disease Control and Prevention (unless otherwise specified in this Section). See also guidance at <http://www.cdph.ca.gov/HealthInfo/Documents/LaboratoryReportableDiseasesInstructionsList-e2.pdf>.

All laboratory notifications are acquired in confidence. The confidentiality of patient information is always protected.

WHEN TO REPORT

These laboratory findings are reportable to the local health officer of the health jurisdiction where the health care provider who first submitted the specimen is located within one (1) hour (List (e)(1) diseases) or within one (1) working day (List (e)(2) diseases) from the time that the laboratory notifies that health care provider or other person authorized to receive the report. If the laboratory that makes the positive finding received the specimen from another laboratory, the laboratory making the positive finding shall notify the local health officer of the jurisdiction in which the health care provider is located within the time specified above from the time the laboratory notifies the referring laboratory that submitted the specimen. If the laboratory is an out-of-state laboratory, the California laboratory that receives a report of such findings shall notify the local health officer in the same way as if the finding had been made by the California laboratory.

HOW TO REPORT

Laboratory reports must be made in writing and give the following information:

- the date the specimen was obtained,
- the patient identification number,
- the specimen accession number or other unique specimen identifier,
- the laboratory findings for the test performed,
- the date that any positive laboratory findings were identified,
- the name, gender, address, telephone number (if known), and age or date of birth of the patient,
- the name, address, and telephone number of the health care provider who ordered the test.

For diseases and agents listed in Subsection (e)(1): "The diseases or agents specified shall be reported within one hour after the health care provider or other person authorized to receive the report has been notified. Laboratories shall make the initial reports to the local health officer by telephone and follow the initial report within one working day by a report in writing submitted by electronic facsimile transmission or electronic mail to the local health officer. Within one year of the establishment of the state electronic reporting system, all List (e)(1) diseases, in addition to being reported by telephone within one hour, shall be reported electronically to the state electronic reporting system within one working day of identification. Reporting to the state electronic reporting system substitutes reporting by electronic facsimile transmission and electronic mail. Laboratory findings for these diseases are those that satisfy the most recent communicable disease surveillance case definitions established by the CDC (unless otherwise specified in this Section)."

For diseases and agents listed in Subsection (e)(2): "The diseases or agents specified shall be reported within one working day after the health care provider or other person authorized to receive the report has been notified. Laboratories shall transmit these reports to the local health officer by courier, mail, electronic facsimile or electronic mail. Within one year of the establishment of the state electronic reporting system, all List (e)(2) diseases shall be reported electronically to the state electronic reporting system within one working day of identification. Reporting to the state electronic reporting system substitutes, reporting by courier, mail, electronic facsimile transmission or electronic mail. Laboratory findings for these diseases are those that satisfy the most recent communicable disease surveillance case definitions established by the CDC (unless otherwise specified in this Section)."

ADDITIONAL REPORTING REQUIREMENTS

ANTHRAX, BOTULISM, BRUCELLOSIS, GLANDERS, INFLUENZA, NOVEL STRAINS, MELIOIDOSIS, PLAGUE, SMALLPOX, TULAREMIA, and VIRAL HEMORRHAGIC FEVERS

Whenever a laboratory receives a specimen for the laboratory diagnosis of a suspected human case of one of these diseases, such laboratory shall communicate immediately by telephone with the Microbial Diseases Laboratory (or, for Influenza, novel strains, Smallpox or Viral Hemorrhagic Fevers, with the Viral and Rickettsial Disease Laboratory) of the Department of Public Health for instruction. See also guidance at <http://www.cdph.ca.gov/HealthInfo/Documents/LabReportingInstructionsList-e1SelectAgents.doc.pdf>

TUBERCULOSIS (Section 2505 Subsections (f) and (g))

Any laboratory that isolates *Mycobacterium tuberculosis* from a patient specimen must submit a culture to the local public health laboratory for the local health jurisdiction in which the health care provider's office is located as soon as available from the primary isolate on which a diagnosis of tuberculosis was established.

The information listed under "HOW TO REPORT" above must be submitted with the culture.

Unless drug susceptibility testing has been performed by the clinical laboratory on a strain obtained from the same patient within the previous three months or the health care provider who submitted the specimen for laboratory examination informs the laboratory that such drug susceptibility testing has been performed by another laboratory on a culture obtained from that patient within the previous three months, the clinical laboratory must do the following:

Revision 01/24/2014

- Perform or refer for drug susceptibility testing on at least one isolate from each patient from whom *Mycobacterium tuberculosis* was isolated,
- Report the results of drug susceptibility testing to the local health officer of the city or county where the submitting physician's office is located within one (1) working day from the time the health care provider or other authorized person who submitted the specimen is notified, and
- If the drug susceptibility testing determines the culture to be resistant to at least isoniazid and rifampin, in addition, submit one culture or subculture from each patient from whom multidrug-resistant *Mycobacterium tuberculosis* was isolated to the local public health laboratory (as described above).

Whenever a clinical laboratory finds that a specimen from a patient with known or suspected tuberculosis tests positive for acid fast bacillus (AFB) staining and the patient has not had a culture which identifies that acid fast organism within the past 30 days, the clinical laboratory shall culture and identify the acid fast bacteria or refer a subculture to another laboratory for those purposes.

MALARIA (Section 2505 Subsection (h))

Any clinical laboratory that makes a finding of malaria parasites in the blood film of a patient shall immediately submit one or more such blood film slides for confirmation to the local public health laboratory for the local health jurisdiction where the health care provider is located. When requested, all blood films will be returned to the submitter.

SALMONELLA (Section 2612)

California Code of Regulations, Title 17, Section 2612 requires that a culture of the organisms on which a diagnosis of salmonellosis is established must be submitted to the local public health laboratory and then to the State's Microbial Diseases Laboratory for definitive identification.

Additional Cultures and Specimens to be Submitted to Public Health (Section 2505 Subsection (I) List)

Effective January 1, 2014, the California Code of Regulations, Title 17, Section 2505 subsection (I) lists the following cultures or specimens to be submitted as soon as available to the local or state public health laboratory:

Listeria monocytogenes isolates
 Measles immunoglobulin M (IgM)-positive sera
Neisseria meningitidis isolates from sterile sites
 Shiga toxin-positive fecal broths
 Shiga toxin-producing *Escherichia coli* (STEC) O157 and non-O157 isolates

See also guidance at <http://www.cdph.ca.gov/HealthInfo/Documents/AB188Instructions.pdf>



Division of Communicable Disease Control

**Conditions for Which Clinical Laboratories Shall Submit a Culture or a Specimen to the Local Public Health Laboratory.
January 2014**

Assembly Bill 186, chaptered on October 7, 2011 amended the Health and Safety Code Section 120130 (b) to require the California Department of Public Health to "establish a list of communicable diseases and conditions for which clinical laboratories shall submit a culture or a specimen to the local public health laboratory." This list has been added to California Code of Regulations, Title 17 Section 2505(l) effective January 1, 2014.

(l) A culture or a specimen as listed in this subsection shall be submitted as soon as available to the public health laboratory designated in Section 1075 for the local health jurisdiction where the health care provider is located. The following information shall be submitted with the culture or specimen: the name, address, and the date of birth of the person from whom the specimen or culture was obtained, the patient identification number, the specimen or culture accession number or other unique identifier, the date the specimen or culture was obtained from the patient, the name, address, and telephone number of the health care provider for whom such examination or test was performed, and the name, address, telephone number and the laboratory director's name of the laboratory that isolated the culture or specimen. The cultures or specimens pursuant to this requirement are:

Listeria monocytogenes isolates

Measles immunoglobulin M (IgM)-positive sera

Neisseria meningitidis isolates from sterile sites

Shiga toxin-positive fecal broths

Shiga toxin-producing *Escherichia coli* (STEC) O157 and non-O157 isolates

Requirements for submission to local public health laboratories have already been in place for the following:

Salmonella isolates (as per Title 17 Section 2612 (a))

Mycobacterium tuberculosis isolates (as per Section 2505 (f))

Malaria smears (as per Section 2505 (h))

TEST REQUEST INFORMATION - Alphabetical

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Adenovirus Antibody	SERO	S1	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<p><u>SPECIMEN</u>: Serum, 2.5 ml</p> <p><u>CONTAINER</u>: Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top.</p> <p><u>COLLECTION</u>: See serology specimen collection guide for details. <u>Plastic tubes only.</u></p> <p><u>TRANSPORT CONDITIONS</u>:</p> <p>Room Temperature: Acceptable</p> <p>Refrigerated: Acceptable</p> <p>Frozen: -20°C, serum only</p>	14 work-ing days	Negative	Send Out	99001
<i>Aeromonas</i> Culture	BACT	B1	Screening procedure for isolation and identification of <i>Aeromonas</i> species utilizing conventional biochemical techniques.	<p><u>SPECIMEN</u>: Fresh stool</p> <p><u>CONTAINER</u>: Stool transport bottles (Para Pak C&S)</p> <p><u>COLLECTION</u>: The specimen of choice is the diarrheal stool collected during the acute stage of the disease. Keep the stool specimen cool, do not incubate or refrigerate. Portions containing blood or mucus usually contain the highest number of pathogens. The use of rectal swabs (Bacterial Culturettes) should be limited to patients with active disease, infants and children from whom feces may be difficult to obtain.</p> <p><u>TRANSPORT CONDITIONS</u>:</p> <p>Room Temperature (25±5°C): 4 days (Preserved stool)</p> <p>Refrigerated (5±3°C): Not recommended</p> <p>Frozen (-15±5°C): Unacceptable</p>	1 week	Negative	Culture	87046 87077
Amebiasis Antibody	SERO	S2	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<p><u>SPECIMEN</u>: Serum, 2.5 ml</p> <p><u>CONTAINER</u>: Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top.</p> <p><u>COLLECTION</u>: See serology specimen collection guide for details. <u>Plastic tubes only.</u></p> <p><u>TRANSPORT CONDITIONS</u>:</p> <p>Room Temperature: Acceptable</p> <p>Refrigerated: Acceptable</p> <p>Frozen: -20°C, serum only</p>	14 work-ing days	Negative	Send Out	99001
Arbovirus Antibody	SERO	S3	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<p><u>SPECIMEN</u>: Serum, 2.5 ml</p> <p><u>CONTAINER</u>: Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top.</p> <p><u>COLLECTION</u>: See serology specimen collection guide for details. <u>Plastic tubes only.</u></p> <p><u>TRANSPORT CONDITIONS</u>:</p> <p>Room Temperature: Acceptable</p> <p>Refrigerated: Acceptable</p> <p>Frozen: -20°C, serum only</p>	14 work-ing days	Negative	Send Out	99001

TEST REQUEST INFORMATION - Alphabetical

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Arthropod Identification	PARA	P1	Identification is made by microscopic exam, or referred to Vector Control if necessary.	<p><u>SPECIMEN</u>: Arthropod or skin scrapings.</p> <p><u>CONTAINER</u>: If arthropod, use a jar or cup. If skin scraping, use mineral oil to scrape skin, then transfer to glass slide and cover with another glass slide.</p> <p><u>COLLECTION</u>: If arthropod is alive, place in a jar with a wet towel; if dead, fix with 70-95% alcohol. For skin scraping slide, place in a slide holder.</p> <p><u>TRANSPORT CONDITIONS</u>: If arthropod is alive, refrigerate at 2-8 degrees C; if dead, room temperature (15-30 degrees C). Skin scraping slide, room temperature.</p>	<p>24 hours (prelim)</p> <p>1 week (final)</p>	By report	Microscopy	87168
Bacterial Culture & Sensitivity, Aerobic	BACT	B2	Identification of all aerobic organisms found using conventional aerobic culture techniques. Sensitivities performed according to the CLSI guidelines.	<p><u>SPECIMEN</u>: Blood, urine, sputum, eye, ear, genital, wounds, and abscesses.</p> <p><u>CONTAINER</u>: Bacterial Culturettes, BACTEC blood culture bottles, BD Urine C&S Preservative (Gray top), sputum collection bottles.</p> <p><u>COLLECTION</u>: Blood Cultures -Aseptically collect 8 ml for each bottle (BACTEC Plus Aerobic/F and BACTEC Lytic Anaerobic/F) Urine- Clean-catch midstream collection, 4 ml in a BD vacutainer with UA preservative tube. Sputum- expectoration obtained after a deep cough collected in sterile sputum collection bottle. Bacterial Culturettes are used for genital, eye, ear, wounds and abscesses.</p> <p><u>TRANSPORT CONDITIONS</u>: Room Temperature (25±5°C): 24 hours (Blood cultures and genital swabs) Refrigerated (5±3°C): 24 hours (Swabs and sputum) 72 hours (preserved urine) Frozen (-15±5°C): Unacceptable</p>	3 days	Negative	Culture	87040 87088 87070 87186
Bacterial Culture for Identification (<i>Salmonella/Shigella</i>)	BACT	B20	<i>Salmonella/Shigella</i> culture identification and confirmation utilizing conventional biochemical and serological testing techniques.	<p><u>SPECIMEN</u>: Pure culture isolates</p> <p><u>CONTAINER</u>: Slanted tubed media preferred, motility deeps acceptable.</p> <p><u>COLLECTION</u>: Do not refrigerate or freeze</p> <p><u>TRANSPORT CONDITIONS</u>: Room Temperature (25±5°C): 2 days Refrigerated (5±3°C): 2 days Frozen (-15±5°C): Unacceptable</p>	3 days	NA	Culture	87070 87077 87147 87152

TEST REQUEST INFORMATION - Alphabetical

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Bacterial Culture, Anaerobic (Call laboratory before submitting specimens for consultation).	BACT	B3	Identification of all anaerobic organisms found using conventional anaerobic culture techniques.	<p><u>SPECIMEN</u>: Deep wounds, abscesses, body fluids, tissue, blood</p> <p><u>CONTAINER</u>: Anaerobic blood culture bottle, swab in anaerobic transport tube.</p> <p><u>COLLECTION</u>: Blood Cultures - After aseptic collection of specimen inject approximately 8 ml into one BACTEC Lytic Anaerobic/F bottle. Keep at room temperature and send to laboratory immediately.</p> <p>Swabs- Collect under anaerobic conditions using an anaerobe swab. Call the lab for transport tubes.</p> <p><u>TRANSPORT CONDITIONS</u>: Room Temperature (25±5°C): 24 hours Refrigerated (5±3°C): Unacceptable Frozen (-15±5°C): Unacceptable</p>	2 weeks	Negative	Culture	87040 87075 87076
Bacterial Reference Culture for Identification, Aerobic	BACT	B4	Aerobic bacterial culture identification utilizing conventional aerobic biochemical testing techniques.	<p><u>SPECIMEN</u>: Pure culture isolate</p> <p><u>CONTAINER</u>: Slant tube media preferred, sealed plates acceptable.</p> <p><u>COLLECTION</u>: Do not refrigerate or freeze</p> <p><u>TRANSPORT CONDITIONS</u>: Room Temperature (25±5°C): 2 days Refrigerated (5±3°C): Not recommended Frozen (-15±5°C): Unacceptable</p>	1 week	By report	Culture	87070 87077
Bacterial Reference Culture for Identification, Anaerobic	BACT	B5	Anaerobic bacterial culture identification utilizing conventional anaerobic biochemical testing techniques.	<p><u>SPECIMEN</u>: Pure culture isolate on swab or plated media</p> <p><u>CONTAINER</u>: Swab in anaerobic transport tube. Isolates submitted on plated media in anaerobic transport bag.</p> <p><u>COLLECTION</u>: Do not refrigerate or freeze</p> <p><u>TRANSPORT CONDITIONS</u>: Room Temperature (25±5°C) = 2 days Refrigerated (5±3°C) = Unacceptable Frozen (-15±5°C) = Unacceptable</p>	1 week	By report	Culture	87075 87076
<i>Blastomyces</i> Antibody	SERO	S4	Sent To Reference Lab. Additional information required. Please contact laboratory. 714-834-8385	<p><u>SPECIMEN</u>: Serum, 2.5 ml</p> <p><u>CONTAINER</u>: Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top.</p> <p><u>COLLECTION</u>: See serology specimen collection guide for details. <u>Plastic tubes only.</u></p> <p><u>TRANSPORT CONDITIONS</u>: Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only</p>	14 work-ing days	Negative	Send Out	99001

TEST REQUEST INFORMATION - Alphabetical

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
<i>Bordetella pertussis</i> Culture and PCR	BACT	B6	Screening procedure for isolation and identification of <i>Bordetella pertussis</i> utilizing conventional biochemical techniques and PCR.	<p><u>SPECIMEN</u>: Two Nasopharyngeal swabs <u>CONTAINER</u>: CAS broth. (Note: Contact Laboratory at 714-834-8327 for collection materials.) <u>COLLECTION</u>: Casamino Acid Solution (CAS) 0.5 ml – place the second swab into the solution and secure the cap tightly.</p> <p><u>TRANSPORT CONDITIONS</u>: Transport specimens back to the Public Health Laboratory within 2 hours at room Temperature (25±5°C) Room Temperature (25±5°C): within 2 hours Refrigerated (5±3°C): Unacceptable Frozen (-15±5°C): Unacceptable</p>	1 day (prelim) 1 week (final)	Negative	Culture PCR	87070 87077 87798
<i>Brucella</i> Antibody	SERO	S5	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<p><u>SPECIMEN</u>: Serum, 2.5 ml <u>CONTAINER</u>: Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u>: See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS</u>: Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only</p>	14 work-ing days	Negative	Send Out	99001
<i>Campylobacter</i> Culture	BACT	B7	Screening procedure for isolation and identification of <i>Campylobacter jejuni</i> utilizing conventional biochemical testing techniques.	<p><u>SPECIMEN</u>: Fresh stool <u>CONTAINER</u>: Stool transport bottles (Para Pak C&S), Note: Buffered Glycerol Saline is unacceptable as a transport medium <u>COLLECTION</u>: The specimen of choice is the diarrheal stool collected during the acute stage of the disease. Keep the stool specimen cool, do not incubate or refrigerate. Portions containing blood or mucus usually contain the highest number of pathogens. The use of rectal swabs (Bacterial</p>	5 days	Negative	Culture	87046 87077
Chagas Disease Antibody, (<i>Trypanosoma cruzi</i>)	SERO	S6	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<p><u>SPECIMEN</u>: Serum, 2.5 ml <u>CONTAINER</u>: Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u>: See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS</u>: Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only</p>	14 work-ing days	Negative	Send Out	99001

TEST REQUEST INFORMATION - Alphabetical

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
<i>Chlamydia</i> Antibody	SERO	S7	Sent To Reference Lab. Additional information required. Please contact laboratory. 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Chlamydia/ Gonorrhea NAAT	VIRO	V1	Automated Qualitative Nucleic Acid Amplification, for the primary diagnosis of Chlamydia and/or Gonorrhea infections	<u>SPECIMEN</u> : Genital swab, first catch urine, Throat swab or Rectal swab <u>CONTAINER</u> : GEN-PROBE APTIMA COMBO 2 swab transport tube or urine transport tube. <u>COLLECTION</u> : See virology specimen collection guide <u>TRANSPORT CONDITIONS</u> : Room Temperature: 2-30 degrees C acceptable, within 30 days (urines), 60 days (swabs) Refrigerated: 2-8 degrees C preferred, within 30 days (urines), 60 days (swabs)	72 hours	Negative	Genprobe, Aptima COMBO 2	87491 87591
<i>Clostridium botulinum</i> Culture & Toxin Testing (Call Laboratory before submitting specimens)	BACT	B8	<i>Clostridium botulinum</i> culture and toxin testing for suspected foodborne and wound cases.	<u>SPECIMEN</u> : Pre-antitoxin serum, stool, gastric, tissue. Standard volumes: Serum from 30cc of blood, 25 grams of feces or 50 ml of enema effluent <u>CONTAINER</u> : Sterile screw cap container <u>COLLECTION</u> : Contact Orange County Public Health Epidemiology Department at (714) 834-8180 for testing approval prior to submission for specimen collection and shipping requirements. After hours, on weekends and holidays you may speak to a Public Health Official by calling Orange County Communications Center at (714) 834-7200. <u>TRANSPORT CONDITIONS</u> : Room Temperature (25±5°C): Unacceptable Refrigerated (5±3°C): 24 hours Frozen (-15±5°C): Unacceptable	4 weeks	Negative	Send Out	99001
<i>Coccidioides</i> Antibody	SERO	S8	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001

TEST REQUEST INFORMATION - Alphabetical

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
<i>Cryptococcus</i> Antibody	SERO	S9	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
<i>Cryptosporidium</i> / <i>Giardia</i> Screen	PARA	P2	Direct Fluorescent Antibody (DFA) test and/or modified acid fast stain. (DFA test will also detect <i>Giardia</i>). <i>Cryptosporidium</i> is a significant pathogen in HIV positive patients. This is a combination assay for both <i>Cryptosporidium</i> and <i>Giardia</i> .	<u>SPECIMEN</u> : Preserved stool. 3 collected every other day is strongly recommended. <u>CONTAINER</u> : 2 vial stool kit with 10% formalin and PVA. <u>COLLECTION</u> : Add stool to each vial up to the "fill" line immediately after passage. Then mix specimen thoroughly. <u>TRANSPORT CONDITIONS</u> : At room temperature (15-30 degrees C). Never incubate or freeze specimens.	3 days (final)	Negative	DFA, Merifluor	87300
<i>Cyclospora</i> Screen	PARA	P3	Fluorescent microscopy and/or modified acid fast test on concentrated formalin specimens. <i>Cyclospora</i> is a significant pathogen in both immunocompromised and immunocompetent patients.	<u>SPECIMEN</u> : Preserved stool. 3 collected every other day is strongly recommended. <u>CONTAINER</u> : 2 vial stool kit with 10% formalin and PVA. <u>COLLECTION</u> : Add stool to each vial up to the "fill" line immediately after passage. Then mix specimen thoroughly. <u>TRANSPORT CONDITIONS</u> : At room temperature (15-30 degrees C). Never incubate or freeze specimens.	4 days (final)	Negative	UV Microscopy, Epifluorescence	87206
Cysticercosis Antibody (<i>Taenia solium</i>)	SERO	S10	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
<i>Cytomegalovirus</i> Antibody	SERO	S11	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001

TEST REQUEST INFORMATION - Alphabetical

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Delta Hepatitis Antibody	SERO	S25	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Dengue Fever Antibody	SERO	S12	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Diphtheria Culture	BACT	B9	Screening procedure for isolation and identification of <i>Corynebacterium diphtheriae</i> in suspect cases of diphtheria.	<u>SPECIMEN</u> : Throat exudate <u>CONTAINER</u> : Bacterial Culturette <u>COLLECTION</u> : A throat swab taken from posterior pharynx, and areas of the tonsils showing dull white pseudomembrane. Avoid the tongue and uvula. Dacron swabs are best for collection. <u>TRANSPORT CONDITIONS</u> : Room Temperature (25±5°C) = 24 hours Refrigerated (5±3°C) = 24 hours Frozen (-15±5°C) = Unacceptable	1 week	Negative	Culture	87070 87077
Echinococcus Antibody	SERO	S13	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
<i>Entamoeba histolytica</i> / <i>E. dispar</i> Differentiation	PARA	P4	EIA test. <i>Entamoeba histolytica</i> is pathogenic whereas <i>Entamoeba dispar</i> is not. Do not order test unless previous positive by routine ova and parasite exam. EIA will confirm presence of the pathogen.	<u>SPECIMEN</u> : Unpreserved fresh stool. <u>CONTAINER</u> : Clean container. <u>COLLECTION</u> : Unpreserved fresh stool is collected in clean container immediately after passage. <u>TRANSPORT CONDITIONS</u> : Specimen is refrigerated at 2-8 degrees C. Transport within 24 hours of collection.	2 days (final)	Negative	EIA, Inverness	87337

TEST REQUEST INFORMATION - Alphabetical

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Enterovirus IgM Antibody	SERO	S14	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Epstein-Barr Virus Antibody	SERO	S15	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
<i>Escherichia coli</i> (STEC) Culture	BACT	B10	Screening procedure for isolation and identification of Shigatoxin-producing <i>Escherichia coli</i> utilizing conventional biochemical and serological testing techniques. Toxin production confirmed utilizing ELISA techniques.	<u>SPECIMEN</u> : Fresh stool <u>CONTAINER</u> : Stool transport bottles (Para Pak C&S) <u>COLLECTION</u> : The specimen of choice is the diarrheal stool collected during the acute stage of the disease. Keep the stool specimen cool, do not incubate or refrigerate. Portions containing blood or mucus usually contain the highest number of pathogens. The use of rectal swabs (Bacterial Culturettes) should be limited to patients with active disease, infants and children from whom feces may be difficult to obtain. <u>TRANSPORT CONDITIONS</u> : Room Temperature (25±5°C): 4 days (Preserved stool) Refrigerated (5±3°C): Not recommended Frozen (-15±5°C): Unacceptable for culture, acceptable for toxin assay only	1 week Culture 5 days Toxin 1 day	Negative	Culture	87046 87077 87147 87335 87152
Filariasis Antibody (<i>Wucheria bancrofti</i> , <i>Brugia sp.</i>)	SERO	S16	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001

TEST REQUEST INFORMATION - Alphabetical

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Gonorrhea Culture	BACT	B12	Screening procedure for the isolation, identification and confirmation of <i>Neisseria gonorrhoeae</i> .	<p><u>SPECIMEN</u>: Female endocervical or male urethral discharge, extragenital sites including rectal and throat (sterile cotton or synthetic swabs).</p> <p><u>CONTAINER</u>: GC-Lect plate</p> <p><u>COLLECTION</u>: Collect specimen on appropriate swab and inoculate directly onto GC-Lect plate with pill pocket. Add the CO₂-generating tablet to the well. Place the plate in the ziplock bag and seal. Be sure to test the bag to ensure that it is sealed. Note: the tablet is activated by moisture in the medium. Do not refrigerate or freeze the plate.</p> <p><u>TRANSPORT CONDITIONS</u>: Room Temperature (25±5°C): 2 days Refrigerated (5±3°C): Unacceptable Frozen (-15±5°C): Unacceptable</p>	3 days	Negative	Culture	87081
Gonorrhea, Microscopic Exam	BACT	B14	A STAT Gram stain for the presence of intracellular gram-negative diplococci resembling <i>Neisseria gonorrhoeae</i> . Note: a Gram stain should not be used as a diagnostic test for gonorrhea in females.	<p><u>SPECIMEN</u>: Female endocervical or male urethral discharge</p> <p><u>CONTAINER</u>: Glass Slide</p> <p><u>COLLECTION</u>: Prepare a thin smear by rolling the swab specimen on the frosted-side of a glass slide.</p> <p><u>TRANSPORT CONDITIONS</u>: Room Temperature (25±5°C) = Indefinite Refrigerated (5±3°C): Unacceptable Frozen (-15±5°C): Unacceptable</p>	30 minutes	Negative	Microscopy	87205
Gonorrhea, Reference Culture for Identification	BACT	B13	<i>Neisseria gonorrhoeae</i> culture identification utilizing conventional biochemical testing techniques.	<p><u>SPECIMEN</u>: Pure culture isolate</p> <p><u>CONTAINER</u>: Chocolate Agar Slant</p> <p><u>COLLECTION</u>: Inoculate a Chocolate Agar slant, incubate in CO₂ for 24 hours prior to submission.</p> <p><u>TRANSPORT CONDITIONS</u>: Room Temperature (25±5°C) Refrigerated (5±3°C): Not recommended Frozen (-15±5°C): Unacceptable</p>	1 week	By report	Culture	87070 87077

TEST REQUEST INFORMATION - Alphabetical

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
<i>Haemophilus ducreyi</i> Culture	BACT	B15	Screening procedure for the isolation and identification of <i>Haemophilus ducreyi</i> , the pathogen associated with genital "soft chancre" lesions.	<u>SPECIMEN</u> : Genital lesion and/or aspirated inguinal lymph node. <u>CONTAINER</u> : Swab placed in sterile screw-capped tube with 0.5ml saline solution. <u>COLLECTION</u> : Cleanse the ulcer with physiological saline. Moisten a sterile cotton swab with sterile phosphate buffered saline (pH 7.2). Sample the cleansed ulcer base with the moistened swab. Place the swab into a sterile screw-capped test tube containing 0.5ml saline solution and send immediately to the laboratory. <u>TRANSPORT CONDITIONS</u> : Room Temperature (25±5°C): 30 minutes Refrigerated (5±3°C): Unacceptable Frozen (-15±5°C): Unacceptable	5 days	Negative	Culture	87081 87077
Hantavirus Antibody	SERO	S17	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Helminth Identification	PARA	P5	Helminth identification is made by microscopic exam.	<u>SPECIMEN</u> : Adult worm or proglottids. <u>CONTAINER</u> : Clean jar or cup. <u>COLLECTION</u> : Place in tap water or 0.85% saline. Do not use formalin or alcohol as a preservative. <u>TRANSPORT CONDITIONS</u> : Refrigerated at 2-8 degrees C.	3 days (final)	Negative	Microscopy	87169
Hepatitis A IgG Antibody	SERO	S67	Chemiluminescent Immunoassay (CIA), for qualitative detection of IgG antibody to Hepatitis A virus	<u>SPECIMEN</u> : Serum, 0.100 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	48 hours (from time of receipt at lab)	Negative	CIA, Abbott	86708
Hepatitis A IgM Antibody	SERO	S19	Chemiluminescent Immunoassay (CIA), for qualitative detection of IgM antibody to Hepatitis A virus	<u>SPECIMEN</u> : Serum, 0.100 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	48 hours (from time of receipt at lab)	Negative	CIA, Abbott	86709

TEST REQUEST INFORMATION - Alphabetical

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Hepatitis Acute Panel, includes: Hepatitis A IgM, S19 Hepatitis B Surface Ag, S22 Hepatitis B Core IgM, S20 Hepatitis C Total Ab, S24	SERO	S18	Chemiluminescent Immunoassay (CIA), for diagnosis of acute Hepatitis caused by Hepatitis A or Hepatitis B or Hepatitis C, see individual tests for description.	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	48 hours (from time of receipt at lab)	Negative	CIA, Abbott	86709 87340 86705 86803
Hepatitis B Core IgM Antibody	SERO	S20	Chemiluminescent Immunoassay (CIA), for qualitative detection of IgM antibody to Hepatitis B core antigen.	<u>SPECIMEN</u> : Serum, 0.100 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	48 hours (from time of receipt at lab)	Negative	CIA, Abbott	86705
Hepatitis B Core Total Antibody	SERO	S21	Chemiluminescent Immunoassay (CIA), for qualitative of IgG and IgM antibodies to Hepatitis B core antigen.	<u>SPECIMEN</u> : Serum, 0.15 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	48 hours (from time of receipt at lab)	Negative	CIA, Abbott	86704
Hepatitis B Surface Antigen Antibody	SERO	S23	Chemiluminescent Immunoassay (CIA), for qualitative determination of antibody to Hepatitis B surface antigen, as a response to vaccination or immune status.	<u>SPECIMEN</u> : Serum, 0.350 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	48 hours (from time of receipt at lab)	Negative	CIA, Abbott	86706
Hepatitis B Surface Antigen Screen	SERO	S22	Chemiluminescent Immunoassay (CIA), for the qualitative detection of Hepatitis B surface antigen.	<u>SPECIMEN</u> : Serum, 0.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	48 hours (from time of receipt at lab)	Negative	CIA, Abbott	87340

TEST REQUEST INFORMATION - Alphabetical

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Hepatitis C Ab Total	SERO	S24	Chemiluminescent Immunoassay (CIA), for the qualitative detection of IgG and IgM antibodies to Hepatitis C virus	<u>SPECIMEN:</u> Serum, 0.1 ml <u>CONTAINER:</u> Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION:</u> See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS:</u> Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	48 hours (from time of receipt at lab)	Negative	CIA, Abbott	86803
Hepatitis Screening Panel, includes: Hepatitis B Surface Ag Antibody, S23 Hepatitis B Surface Ag Screen, S22 Hepatitis B Core Total , S21 Hepatitis C Total Ab, S24	SERO	S29	Chemiluminescent Immunoassay (CIA), for determination of patient's immune status to Hepatitis B virus and Hepatitis C virus. See individual tests for description.	<u>SPECIMEN:</u> Serum, 2.5 ml <u>CONTAINER:</u> Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION:</u> See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS:</u> Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	48 hours (from time of receipt at lab)	Negative	CIA, Abbott	86706 87340 86704 86803
Herpes Simplex Virus Antibody	SERO	S26	Sent To Reference Lab. Additional information required. Please contact laboratory. 714-834-8385	<u>SPECIMEN:</u> Serum, 2.5 ml <u>CONTAINER:</u> Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION:</u> See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS:</u> Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
<i>Histoplasma</i> Antibody	SERO	S27	Sent To Reference Lab. Additional information required. Please contact laboratory. 714-834-8385	<u>SPECIMEN:</u> Serum, 2.5 ml <u>CONTAINER:</u> Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION:</u> See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS:</u> Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
HIV 1 Antigen Confirmation, (HIV-1 Qualitative PCR) Per CDC recommendations	SERO	S72	Automated nucleic acid extraction and qualitative real time RT-PCR assay, validated in house for use as a confirmation assay for HIV-1 acute infection	<u>SPECIMEN:</u> Serum, 2.5 ml <u>CONTAINER:</u> Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION:</u> See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS:</u> Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	2 days	Negative	Roche AmpliPrep/COBAS® TaqMan HIV-1 Tests v 2.0	

TEST REQUEST INFORMATION - Alphabetical

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
HIV 1 Viral Load TaqMan v2.0	SERO	S68	Automated nucleic acid extraction and quantitative real time RT-PCR assay	<u>SPECIMEN</u> : Plasma, 2.0 ml (min. vol. 1.0 ml) <u>CONTAINER</u> : Vacutainer Lavender Top (EDTA) <u>COLLECTION</u> : Aseptically collect 3ml of blood in Lavender Top (EDTA) tube. Draw approximately 2.5 times the volume of whole blood as the volume of plasma required. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Refrigerated: Transport to lab within 24 hours. Frozen: Transport on dry ice, must arrive at lab frozen. Separated plasma only	4 work-ing days after receipt in lab	Not Detected	Roche AmpliPrep/COBAS® TaqMan HIV-1 Tests v 2.0	87536 86689
HIV 1,2 Ag/Ab Screen, Includes confirmation if required (HIV 1,2 Antibody Differentiation, and HIV Qualitative PCR, if required)	SERO	S31	Chemiluminescent Immunoassay (CIA) HIV Ag/Ab Combo (4th generation immunoassay), for qualitative detection of HIV p24 antigen and antibodies to (HIV-1 group M and group O) and HIV-2, followed by confirmation if required.	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	7 days	Negative	HIV Ag/Ab Combo, Abbott	86703 86689
HIV 1/2 Antibody Confirmation, (HIV 1/2 Antibody Differentiation) Per CDC recommendations	SERO	S71	Enzyme Immunoassay, for the qualitative detection and differentiation of antibodies to HIV-1 and HIV-2, use to confirm screening assay positive specimens.	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	2 days	Negative	Multispot Hiv-1/HIV-2 Rapid Test, Bio-Rad	
HIV Antibody Confirmation, Oral Fluid (HIV-1 Western Blot)	SERO	S105	Enzyme Immunoblot Assay, for the qualitative detection of antibodies to individual proteins of HIV-1 in oral fluid specimens; used to confirm HIV-1 antibodies in oral fluid specimens	<u>SPECIMEN</u> : Oral fluid <u>CONTAINER</u> : Orasure oral fluid collection vial. <u>COLLECTION</u> : See serology specimens collection guide. <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable, 21 days Refrigerated: Acceptable, 21 days Frozen unacceptable	7 days	Negative	HIV-1 Western Blot Kit, OraSure	

TEST REQUEST INFORMATION - Alphabetical

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
HIV Genotyping	MOLEC	D1	Detect HIV-1 Subtype B viral resistance in plasma. Requires a Viral Load test result within the past 6 months.	<u>SPECIMEN</u> : Plasma, 5 ml <u>CONTAINER</u> : Vacutainer Pearl Top (EDTA with separator) <u>COLLECTION</u> : Aseptically collect 5ml of blood in Pearl Top (EDTA) tube. Centrifuge PPT tubes within 30 min of collection. <u>TRANSPORT CONDITIONS</u> : Refrigerated (5±3°C): Transport to lab within 24 hours. Separated plasma only. Frozen (-15±5°C): Transport on dry ice, must arrive at lab frozen. Separated plasma only.	2-3 weeks	By report	ViroSeq HIV-1 Genotyping System	83891 87901
HIV-1 Oral Fluid Screen, Includes confirmation if required (HIV-1 Western Blot, Oral Fluid)	SERO	S28	Enzyme Immunoassay, for qualitative detection of antibodies to HIV-1 in oral fluid specimens, followed by confirmation if required	<u>SPECIMEN</u> : Oral fluid <u>CONTAINER</u> : Orasure oral fluid collection vial. <u>COLLECTION</u> : See serology specimens collection guide. <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable, 21 days Refrigerated: Acceptable, 21 days Frozen unacceptable	7 days	Negative	Avioq	86701
Influenza A Antibody	SERO	S33	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Influenza B Antibody	SERO	S34	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Influenza PCR	VIRO	V8	CDC Human Influenza Virus Real-Time, RT-PCR Diagnostic Panel (CDC Flu rRT-PCR Dx Panel). Detection of Influenza A and B. Typing of Influenza A (H1, H3, H5, pdm H1) Negative specimens reflexed to Viral Culture Influenza	<u>SPECIMEN</u> : NP Swab, Nasal Swab, Throat Swab, Nasal Aspirates, Nasal Washes, BAL, Bronchial Wash, Tracheal Aspirate, Sputum, and Lung Tissue. <u>CONTAINER</u> : UTM or VTM transport vial for swabs and sterile screw cap container for aspirates, washes, or tissue. <u>COLLECTION</u> : See virology specimen collection guide <u>TRANSPORT CONDITIONS</u> : Transport to laboratory at 2-8 degrees C as soon as possible.	72 hours	Negative	Real Time RT-PCR, CDC	87501

TEST REQUEST INFORMATION - Alphabetical

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
<i>Isospora</i> Screen	PARA	P6	Fluorescent microscopy and/ or modified acid fast on concentrated formalin specimens. <i>Isospora</i> is a significant pathogen in HIV positive patients.	<u>SPECIMEN</u> : Stool. 3 collected every other day is strongly recommended. <u>CONTAINER</u> : 2 vial stool kit with 10% formalin and PVA. <u>COLLECTION</u> : Add stool to each vial up to the "fill" line immediately after passage. Then mix specimen thoroughly. <u>TRANSPORT CONDITIONS</u> : At room temperature (15-30 degrees C). Never incubate or freeze specimens.	4 days (final)	Negative	UV Microscopy, Epifluorescence	87206
<i>Legionella</i> Culture	BACT	B16	Screening procedure for the isolation and identification of <i>Legionella</i> utilizing conventional biochemical testing techniques and direct fluorescent antibody (DFA) techniques.	<u>SPECIMEN</u> : Tissue, lower respiratory secretions <u>CONTAINER</u> : Sterile screw cap container <u>COLLECTION</u> : Tightly closed container. <u>TRANSPORT CONDITIONS</u> : Room Temperature (25±5°C): 30 minutes Refrigerated (5±3°C): 24 hours Frozen (-15±5°C): Unacceptable	1 week	Negative	Culture/ Microscopy	87081 87077 87278
<i>Legionella</i> Antibody	SERO	S35	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
<i>Leishmania</i> Antibody	SERO	S36	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
<i>Leptospira</i> Antibody	SERO	S37	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001

TEST REQUEST INFORMATION - Alphabetical

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
<i>Leptospira</i> Culture	BACT	B104	Screening procedure for isolation and identification of <i>Leptospira</i> utilizing conventional biochemical testing techniques.	<p><u>SPECIMEN</u>: Tissue, urine, whole blood, CSF</p> <p><u>CONTAINER</u>: Sterile screw cap container (tissue, urine, CSF), Vacutainer tube with sodium heparin (whole blood)</p> <p><u>COLLECTION</u>: Urine specimens - cleanse genitals, collect midstream, dilute 1:10 with 1% bovine serum albumin for transport. Ship urine, CSF and blood specimens Refrigerated (5±3°C). Ship tissue frozen. Submit whole blood or CSF during the first 7-10 days of illness. Submit urine after 7-10 days of illness.</p> <p><u>TRANSPORT CONDITIONS</u>: Room Temperature (25±5°C): Unacceptable Refrigerated (5±3°C): 1 week (Urine, CSF and blood only) Frozen (-15±5°C): Tissue only</p>	3 weeks	Negative	Culture	87081 87077
LGV Antibody	SERO	S40	Sent To Reference Lab. Additional information required. Please contact laboratory. 714-834-8386	<p><u>SPECIMEN</u>: Serum, 2.5 ml</p> <p><u>CONTAINER</u>: Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top.</p> <p><u>COLLECTION</u>: See serology specimen collection guide for details. <u>Plastic tubes only.</u></p> <p><u>TRANSPORT CONDITIONS</u>: Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only</p>	14 work-ing days	Negative	Send Out	99001
<i>Listeria</i> Antibody	SERO	S38	Sent To Reference Lab. Additional information required. Please contact laboratory. 714-834-8385	<p><u>SPECIMEN</u>: Serum, 2.5 ml</p> <p><u>CONTAINER</u>: Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top.</p> <p><u>COLLECTION</u>: See serology specimen collection guide for details. <u>Plastic tubes only.</u></p> <p><u>TRANSPORT CONDITIONS</u>: Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only</p>	14 work-ing days	Negative	Send Out	99001
Lymes Disease (<i>Borrelia burgdorferi</i>) Antibody	SERO	S39	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<p><u>SPECIMEN</u>: Serum, 2.5 ml</p> <p><u>CONTAINER</u>: Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top.</p> <p><u>COLLECTION</u>: See serology specimen collection guide for details. <u>Plastic tubes only.</u></p> <p><u>TRANSPORT CONDITIONS</u>: Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only</p>	14 work-ing days	Negative	Send Out	99001

TEST REQUEST INFORMATION - Alphabetical

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Malaria Antibody	SERO	S41	Sent To Reference Lab. Additional information required. Please contact laboratory. 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Malaria/Blood Parasite Screen	PARA	P7	<i>Plasmodium</i> sp. are is detected by microscopic exam of Giemsa-stained blood smear. Other blood parasites can be observed by Giemsa as well.	<u>SPECIMEN</u> : Blood drawn in an EDTA tube or taken by fingerstick; or prepared thick and thin smears (stained or unstained). Slides should be made within one hour of draw. <u>COLLECTION</u> : Blood drawn between chills with successive draws at 6, 12, and 24 hours is recommended. Blood drawn any time is still acceptable. <u>TRANSPORT CONDITIONS</u> : If blood sent, submit within one hour at room temperature (15-30 degrees C). If slides sent, room temperature. Indicate travel history on lab slip if available.	24 hours	Negative	Microscopy	87207
Measles Antibody IgG and IgM	SERO	S43	Indirect Fluorescent Antibody, for detection of IgG and/or IgM antibodies to Measles for immune status (IgG) or identification of acute cases (IgM)	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	48 hours (from time of receipt at lab)	Negative	Measles-G Test System & Measles-MTest System, Bion	86765
Measles PCR	VIRO	V9	For primary diagnosis of acute Measles infection.	<u>SPECIMEN</u> : NP swab, Throat swab, Urine . <u>CONTAINER</u> : UTM or VTM transport vial for swabs and sterile screw cap container for Urine specimens. <u>COLLECTION</u> : Collect specimens during rash stage of disease, swab specimens must be in UTM or VTM, Urine specimens in steril screw cap container. <u>TRANSPORT CONDITIONS</u> : Transport to laboratory at 2-8 degrees C as soon as possible.	72 hours	Negative	Real Time RT-PCR, CDC/VRDL	

TEST REQUEST INFORMATION - Alphabetical

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Melioidosis Antibody (<i>Burkholderia pseudomallei</i>)	SERO	S42	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
<i>Microsporidium</i> Screen	PARA	P8	Calcofluor White and/or modified trichrome stains on concentrated formalin specimens. Members of the Microsporidia group are emerging pathogens and significant in HIV positive patients.	<u>SPECIMEN</u> : Stool. 3 collected every other day is strongly recommended. <u>CONTAINER</u> : 2 vial stool kit with 10% formalin and PVA. <u>COLLECTION</u> : Add stool to each vial up to the "fill" line immediately after passage. Then mix specimen thoroughly. <u>TRANSPORT CONDITIONS</u> : At room temperature (15-30 degrees C). Never incubate or freeze specimens.	3 days	Negative	Microscopy	87015 87207
Mumps Antibody	SERO	S44	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Mumps PCR	VIRO		For primary diagnosis of acute Mumps infection	<u>SPECIMEN</u> : Bucal Swab <u>CONTAINER</u> : UTM or VTM transport vial. <u>COLLECTION</u> : See virology specimen collection guide. <u>TRANSPORT CONDITIONS</u> : Transport to laboratory at 2-8 degrees C as soon as possible.	72 hours	Negative	Real Time RT-PCR, CDC/VRDL	
<i>Mycobacterium</i> Culture and Sensitivity	MYCOB	T1	Tests include Acid Fast smear, culture on solid and liquid media. Identification of Mycobacteria is based on a combination of tests: Accuprobe, HPLC, biochemical panels, and sequencing. Susceptibility performed on <i>M. tuberculosis</i> by MGIT broth-based method on first isolate and after 2 months if culture is still positive.	<u>SPECIMEN</u> : Blood, bone marrow, CSF, gastric lavage fluid, respiratory (aerosols, sputums, bronchial washings, transtracheal aspirates), stool, tissue biopsies, and urine. <u>CONTAINER, COLLECTION and TRANSPORT CONDITIONS</u> : See Mycobacteria specimen collection guide. <u>TRANSPORT CONDITIONS</u> : Refrigerated (2-8 degrees C): 24 hours	24-72 hours (AFS) 53 days (final)	By report	Culture, MGIT 960, BBL	87015 87206 87116 87118 87556 87560 87143 87188

TEST REQUEST INFORMATION - Alphabetical

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
<i>Mycobacterium</i> Culture for Identification	MYCOB	T2	Acid Fast Bacteria identification is based on a combination of tests: Accuprobe, HPLC, biochemical panels, and sequencing. If <i>M. tuberculosis</i> , susceptibility is performed on first isolate or after 2 months if culture is still positive.	<u>SPECIMEN</u> : Pure culture on appropriate Mycobacteria slanted media i.e. LJ or 7H10. Specify isolate identification. <u>CONTAINER</u> : Submit or mail in a double container according to Infectious Substance Shipping Guidelines. <u>TRANSPORT CONDITIONS</u> : Room temperature (15-30 degrees C)	24-72 hours (AFS) 42 days (final)	By report	Culture, MGIT 960, BBL	87118 87556 87560 87143 87188
<i>Mycobacterium</i> Smear	MYCOB	T3	Acid Fast Smear	<u>SPECIMEN</u> : Blood, bone marrow, CSF, gastric lavage fluid, respiratory (aerosols, sputums, bronchial washings, transtracheal aspirates), stool (for HIV patients only), tissue biopsies, and urine NOTE: Processed specimen is preferred. <u>CONTAINER, COLLECTION and TRANSPORT CONDITIONS</u> : See Mycobacteria specimen collection guide. <u>TRANSPORT CONDITIONS</u> : Room temperature (15-30 degrees C).	24-72 hours	Negative	Fluorochrome Smear	87015 87206
<i>Mycobacterium tuberculosis</i> Complex Nucleic Acid Amplification Test (NAAT)	MYCOB	T4	Nucleic Acid Amplification test (NAAT) for the detection of <i>M. tuberculosis</i> complex. FDA approved method for smear negative and smear positive respiratory specimens. Other specimen types are not tested.	<u>SPECIMEN</u> : Respiratory specimens. <u>CONTAINER, COLLECTION and TRANSPORT CONDITIONS</u> : See <i>M. tuberculosis</i> complex amplified direct test (NAAT) Specimen Collection guide.	24-72 hours	Negative	Cepheid GeneXpert	87206 87556
<i>Mycobacterium tuberculosis</i> Culture for Reportable Disease Only	MYCOB	T7	Culture identified as <i>M. tuberculosis</i> required by State to be sent to Public Health Laboratory. Specimens submitted to reference laboratory.	<u>SPECIMEN</u> : Pure culture on appropriate Mycobacteria slanted media i.e. LJ or 7H10. Specify isolate identification. <u>CONTAINER</u> : Submit or mail in a double container according to Infectious Substance Shipping Guidelines. <u>TRANSPORT CONDITIONS</u> : Room temperature (15-30 degrees C)	4 days (prelim) 49 days (final)	By report	By report	99001
<i>Mycobacterium tuberculosis</i> Culture Identification and Susceptibility	MYCOB	T6	Identification is based on Accuprobe or HPLC. <i>M. tuberculosis</i> susceptibility tests are performed by a broth-based method on the first isolate and after 2 months if culture is still positive.	<u>SPECIMEN</u> : Pure culture on appropriate Mycobacteria slanted media i.e. LJ or 7H10. Specify isolate identification. <u>CONTAINER</u> : Submit or mail in a double container according to Infectious Substance Shipping Guidelines. <u>TRANSPORT CONDITIONS</u> : Room temperature (15-30 degrees C)	24-72 hours (AFS) 49 days (final)	By report	Culture, MGIT 960, BBL	87206 87118 87556 87560 87188

TEST REQUEST INFORMATION - Alphabetical

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Mycology Primary Specimen Identification (Fungus/Yeast)	MYCOL	M1	Fungal and yeast isolates are identified based on combination of morphologic and biochemical tests. If dimorphic fungi, appropriate Gen-Probe is performed (<i>Coccidioides immitis</i> , <i>Histoplasma capsulatum</i> and <i>Blastomyces dermatitidis</i> are available). Cultures held for one month.	<u>SPECIMEN</u> : Abscess, biopsy, blood, CSF, ear, mucocutaneous membranes (mouth, vaginal, urethral), hair, nails, respiratory, skin, and urine. <u>CONTAINER, COLLECTION and TRANSPORT CONDITIONS</u> : See Mycology Specimen Collection guide.	4 weeks (final)	Negative	Culture	87101 87102 87103 87106 87107 87206 87798
Mycology Reference Culture Identification (Fungus/Yeast)	MYCOL	M2	A combination of morphologic and biochemical tests are conducted. If dimorphic fungi, appropriate Gen-Probe is performed (<i>Coccidioides immitis</i> , <i>Histoplasma capsulatum</i> and <i>Blastomyces dermatitidis</i> are available).	<u>SPECIMEN</u> : Pure culture on mycology slanted media i.e. SAB (Sabouraud Dextrose Agar), or IMA (Inhibitory Mold Agar). Specify isolate identification. Do not send plates for fungal identification. <u>CONTAINER</u> : Submit or mail in a double container according to Infectious Substance Shipping Guidelines. <u>TRANSPORT CONDITIONS</u> : Room temperature (15-30 degrees C)	4 weeks (final)	By report	Culture	87106 87107 87798
<i>Mycoplasma</i> Antibody	SERO	S45	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Norovirus PCR	VIRO	V7	For primary diagnosis of acute Norovirus infection.	<u>SPECIMEN</u> : Stool. <u>CONTAINER</u> : Sterile screw cap container. <u>COLLECTION</u> : Collect stool during acute phase within 48-72 hours of onset. <u>TRANSPORT CONDITIONS</u> : Transport to laboratory at 2-8 degrees C as soon as possible, no later than 5 days after collection.	72 hours	Negative	Real Time RT-PCR, CDC/VRDL	

TEST REQUEST INFORMATION - Alphabetical

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Occult Blood	BACT	B17	The Hemocult test is a rapid, qualitative method for detecting fecal occult blood which may be indicative of gastrointestinal disease. It is not a test for colorectal cancer or any other specific diseases.	<u>SPECIMEN</u> : Feces <u>CONTAINER</u> : Hemocult slide or clean container <u>COLLECTION</u> : Make a thin smear of the fecal specimen on the guaiac paper of the Hemocult slide. If Hemocult slides are unavailable, a stool specimen less than 4 days old may be submitted in a clean container labeled with the submitter's ID, patient's name and date of collection. <u>TRANSPORT CONDITIONS</u> : Room Temperature (25±5°C): 4 days Refrigerated (5±3°C): Not recommended Frozen (-15±5°C): Unacceptable	1 day	Negative	Hemacult/Smith Kline	82270
Ova and Parasite Exam	PARA	P9	Screening procedure for presence of ova and parasites. A concentrated wet preparation and a permanent trichrome stain are examined.	<u>SPECIMEN</u> : Stool. 3 collected every other day is strongly recommended. <u>CONTAINER</u> : 2 vial stool kit with 10% formalin and PVA. <u>COLLECTION</u> : Add stool to each vial up to the "fill" line immediately after passage. Then mix specimen thoroughly. <u>TRANSPORT CONDITIONS</u> : At room temperature (15-30 degrees C). Never incubate or freeze specimens.	4 days	Negative	Microscopy	87015 87177 87209
<i>Paragonimus</i> Antibody	SERO	S46	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
<i>Paragonimus</i> Screen	PARA	P10	Screening procedure for the presence of <i>Paragonimus</i> ova and parasites in respiratory and stool specimens. A direct wet mount is performed on fresh stool, concentrated sputum and preserved stool. A trichrome smear is made from the preserved stool and examined.	<u>SPECIMEN</u> : Sputum, fresh stool or preserved stool. <u>CONTAINER</u> : Clean or sterile cup or tube for sputum and fresh stool. 2 vial kit with 10% formalin and PVA for preserved stool. <u>COLLECTION</u> : If sputum, deliver to laboratory within 2 hours. If delay in transport, fix in 5-10% formalin. Fresh stool must be submitted within 24 hours of collection; preserved stool sent in 2 vial stool kit. <u>TRANSPORT CONDITIONS</u> : If sputum or fresh stool refrigerate at 2-8 degrees C. If preserved stool, room temperature (15-30 degrees C).	3 days (final)	Negative	Microscopy	87177 87210

TEST REQUEST INFORMATION - Alphabetical

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Parainfluenza Antibody	SERO	S47	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Parvovirus Antibody	SERO	S48	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Pertussis Antibody	SERO	S49	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Pinworm Exam	PARA	P11	Examination of pinworm paddle for presence of pinworm ova by light microscopy.	<u>SPECIMEN</u> : Rectal area. <u>CONTAINER</u> : Falcon pinworm paddle or a scotch tape prep on a microscope slide. <u>COLLECTION</u> : Apply paddle to rectal area; or place scotch tape on rectal area, then place on a microscope slide.	3 days (final)	Negative	Microscopy	87172
Plague Antibody (<i>Yersinia pestis</i>)	SERO	S50	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
<i>Pneumocystis</i> Screen	PARA	P12	IFA and /or Giemsa stain. <i>Pneumocystis jirovecii</i> is a significant pathogen in HIV positive patients.	<u>SPECIMEN</u> : 2-3 mls. induced sputum, bronchioalveolar lavage and tracheobronchial aspirates. <u>CONTAINER</u> : Clean or sterile cup or vial. <u>COLLECTION</u> : Saline induced sputum. <u>TRANSPORT CONDITIONS</u> : Refrigerated at 2-8 degrees C.	2 days (final)	Negative	Monofluo IFA	87015 87281

TEST REQUEST INFORMATION - Alphabetical

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Poliovirus Antibody	SERO	S51	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Pregnancy	BACT	B18	A qualitative test to determine the presence of human chorionic gonadotropin (hCG) in serum and urine for the early detection of pregnancy.	<u>SPECIMEN</u> : Urine or Serum <u>CONTAINER</u> : Urine may be collected in any clean, dry, plastic or glass container. Note: B-D transport tubes are <u>unacceptable</u> for pregnancy testing. Collect 20cc of blood in a Vacutainer separator tube. <u>COLLECTION</u> : First-morning void is the specimen of choice for the urine test. <u>TRANSPORT CONDITIONS</u> : Room Temperature (25±5°C): 2 hours Refrigerated (5±3°C): 48 hours Frozen (-15±5°C): >48 hours	1 day	Negative	EIA	81025
Pulsed Field Gel Electrophoresis (PFGE)	MOLEC	D102	Pulsed-Field Gel Electrophoresis (PFGE) testing using standardized methods to fingerprint DNA.	<u>SPECIMEN</u> : Pure culture isolate. <u>CONTAINER</u> : Slant tube <u>COLLECTION</u> : Do not refrigerate or freeze. <u>TRANSPORT CONDITIONS</u> : Room Temperature (25±5°C): 2 days Refrigerated (5±3°C): Not recommended Frozen (-15±5°C): Unacceptable	2 weeks	By report	PulseNet Methods	83890 83892 83894 87152
Rabies Antibody	SERO	S52	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Relapsing Fever Antibody (<i>Borrelia sp.</i>)	SERO	S53	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001

TEST REQUEST INFORMATION - Alphabetical

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Respiratory Syncytial Virus Antibody	SERO	S54	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Rickettsial Antibody	SERO	S55	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Rubella IgG Antibody (Immune status)	SERO	S56	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	7 work-ing days	Negative	Send Out	99001
Rubella IgM Antibody	SERO	S70	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	7 days	Negative	Send Out	99001
<i>Salmonella typhi</i> Antibody	SERO	S57	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001

TEST REQUEST INFORMATION - Alphabetical

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
<i>Salmonella/Shigella</i> Culture	BACT	B19	Screening procedure for isolation and identification of <i>Salmonella</i> and <i>Shigella</i> utilizing conventional biochemical and serological testing techniques.	<p><u>SPECIMEN</u>: Stool or Urine</p> <p><u>CONTAINER</u>: Stool = stool transport bottles (Para Pak C&S), Urine = BD Urine Transport Kit (gray top)</p> <p><u>COLLECTION</u>: The specimen of choice is the diarrheal stool collected during the acute stage of the disease. Keep the stool specimen cool, do not incubate or refrigerate. Portions containing blood or mucus usually contain the highest number of pathogens. The use of rectal swabs (Bacterial Culturettes) should be limited to patients with active disease, infants and children from whom feces may be difficult to obtain. Urine specimens must be processed within 4 hours if refrigerated (2-8°C) or transport in BD tubes within 96 hours.</p> <p><u>TRANSPORT CONDITIONS</u>: Room Temperature (25±5°C): 4 days (Preserved stool and urine) Refrigerated (5±3°C): 4 hours (Unpreserved urine) Frozen (-15±5°C): Unacceptable</p>	5 days	Negative	Culture	87045 87077 87147 87152
<i>Salmonella/Shigella</i> Culture	BACT	B19	Screening procedure for isolation and identification of <i>Salmonella</i> and <i>Shigella</i> utilizing conventional biochemical and serological testing techniques.	<p><u>SPECIMEN</u>: Stool or Urine</p> <p><u>CONTAINER</u>: Stool = stool transport bottles (Para Pak C&S), Urine = BD Urine Transport Kit (gray top)</p> <p><u>COLLECTION</u>: The specimen of choice is the diarrheal stool collected during the acute stage of the disease. Keep the stool specimen cool, do not incubate or refrigerate. Portions containing blood or mucus usually contain the highest number of pathogens. The use of rectal swabs (Bacterial Culturettes) should be limited to patients with active disease, infants and children from whom feces may be difficult to obtain. Urine specimens must be processed within 4 hours if refrigerated (2-8°C) or transport in BD tubes within 96 hours.</p> <p><u>TRANSPORT CONDITIONS</u>: Room Temperature (25±5°C): 4 days (Preserved stool and urine) Refrigerated (5±3°C): 4 hours (Unpreserved urine) Frozen (-15±5°C): Unacceptable</p>	5 days	Negative	Culture	87045 87077 87147 87152

TEST REQUEST INFORMATION - Alphabetical

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
<i>Salmonella/Shigella</i> Reference Culture	BACT	B20	<i>Salmonella/Shigella</i> culture identification and confirmation utilizing conventional biochemical and serological testing techniques.	<u>SPECIMEN</u> : Pure culture isolates <u>CONTAINER</u> : Slanted tubed media preferred, motility deeps acceptable. <u>COLLECTION</u> : Do not refrigerate or freeze <u>TRANSPORT CONDITIONS</u> : Room Temperature (25±5°C): 2 days Refrigerated (5±3°C): 2 days Frozen (-15±5°C): Unacceptable	5 days	Negative	Culture	87045 87077 87147 87152
Serology, Other (Specify disease suspected)	SERO	S32	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Serology, Other (Specify disease suspected)	SERO	S32	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	Dependant upon patient symptoms and disease suspected call laboratory, 714-834-8385	14 work-ing days	Negative	Send Out	99001
<i>Streptococcus</i> Group A Culture (Throat Screen)	BACT	B21	Screening procedure for isolation and identification of Group A <i>Streptococcus</i> , a common cause of bacterial pharyngitis.	<u>SPECIMEN</u> : Throat exudate <u>CONTAINER</u> : Bacterial Culturette <u>COLLECTION</u> : A throat swab taken from the tonsillar area and/or posterior pharynx, with care taken to avoid the tongue and uvula. Dacron swabs are best for collection of Group A <i>Streptococcus</i> specimens. <u>TRANSPORT CONDITIONS</u> : Room Temperature (25±5°C): 24 hours Refrigerated (5±3°C): 24 hours Frozen (-15±5°C): Unacceptable	2 days	Negative	Culture	87081
Syphilis Confirmation (FTA-ABS)	SERO	S107	Indirect Fluorescent Antibody, secondary confirmation test for Syphilis Screen	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	7 days	Negative	FTA-Abs, <i>T. pallidum</i> , Scimedx	86781

TEST REQUEST INFORMATION - Alphabetical

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Syphilis Confirmation (TP-PA)	SERO	S59	Passive Agglutination, primary confirmation test for Syphilis Screen	<u>SPECIMEN:</u> Serum, 2.5 ml <u>CONTAINER:</u> Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION:</u> See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS:</u> Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	7 days	Negative	Serodia, TP-PA, Fujirebio	86781
Syphilis Darkfield, Microscopic Exam	BACT	B22	Darkfield microscopy is used to demonstrate the presence of <i>Treponema pallidum</i> in lesions or aspirates in early-stage syphilis.	<u>SPECIMEN:</u> Serous fluid from genital lesion <u>CONTAINER:</u> Glass slide with coverslip <u>COLLECTION:</u> Collect specimen prior to antimicrobial therapy. Clean the surface of the lesion with saline, and blot dry. Gently remove any crusts, and discard. Abrade superficially until slight bleeding occurs. Wipe away the first few drops of blood. Apply gentle pressure at lesion base, touching clear exudate in ulcer base with a glass slide. Place coverslip and transport immediately to lab. <u>TRANSPORT CONDITIONS:</u>	30 minutes	Negative	Microscopy	87166
Syphilis Screen RPR	SERO	S58	Macroscopic non-treponemal flocculation card test, screening assay for primary diagnosis of Syphilis, positive specimens are titered and confirmed by TP-PA or FTA-ABS	<u>SPECIMEN:</u> Serum, 2.5 ml <u>CONTAINER:</u> Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION:</u> See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS:</u> Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	7 days	Non-reactive	BD Macrovue RPR Kit	86592
TB Gamma Interferon	SERO	S60	Interferon Gamma Release Assay, indirect test for M. tuberculosis infection.	<u>SPECIMEN:</u> Whole Blood <u>CONTAINER:</u> 1 set QuantiFERON®-TB Gold IR; 1.0 ml each tube: Nil control (grey cap with white ring), TB Antigen (red cap with white ring), Mitogen Control (purple cap with white ring). <u>COLLECTION:</u> See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS:</u> Room Temperature within 16 hours. DO NOT REFRIGERATE.	14 days from receipt in lab.	Negative	Cellestis-QIAgen	86480
<i>Toxoplasma</i> Antibody	SERO	S61	Indirect Fluorescent Antibody, for detection of IgG antibodies to <i>Toxoplasma gondii</i> .	<u>SPECIMEN:</u> Serum, 2.5 ml <u>CONTAINER:</u> Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION:</u> See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS:</u> Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	7 days	Negative	IFA Test System, GenBio	86777

TEST REQUEST INFORMATION - Alphabetical

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Trichinosis Antibody (<i>Trichinella spiralis</i>)	SERO	S63	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
<i>Trichomonas</i> Culture	BACT	B23	Culture is the most sensitive method for the diagnosis of trichomoniasis; however, it may take 3 to 4 days to determine culture results.	<u>SPECIMEN</u> : Vaginal exudates, genital secretions, semen, prostatic fluid, urethral samples, and urine <u>CONTAINER</u> : Bacterial Culturette <u>COLLECTION</u> : Urine samples should be the first-voided specimen in the morning. Immediate transport of the specimen to the lab is critical. Do not refrigerate or freeze. <u>TRANSPORT CONDITIONS</u> : Room Temperature (25±5°C): 24 hours Refrigerated (5±3°C): Unacceptable Frozen (-15±5°C): Unacceptable	1 week	Negative	Culture	87081
<i>Trichomonas</i> , Microscopic Exam	BACT	B24	Direct wet mount for the identification of <i>Trichomonas vaginalis</i> , primarily a sexually transmitted parasite.	<u>SPECIMEN</u> : Vaginal exudates, genital secretions, semen, prostatic fluid, urethral samples, and urine <u>CONTAINER</u> : Glass slide with coverslip <u>COLLECTION</u> : Urine samples should be the first-voided specimen in the morning. Collect sample, emulsify swab in normal saline, roll swab onto the frosted-side of the glass slide, place coverslip over sample. Ship to laboratory immediately. <u>TRANSPORT CONDITIONS</u> : Room Temperature (25±5°C): 15 minutes Refrigerated (5±3°C): Unacceptable Frozen (-15±5°C): Unacceptable	30 minutes	Negative	Microscopy	87210
Tularemia Antibody (<i>Francisella tularensis</i>)	SERO	S64	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001

TEST REQUEST INFORMATION - Alphabetical

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Urinalysis	BACT	B25	Routine urinalysis includes the examination of physical and chemical characteristics, and the quantitation of microscopic structures in the urinary sediment.	<p><u>SPECIMEN</u>: Urine (standard volume = 8 mL)</p> <p><u>CONTAINER</u>: BD vacutainer with preservative tube (red/yellow top).</p> <p><u>COLLECTION</u>: Clean-catch first morning void is the preferred specimen; however, any fresh random urine specimen is acceptable for chemical analysis. Midstream collection into a sterile container and then transferred to a BD vacutainer with preservative tube.</p> <p><u>TRANSPORT CONDITIONS</u>: Room Temperature (25±5°C): 72 hours (preserved in BD tube) Refrigerated (5±3°C): 72 hours (preserved in BD tube) Frozen (-15±5°C): Unacceptable</p>	1 day	Color = Pale yellow to amber Turbidity = Clear to slightly hazy SG = 1.015-1.025 pH = 4.5-8.0 Glucose = Neg. Ketones = Neg. Blood = Neg. Protein = Neg. Bilirubin = Neg. Urobilinogen 0.1-1.0 Nitrite = Neg. Leukocyte = Neg.	Cliniteck, microscopy	81000
Varicella zoster Antibody	SERO	S65	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<p><u>SPECIMEN</u>: Serum, 2.5 ml</p> <p><u>CONTAINER</u>: Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top.</p> <p><u>COLLECTION</u>: See serology specimen collection guide for details. <u>Plastic tubes only.</u></p> <p><u>TRANSPORT CONDITIONS</u>: Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only</p>	14 work-ing days	Negative	Send Out	99001
<i>Vibrio cholerae</i> Antibody	SERO	S66	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<p><u>SPECIMEN</u>: Serum, 2.5 ml</p> <p><u>CONTAINER</u>: Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top.</p> <p><u>COLLECTION</u>: See serology specimen collection guide for details. <u>Plastic tubes only.</u></p> <p><u>TRANSPORT CONDITIONS</u>: Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only</p>	14 work-ing days	Negative	Send Out	99001

TEST REQUEST INFORMATION - Alphabetical

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Vibrio Culture	BACT	B27	Screening procedure for the isolation and identification of <i>Vibrio sp.</i> utilizing conventional biochemical testing techniques and serology.	<p><u>SPECIMEN</u>: Fresh stool</p> <p><u>CONTAINER</u>: Stool transport bottles (Para-Pak C&S) Note: Buffered glycerol saline is unacceptable.</p> <p><u>COLLECTION</u>: The specimen of choice is the diarrheal stool collected during the acute stage of the disease. Keep the stool specimen cool, do not incubate or refrigerate. Portions containing blood or mucus usually contain the highest number of pathogens. The use of rectal swabs (Bacterial Culturettes) should be limited to patients with active disease, infants and children from whom feces may be difficult to obtain.</p> <p><u>TRANSPORT CONDITIONS</u>: Room Temperature (25±5°C): 4 days (Preserved stool) Refrigerated (5±3°C): Not recommended Frozen (-15±5°C): Unacceptable</p>	1 week	Negative	Culture	87045 87077 87147
Viral Culture (Specify virus suspected)	VIRO	V3	Tissue Culture Isolation, Typing (if required), for primary isolation and identification of culturable viruses.	Dependant upon patient symptoms and virus suspected. See virology specimen collection guide or call laboratory 714-834-8326	2 weeks (final)	Negative	Culture	87252 87253
Viral Culture ID	VIRO	V4	Tissue Culture Isolation, Identification, for identification of viral isolates.	<p><u>SPECIMEN</u>: Infected tissue culture.</p> <p><u>CONTAINER</u>: Tissue culture tube.</p> <p><u>COLLECTION</u>: Not applicable</p> <p><u>TRANSPORT CONDITIONS</u>: Transport to laboratory at 2-8 degrees C as soon as possible.</p>	2 weeks	By report	Culture	87252 87253
Viral Culture Sendout	VIRO	V101	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	Not applicable. Culture sent to reference lab are received/ordered in house from cultures already in progress.	4 weeks	By report	Send Out	99001
Viral Culture, Respiratory Syncytial Virus	VIRO	V3	Tissue Culture Isolation, for isolation and identification of Respiratory Syncytial Virus	<p><u>SPECIMEN</u>: Nasopharyngeal swab, Nasal wash, Throat swab, Bronchial wash</p> <p><u>CONTAINER</u>: See virology specimen collection guide.</p> <p><u>COLLECTION</u>: See virology specimen collection guide for specific instructions.</p> <p><u>TRANSPORT CONDITIONS</u>: See virology specimen collection guide for specific transport conditions.</p>	14 days	Negative	Culture	87252 87253

TEST REQUEST INFORMATION - Alphabetical

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Viral Culture, Adenovirus	VIRO	V3	Tissue Culture Isolation, for isolation and identification of Adenovirus	<u>SPECIMEN:</u> Nasopharyngeal swab, Nasal wash, Throat swab, Bronchial wash <u>CONTAINER:</u> See virology specimen collection guide. <u>COLLECTION:</u> See virology specimen collection guide for specific instructions. <u>TRANSPORT CONDITIONS:</u> See virology specimen collection guide for specific transport conditions.	14 days	Negative	Culture	87252 87253
Viral Culture, Enteroviruses	VIRO	V3	Tissue Culture Isolation, Typing, for isolation and identification of Enterovirus infection, includes typing	<u>SPECIMEN:</u> CSF, Stool, Throat swab <u>CONTAINER:</u> See virology specimen collection guide. <u>COLLECTION:</u> See virology specimen collection guide for specific instructions. <u>TRANSPORT CONDITIONS:</u> See virology specimen collection guide for specific instructions.	21 days	Negative	Culture	87252 87253
Viral Culture, Herpes Screen	VIRO	V5	Tissue Culture Isolation, Typing, for isolation and identification of Herpes type 1 or Herpes type 2 infection	<u>SPECIMEN:</u> Lesion swab <u>CONTAINER:</u> See virology specimen collection guide. <u>COLLECTION:</u> See virology specimen collection guide for specific instructions. <u>TRANSPORT CONDITIONS:</u> See virology specimen guide for specific instructions.	1 week	Negative	Culture	87252 87253 87273 87274
Viral Culture, Influenza	VIRO	V6	Tissue Culture Isolation, Typing (if required) R-Mix (shell vial) capable of detecting; Influenza A and B, Adenovirus, Parainfluenza 1,2,3, and RSV	<u>SPECIMEN:</u> Nasopharyngeal swab, Nasal wash, Throat swab, Bronchial wash <u>CONTAINER:</u> See virology specimen collection guide. <u>COLLECTION:</u> See virology specimen collection guide for specific instructions. <u>TRANSPORT CONDITIONS:</u> See virology specimen collection guide for specific transport conditions.	1 week	Negative	Culture	87254
Viral Culture, Parainfluenza	VIRO	V3	Tissue Culture Isolation, Typing, for isolation and identification of Parainfluenza types 1, 2, 3, or 4	<u>SPECIMEN:</u> Nasopharyngeal swab, Nasal wash, Throat swab, Bronchial wash <u>CONTAINER:</u> See virology specimen collection guide. <u>COLLECTION:</u> See virology specimen collection guide for specific instructions. <u>TRANSPORT CONDITIONS:</u> See virology specimen collection guide for specific transport conditions.	14 days	Negative	Culture	87252 87253

TEST REQUEST INFORMATION - Alphabetical

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Viral Culture, Varicella-Zoster (VZV)	VIRO	V3	Tissue Culture Isolation-[VZV Direct Immunofluorescent assay (DFA)also available], for direct detection of VZV infection from specimen (DFA) and isolation and identification of VZV in tissue culture	<u>SPECIMEN:</u> Vesicle fluid or scraping <u>CONTAINER:</u> See virology specimen collection guide. <u>COLLECTION:</u> See virology specimen collection guide for specific instructions. <u>TRANSPORT CONDITIONS:</u> See virology specimen collection guide for specific instructions.	14 days, DFA in 24hrs	Negative	Culture	87252 87253 87290
Viral ID, Rabies	VIRO	V2	Direct Fluorescent Antibody, for detection of Rabies infection in animal specimens	<u>SPECIMEN:</u> Freshly severed animal head, delivered by Animal Care Services or fresh unpreserved animal brain. (no formalin) <u>CONTAINER:</u> Any sterile transport container. <u>COLLECTION:</u> Remove brain from cranium of suspected animal, do not place in formalin. <u>TRANSPORT CONDITIONS:</u> Transport to laboratory on wet ice or refrigerated, within 24 hrs.	24 hours, working days	Negative	FITC Anti-Rabies Fujirebio	87003 87299
Visceral Larval Migrans Antibody (<i>Toxocara</i>)	SERO	S62	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN:</u> Serum, 2.5 ml <u>CONTAINER:</u> Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION:</u> See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS:</u> Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
West Nile Virus Antibody	SERO	S109	Indirect Immunofluorescent Assay, for primary diagnosis of West Nile Virus infection	<u>SPECIMEN:</u> Serum, 2.5 ml <u>CONTAINER:</u> Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION:</u> See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS:</u> Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	2 to 7 days	Negative	IFA, Biocel and Scimedx	86789
West Nile Virus Antibody Sendout	SERO	S110	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN:</u> Serum, 2.5 ml, CSF <u>CONTAINER:</u> Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. Sterile screw cap vial for CSF. <u>COLLECTION:</u> See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS:</u> Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001

TEST REQUEST INFORMATION - Alphabetical

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Yeast, Microscopic Exam	BACT	B28	Stat direct wet mount to identify the presence of budding yeast and pseudohyphae.	<p><u>SPECIMEN</u>: Vaginal exudate <u>CONTAINER</u>: Glass slide with coverslip <u>COLLECTION</u>: Collect sample, emulsify swab in normal saline, roll swab onto the frosted-side of the glass slide, place coverslip over sample. Ship to laboratory immediately. <u>TRANSPORT CONDITIONS</u>: Room Temperature (25±5°C): 15 minutes Refrigerated (5±3°C): Unacceptable Frozen (-15±5°C): Unacceptable</p>	30 minutes	Negative	Microscopy	87210
<i>Yersinia</i> Culture	BACT	B29	Screening procedure for the isolation and identification of <i>Yersinia sp.</i> utilizing conventional biochemical testing techniques.	<p><u>SPECIMEN</u>: Stool <u>CONTAINER</u>: Stool transport bottles (Para-Pak C&S) <u>COLLECTION</u>: The specimen of choice is the diarrheal stool collected during the acute stage of the disease. Keep the stool specimen cool, do not incubate or refrigerate. Portions containing blood or mucus usually contain the highest number of pathogens. The use of rectal swabs (Bacterial Culturettes) should be limited to patients with active disease, infants and children from whom feces may be difficult to obtain. <u>TRANSPORT CONDITIONS</u>: Room Temperature (25±5°C): 4 days (Preserved stool) Refrigerated (5±3°C): Not recommended Frozen (-15±5°C): Unacceptable</p>	1 week	Negative	Culture	87045 87077

TEST REQUEST INFORMATION - By Department

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Aeromonas Culture	BACT	B1	Screening procedure for isolation and identification of <i>Aeromonas</i> species utilizing conventional biochemical techniques.	<p><u>SPECIMEN</u>: Fresh stool</p> <p><u>CONTAINER</u>: Stool transport bottles (Para Pak C&S)</p> <p><u>COLLECTION</u>: The specimen of choice is the diarrheal stool collected during the acute stage of the disease. Keep the stool specimen cool, do not incubate or refrigerate. Portions containing blood or mucus usually contain the highest number of pathogens. The use of rectal swabs (Bacterial Culturettes) should be limited to patients with active disease, infants and children from whom feces may be difficult to obtain.</p> <p><u>TRANSPORT CONDITIONS</u>: Room Temperature (25±5°C): 4 days (Preserved stool) Refrigerated (5±3°C): Not recommended Frozen (-15±5°C): Unacceptable</p>	1 week	Negative	Culture	87046 87077
Bacterial Culture & Sensitivity, Aerobic	BACT	B2	Identification of all aerobic organisms found using conventional aerobic culture techniques. Sensitivities performed according to the CLSI guidelines.	<p><u>SPECIMEN</u>: Blood, urine, sputum, eye, ear, genital, wounds, and abscesses.</p> <p><u>CONTAINER</u>: Bacterial Culturettes, BACTEC blood culture bottles, BD Urine C&S Preservative (Gray top), sputum collection bottles.</p> <p><u>COLLECTION</u>: Blood Cultures -Aseptically collect 8 ml for each bottle (BACTEC Plus Aerobic/F and BACTEC Lytic Anaerobic/F) Urine- Clean-catch midstream collection, 4 ml in a BD vacutainer with UA preservative tube. Sputum- expectoration obtained after a deep cough collected in sterile sputum collection bottle. Bacterial Culturettes are used for genital, eye, ear, wounds and abscesses.</p> <p><u>TRANSPORT CONDITIONS</u>: Room Temperature (25±5°C): 24 hours (Blood cultures and genital swabs) Refrigerated (5±3°C): 24 hours (Swabs and sputum) 72 hours (preserved urine) Frozen (-15±5°C): Unacceptable</p>	3 days	Negative	Culture	87040 87088 87070 87186
Bacterial Culture for Identification (<i>Salmonella/Shigella</i>)	BACT	B20	<i>Salmonella/Shigella</i> culture identification and confirmation utilizing conventional biochemical and serological testing techniques.	<p><u>SPECIMEN</u>: Pure culture isolates</p> <p><u>CONTAINER</u>: Slanted tubed media preferred, motility deeps acceptable.</p> <p><u>COLLECTION</u>: Do not refrigerate or freeze</p> <p><u>TRANSPORT CONDITIONS</u>: Room Temperature (25±5°C): 2 days Refrigerated (5±3°C): 2 days Frozen (-15±5°C): Unacceptable</p>	3 days	NA	Culture	87070 87077 87147 87152

TEST REQUEST INFORMATION - By Department

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Bacterial Reference Culture for Identification, Aerobic	BACT	B4	Aerobic bacterial culture identification utilizing conventional aerobic biochemical testing techniques.	<u>SPECIMEN</u> : Pure culture isolate <u>CONTAINER</u> : Slant tube media preferred, sealed plates acceptable. <u>COLLECTION</u> : Do not refrigerate or freeze <u>TRANSPORT CONDITIONS</u> : Room Temperature (25±5°C): 2 days Refrigerated (5±3°C): Not recommended Frozen (-15±5°C): Unacceptable	1 week	By report	Culture	87070 87077
Bacterial Reference Culture for Identification, Anaerobic	BACT	B5	Anaerobic bacterial culture identification utilizing conventional anaerobic biochemical testing techniques.	<u>SPECIMEN</u> : Pure culture isolate on swab or plated media <u>CONTAINER</u> : Swab in anaerobic transport tube. Isolates submitted on plated media in anaerobic transport bag. <u>COLLECTION</u> : Do not refrigerate or freeze <u>TRANSPORT CONDITIONS</u> : Room Temperature (25±5°C) = 2 days Refrigerated (5±3°C) = Unacceptable Frozen (-15±5°C) = Unacceptable	1 week	By report	Culture	87075 87076
Bacterial Culture, Anaerobic (Call laboratory before submitting specimens for consultation).	BACT	B3	Identification of all anaerobic organisms found using conventional anaerobic culture techniques.	<u>SPECIMEN</u> : Deep wounds, abscesses, body fluids, tissue, blood <u>CONTAINER</u> : Anaerobic blood culture bottle, swab in anaerobic transport tube. <u>COLLECTION</u> : Blood Cultures - After aseptic collection of specimen inject approximately 8 ml into one BACTEC Lytic Anaerobic/F bottle. Keep at room temperature and send to laboratory immediately. Swabs- Collect under anaerobic conditions using an anaerobe swab. Call the lab for transport tubes. <u>TRANSPORT CONDITIONS</u> : Room Temperature (25±5°C): 24 hours Refrigerated (5±3°C): Unacceptable Frozen (-15±5°C): Unacceptable	2 weeks	Negative	Culture	87040 87075 87076
<i>Bordetella pertussis</i> Culture and PCR	BACT	B6	Screening procedure for isolation and identification of <i>Bordetella pertussis</i> utilizing conventional biochemical techniques and PCR.	<u>SPECIMEN</u> : Two Nasopharyngeal swabs <u>CONTAINER</u> : CAS broth. (Note: Contact Laboratory at 714-834-8327 for collection materials.) <u>COLLECTION</u> : Casamino Acid Solution (CAS) 0.5 ml – place the second swab into the solution and secure the cap tightly. <u>TRANSPORT CONDITIONS</u> : Transport specimens back to the Public Health Laboratory within 2 hours at room Temperature (25±5°C) Room Temperature (25±5°C): within 2 hours Refrigerated (5±3°C): Unacceptable Frozen (-15±5°C): Unacceptable	1 day (prelim) 1 week (final)	Negative	Culture PCR	87070 87077 87798

TEST REQUEST INFORMATION - By Department

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
<i>Campylobacter</i> Culture	BACT	B7	Screening procedure for isolation and identification of <i>Campylobacter jejuni</i> utilizing conventional biochemical testing techniques.	<p>SPECIMEN: Fresh stool</p> <p>CONTAINER: Stool transport bottles (Para Pak C&S), Note: Buffered Glycerol Saline is unacceptable as a transport medium</p> <p>COLLECTION: The specimen of choice is the diarrheal stool collected during the acute stage of the disease. Keep the stool specimen cool, do not incubate or refrigerate. Portions containing blood or mucus usually contain the highest number of pathogens. The use of rectal swabs (Bacterial Culturettes) should be limited to patients with active disease, infants and children from whom feces may be difficult to obtain.</p> <p>TRANSPORT CONDITIONS: Room Temperature (25±5°C): 4 days (Preserved stool) Refrigerated (5±3°C): Not recommended Frozen (-15±5°C): Unacceptable</p>	5 days	Negative	Culture	87046 87077
<i>Clostridium botulinum</i> Culture & Toxin Testing (Call Laboratory before submitting specimens)	BACT	B8	<i>Clostridium botulinum</i> culture and toxin testing for suspected foodborne and wound cases.	<p>SPECIMEN: Pre-antitoxin serum, stool, gastric, tissue. Standard volumes: Serum from 30cc of blood, 25 grams of feces or 50 ml of enema effluent</p> <p>CONTAINER: Sterile screw cap container</p> <p>COLLECTION: Contact Orange County Public Health Epidemiology Department at (714) 834-8180 for testing approval prior to submission for specimen collection and shipping requirements. After hours, on weekends and holidays you may speak to a Public Health Official by calling Orange County Communications Center at (714) 834-7200.</p> <p>TRANSPORT CONDITIONS: Room Temperature (25±5°C): Unacceptable Refrigerated (5±3°C): 24 hours Frozen (-15±5°C): Unacceptable</p>	4 weeks	Negative	Send Out	99001
Diphtheria Culture	BACT	B9	Screening procedure for isolation and identification of <i>Corynebacterium diphtheriae</i> in suspect cases of diphtheria.	<p>SPECIMEN: Throat exudate</p> <p>CONTAINER: Bacterial Culturette</p> <p>COLLECTION: A throat swab taken from posterior pharynx, and areas of the tonsils showing dull white pseudomembrane. Avoid the tongue and uvula. Dacron swabs are best for collection.</p> <p>TRANSPORT CONDITIONS: Room Temperature (25±5°C) = 24 hours Refrigerated (5±3°C) = 24 hours Frozen (-15±5°C) = Unacceptable</p>	1 week	Negative	Culture	87070 87077

TEST REQUEST INFORMATION - By Department

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
<i>Escherichia coli</i> (STEC) Culture	BACT	B10	Screening procedure for isolation and identification of Shigatoxin-producing <i>Escherichia coli</i> utilizing conventional biochemical and serological testing techniques. Toxin production confirmed utilizing ELISA techniques.	<u>SPECIMEN</u> : Fresh stool <u>CONTAINER</u> : Stool transport bottles (Para Pak C&S) <u>COLLECTION</u> : The specimen of choice is the diarrheal stool collected during the acute stage of the disease. Keep the stool specimen cool, do not incubate or refrigerate. Portions containing blood or mucus usually contain the highest number of pathogens. The use of rectal swabs (Bacterial Culturettes) should be limited to patients with active disease, infants and children from whom feces may be difficult to obtain. <u>TRANSPORT CONDITIONS</u> : Room Temperature (25±5°C): 4 days (Preserved stool) Refrigerated (5±3°C): Not recommended Frozen (-15±5°C): Unacceptable for culture, acceptable for toxin assay only	1 week Culture 5 days Toxin 1 day	Negative	Culture	87046 87077 87147 87335 87152
Gonorrhea Culture	BACT	B12	Screening procedure for the isolation, identification and confirmation of <i>Neisseria gonorrhoeae</i> .	<u>SPECIMEN</u> : Female endocervical or male urethral discharge, extragenital sites including rectal and throat (sterile cotton or synthetic swabs). <u>CONTAINER</u> : GC-Lect plate <u>COLLECTION</u> : Collect specimen on appropriate swab and inoculate directly onto GC-Lect plate with pill pocket. Add the CO ₂ -generating tablet to the well. Place the plate in the ziplock bag and seal. Be sure to test the bag to ensure that it is sealed. Note: the tablet is activated by moisture in the medium. Do not refrigerate or freeze the plate. <u>TRANSPORT CONDITIONS</u> : Room Temperature (25±5°C): 2 days Refrigerated (5±3°C): Unacceptable Frozen (-15±5°C): Unacceptable	3 days	Negative	Culture	87081
Gonorrhea, Reference Culture for Identification	BACT	B13	<i>Neisseria gonorrhoeae</i> culture identification utilizing conventional biochemical testing techniques.	<u>SPECIMEN</u> : Pure culture isolate <u>CONTAINER</u> : Chocolate Agar Slant <u>COLLECTION</u> : Inoculate a Chocolate Agar slant, incubate in CO ₂ for 24 hours prior to submission. <u>TRANSPORT CONDITIONS</u> : Room Temperature (25±5°C) Refrigerated (5±3°C): Not recommended Frozen (-15±5°C): Unacceptable	1 week	By report	Culture	87070 87077

TEST REQUEST INFORMATION - By Department

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Gonorrhea, Microscopic Exam	BACT	B14	A STAT Gram stain for the presence of intracellular gram-negative diplococci resembling <i>Neisseria gonorrhoeae</i> . Note: a Gram stain should not be used as a diagnostic test for gonorrhea in females.	<u>SPECIMEN</u> : Female endocervical or male urethral discharge <u>CONTAINER</u> : Glass Slide <u>COLLECTION</u> : Prepare a thin smear by rolling the swab specimen on the frosted-side of a glass slide. <u>TRANSPORT CONDITIONS</u> : Room Temperature (25±5°C) = Indefinite Refrigerated (5±3°C): Unacceptable Frozen (-15±5°C): Unacceptable	30 minutes	Negative	Microscopy	87205
<i>Haemophilus ducreyi</i> Culture	BACT	B15	Screening procedure for the isolation and identification of <i>Haemophilus ducreyi</i> , the pathogen associated with genital "soft chancre" lesions.	<u>SPECIMEN</u> : Genital lesion and/or aspirated inguinal lymph node. <u>CONTAINER</u> : Swab placed in sterile screw-capped tube with 0.5ml saline solution. <u>COLLECTION</u> : Cleanse the ulcer with physiological saline. Moisten a sterile cotton swab with sterile phosphate buffered saline (pH 7.2). Sample the cleansed ulcer base with the moistened swab. Place the swab into a sterile screw-capped test tube containing 0.5ml saline solution and send immediately to the laboratory. <u>TRANSPORT CONDITIONS</u> : Room Temperature (25±5°C): 30 minutes Refrigerated (5±3°C): Unacceptable Frozen (-15±5°C): Unacceptable	5 days	Negative	Culture	87081 87077
<i>Legionella</i> Culture	BACT	B16	Screening procedure for the isolation and identification of <i>Legionella</i> utilizing conventional biochemical testing techniques and direct fluorescent antibody (DFA) techniques.	<u>SPECIMEN</u> : Tissue, lower respiratory secretions <u>CONTAINER</u> : Sterile screw cap container <u>COLLECTION</u> : Tightly closed container. <u>TRANSPORT CONDITIONS</u> : Room Temperature (25±5°C): 30 minutes Refrigerated (5±3°C): 24 hours Frozen (-15±5°C): Unacceptable	1 week	Negative	Culture/ Microscopy	87081 87077 87278
<i>Leptospira</i> Culture	BACT	B104	Screening procedure for isolation and identification of <i>Leptospira</i> utilizing conventional biochemical testing techniques.	<u>SPECIMEN</u> : Tissue, urine, whole blood, CSF <u>CONTAINER</u> : Sterile screw cap container (tissue, urine, CSF), Vacutainer tube with sodium heparin (whole blood) <u>COLLECTION</u> : Urine specimens - cleanse genitals, collect midstream, dilute 1:10 with 1% bovine serum albumin for transport. Ship urine, CSF and blood specimens Refrigerated (5±3°C). Ship tissue frozen. Submit whole blood or CSF during the first 7-10 days of illness. Submit urine after 7-10 days of illness. <u>TRANSPORT CONDITIONS</u> : Room Temperature (25±5°C): Unacceptable Refrigerated (5±3°C): 1 week (Urine, CSF and blood only) Frozen (-15±5°C): Tissue only	3 weeks	Negative	Culture	87081 87077

TEST REQUEST INFORMATION - By Department

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Occult Blood	BACT	B17	The Hemoccult test is a rapid, qualitative method for detecting fecal occult blood which may be indicative of gastrointestinal disease. It is not a test for colorectal cancer or any other specific diseases.	<u>SPECIMEN:</u> Feces <u>CONTAINER:</u> Hemoccult slide or clean container <u>COLLECTION:</u> Make a thin smear of the fecal specimen on the guaiac paper of the Hemoccult slide. If Hemoccult slides are unavailable, a stool specimen less than 4 days old may be submitted in a clean container labeled with the submitter's ID, patient's name and date of collection. <u>TRANSPORT CONDITIONS:</u> Room Temperature (25±5°C): 4 days Refrigerated (5±3°C): Not recommended Frozen (-15±5°C): Unacceptable	1 day	Negative	Hemacult/Smith Kline	82270
Pregnancy	BACT	B18	A qualitative test to determine the presence of human chorionic gonadotropin (hCG) in serum and urine for the early detection of pregnancy.	<u>SPECIMEN:</u> Urine or Serum <u>CONTAINER:</u> Urine may be collected in any clean, dry, plastic or glass container. Note: B-D transport tubes are <u>unacceptable</u> for pregnancy testing. Collect 20cc of blood in a Vacutainer separator tube. <u>COLLECTION:</u> First-morning void is the specimen of choice for the urine test. <u>TRANSPORT CONDITIONS:</u> Room Temperature (25±5°C): 2 hours Refrigerated (5±3°C): 48 hours Frozen (-15±5°C): >48 hours	1 day	Negative	EIA	81025
<i>Salmonella/Shigella</i> Culture	BACT	B19	Screening procedure for isolation and identification of <i>Salmonella</i> and <i>Shigella</i> utilizing conventional biochemical and serological testing techniques.	<u>SPECIMEN:</u> Stool or Urine <u>CONTAINER:</u> Stool = stool transport bottles (Para Pak C&S), Urine = BD Urine Transport Kit (gray top) <u>COLLECTION:</u> The specimen of choice is the diarrheal stool collected during the acute stage of the disease. Keep the stool specimen cool, do not incubate or refrigerate. Portions containing blood or mucus usually contain the highest number of pathogens. The use of rectal swabs (Bacterial Culturettes) should be limited to patients with active disease, infants and children from whom feces may be difficult to obtain. Urine specimens must be processed within 4 hours if refrigerated (2-8°C) or transport in BD tubes within 96 hours. <u>TRANSPORT CONDITIONS:</u> Room Temperature (25±5°C): 4 days (Preserved stool and urine) Refrigerated (5±3°C): 4 hours (Unpreserved urine) Frozen (-15±5°C): Unacceptable	5 days	Negative	Culture	87045 87077 87147 87152

TEST REQUEST INFORMATION - By Department

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
<i>Salmonella/Shigella</i> Culture	BACT	B19	Screening procedure for isolation and identification of <i>Salmonella</i> and <i>Shigella</i> utilizing conventional biochemical and serological testing techniques.	<p><u>SPECIMEN</u>: Stool or Urine <u>CONTAINER</u>: Stool = stool transport bottles (Para Pak C&S), Urine = BD Urine Transport Kit (gray top) <u>COLLECTION</u>: The specimen of choice is the diarrheal stool collected during the acute stage of the disease. Keep the stool specimen cool, do not incubate or refrigerate. Portions containing blood or mucus usually contain the highest number of pathogens. The use of rectal swabs (Bacterial Culturettes) should be limited to patients with active disease, infants and children from whom feces may be difficult to obtain. Urine specimens must be processed within 4 hours if refrigerated (2-8°C) or transport in BD tubes within 96 hours. <u>TRANSPORT CONDITIONS</u>: Room Temperature (25±5°C): 4 days (Preserved stool and urine) Refrigerated (5±3°C): 4 hours (Unpreserved urine) Frozen (-15±5°C): Unacceptable</p>	5 days	Negative	Culture	87045 87077 87147 87152
<i>Salmonella/Shigella</i> Reference Culture	BACT	B20	<i>Salmonella/Shigella</i> culture identification and confirmation utilizing conventional biochemical and serological testing techniques.	<p><u>SPECIMEN</u>: Pure culture isolates <u>CONTAINER</u>: Slanted tubed media preferred, motility deeps acceptable. <u>COLLECTION</u>: Do not refrigerate or freeze <u>TRANSPORT CONDITIONS</u>: Room Temperature (25±5°C): 2 days Refrigerated (5±3°C): 2 days Frozen (-15±5°C): Unacceptable</p>	5 days	Negative	Culture	87045 87077 87147 87152
<i>Streptococcus</i> Group A Culture (Throat Screen)	BACT	B21	Screening procedure for isolation and identification of Group A <i>Streptococcus</i> , a common cause of bacterial pharyngitis.	<p><u>SPECIMEN</u>: Throat exudate <u>CONTAINER</u>: Bacterial Culturette <u>COLLECTION</u>: A throat swab taken from the tonsillar area and/or posterior pharynx, with care taken to avoid the tongue and uvula. Dacron swabs are best for collection of Group A <i>Streptococcus</i> specimens. <u>TRANSPORT CONDITIONS</u>: Room Temperature (25±5°C): 24 hours Refrigerated (5±3°C): 24 hours Frozen (-15±5°C): Unacceptable</p>	2 days	Negative	Culture	87081

TEST REQUEST INFORMATION - By Department

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Syphilis Darkfield, Microscopic Exam	BACT	B22	Darkfield microscopy is used to demonstrate the presence of <i>Treponema pallidum</i> in lesions or aspirates in early-stage syphilis.	<p><u>SPECIMEN</u>: Serous fluid from genital lesion</p> <p><u>CONTAINER</u>: Glass slide with coverslip</p> <p><u>COLLECTION</u>: Collect specimen prior to antimicrobial therapy. Clean the surface of the lesion with saline, and blot dry. Gently remove any crusts, and discard. Abrade superficially until slight bleeding occurs. Wipe away the first few drops of blood. Apply gentle pressure at lesion base, touching clear exudate in ulcer base with a glass slide. Place coverslip and transport immediately to lab.</p> <p><u>TRANSPORT CONDITIONS</u>: Room Temperature (25±5°C): 15 minutes Refrigerated (5±3°C): Unacceptable Frozen (-15±5°C): Unacceptable</p>	30 minutes	Negative	Microscopy	87166
<i>Trichomonas</i> Culture	BACT	B23	Culture is the most sensitive method for the diagnosis of trichomoniasis; however, it may take 3 to 4 days to determine culture results.	<p><u>SPECIMEN</u>: Vaginal exudates, genital secretions, semen, prostatic fluid, urethral samples, and urine</p> <p><u>CONTAINER</u>: Bacterial Culturette</p> <p><u>COLLECTION</u>: Urine samples should be the first-voided specimen in the morning. Immediate transport of the specimen to the lab is critical. Do not refrigerate or freeze.</p> <p><u>TRANSPORT CONDITIONS</u>: Room Temperature (25±5°C): 24 hours Refrigerated (5±3°C): Unacceptable Frozen (-15±5°C): Unacceptable</p>	1 week	Negative	Culture	87081
<i>Trichomonas</i> , Microscopic Exam	BACT	B24	Direct wet mount for the identification of <i>Trichomonas vaginalis</i> , primarily a sexually transmitted parasite.	<p><u>SPECIMEN</u>: Vaginal exudates, genital secretions, semen, prostatic fluid, urethral samples, and urine</p> <p><u>CONTAINER</u>: Glass slide with coverslip</p> <p><u>COLLECTION</u>: Urine samples should be the first-voided specimen in the morning. Collect sample, emulsify swab in normal saline, roll swab onto the frosted-side of the glass slide, place coverslip over sample. Ship to laboratory immediately.</p> <p><u>TRANSPORT CONDITIONS</u>: Room Temperature (25±5°C): 15 minutes Refrigerated (5±3°C): Unacceptable Frozen (-15±5°C): Unacceptable</p>	30 minutes	Negative	Microscopy	87210

TEST REQUEST INFORMATION - By Department

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Urinalysis	BACT	B25	Routine urinalysis includes the examination of physical and chemical characteristics, and the quantitation of microscopic structures in the urinary sediment.	<p><u>SPECIMEN:</u> Urine (standard volume = 8 mL)</p> <p><u>CONTAINER:</u> BD vacutainer with preservative tube (red/yellow top).</p> <p><u>COLLECTION:</u> Clean-catch first morning void is the preferred specimen; however, any fresh random urine specimen is acceptable for chemical analysis. Midstream collection into a sterile container and then transferred to a BD vacutainer with preservative tube.</p> <p><u>TRANSPORT CONDITIONS:</u> Room Temperature (25±5°C): 72 hours (preserved in BD tube) Refrigerated (5±3°C): 72 hours (preserved in BD tube) Frozen (-15±5°C): Unacceptable</p>	1 day	Color = Pale yellow to amber Turbidity = Clear to slightly hazy SG = 1.015-1.025 pH = 4.5-8.0 Glucose = Neg. Ketones = Neg. Blood = Neg. Protein = Neg. Bilirubin = Neg. Urobilinogen 0.1-1.0 Nitrite = Neg. Leukocyte = Neg	Cliniteck, microscopy	81000
Vibrio Culture	BACT	B27	Screening procedure for the isolation and identification of <i>Vibrio sp.</i> utilizing conventional biochemical testing techniques and serology.	<p><u>SPECIMEN:</u> Fresh stool</p> <p><u>CONTAINER:</u> Stool transport bottles (Para-Pak C&S) Note: Buffered glycerol saline is unacceptable.</p> <p><u>COLLECTION:</u> The specimen of choice is the diarrheal stool collected during the acute stage of the disease. Keep the stool specimen cool, do not incubate or refrigerate. Portions containing blood or mucus usually contain the highest number of pathogens. The use of rectal swabs (Bacterial Culturettes) should be limited to patients with active disease, infants and children from whom feces may be difficult to obtain.</p> <p><u>TRANSPORT CONDITIONS:</u> Room Temperature (25±5°C): 4 days (Preserved stool) Refrigerated (5±3°C): Not recommended Frozen (-15±5°C): Unacceptable</p>	1 week	Negative	Culture	87045 87077 87147
Yeast, Microscopic Exam	BACT	B28	Stat direct wet mount to identify the presence of budding yeast and pseudohyphae.	<p><u>SPECIMEN:</u> Vaginal exudate</p> <p><u>CONTAINER:</u> Glass slide with coverslip</p> <p><u>COLLECTION:</u> Collect sample, emulsify swab in normal saline, roll swab onto the frosted-side of the glass slide, place coverslip over sample. Ship to laboratory immediately.</p> <p><u>TRANSPORT CONDITIONS:</u> Room Temperature (25±5°C): 15 minutes Refrigerated (5±3°C): Unacceptable Frozen (-15±5°C): Unacceptable</p>	30 minutes	Negative	Microscopy	87210

TEST REQUEST INFORMATION - By Department

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
<i>Yersinia</i> Culture	BACT	B29	Screening procedure for the isolation and identification of <i>Yersinia sp.</i> utilizing conventional biochemical testing techniques.	<u>SPECIMEN</u> : Stool <u>CONTAINER</u> : Stool transport bottles (Para-Pak C&S) <u>COLLECTION</u> : The specimen of choice is the diarrheal stool collected during the acute stage of the disease. Keep the stool specimen cool, do not incubate or refrigerate. Portions containing blood or mucus usually contain the highest number of pathogens. The use of rectal swabs (Bacterial Culturettes) should be limited to patients with active disease, infants and children from whom feces may be difficult to obtain. <u>TRANSPORT CONDITIONS</u> : Room Temperature (25±5°C): 4 days (Preserved stool) Refrigerated (5±3°C): Not recommended Frozen (-15±5°C): Unacceptable	1 week	Negative	Culture	87045 87077
HIV Genotyping	MOLEC	D1	Detect HIV-1 Subtype B viral resistance in plasma. Requires a Viral Load test result within the past 6 months.	<u>SPECIMEN</u> : Plasma, 5 ml <u>CONTAINER</u> : Vacutainer Pearl Top (EDTA with separator) <u>COLLECTION</u> : Aseptically collect 5ml of blood in Pearl Top (EDTA) tube. Centrifuge PPT tubes within 30 min of collection. <u>TRANSPORT CONDITIONS</u> : Refrigerated (5±3°C): Transport to lab within 24 hours. Separated plasma only. Frozen (-15±5°C): Transport on dry ice, must arrive at lab frozen. Separated plasma only.	2-3 weeks	By report	ViroSeq HIV-1 Genotyping System	83891 87901
Pulsed Field Gel Electrophoresis (PFGE)	MOLEC	D102	Pulsed-Field Gel Electrophoresis (PFGE) testing using standardized methods to fingerprint DNA.	<u>SPECIMEN</u> : Pure culture isolate. <u>CONTAINER</u> : Slant tube <u>COLLECTION</u> : Do not refrigerate or freeze. <u>TRANSPORT CONDITIONS</u> : Room Temperature (25±5°C): 2 days Refrigerated (5±3°C): Not recommended Frozen (-15±5°C): Unacceptable	2 weeks	By report	PulseNet Methods	83890 83892 83894 87152
<i>Mycobacterium</i> Culture and Sensitivity	MYCOB	T1	Tests include Acid Fast smear, culture on solid and liquid media. Identification of Mycobacteria is based on a combination of tests: Accuprobe, HPLC, biochemical panels, and sequencing. Susceptibility performed on <i>M. tuberculosis</i> by MGIT broth-based method on first isolate and after 2 months if culture is still positive.	<u>SPECIMEN</u> : Blood, bone marrow, CSF, gastric lavage fluid, respiratory (aerosols, sputums, bronchial washings, transtracheal aspirates), stool, tissue biopsies, and urine. <u>CONTAINER, COLLECTION and TRANSPORT CONDITIONS</u> : See Mycobacteria specimen collection guide. <u>TRANSPORT CONDITIONS</u> : Refrigerated (2-8 degrees C): 24 hours	24-72 hours (AFS) 53 days (final)	By report	Culture, MGIT 960, BBL	87015 87206 87116 87118 87556 87560 87143 87188

TEST REQUEST INFORMATION - By Department

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
<i>Mycobacterium</i> Culture for Identification	MYCOB	T2	Acid Fast Bacteria identification is based on a combination of tests: Accuprobe, HPLC, biochemical panels, and sequencing. If <i>M. tuberculosis</i> , susceptibility is performed on first isolate or after 2 months if culture is still positive.	<u>SPECIMEN</u> : Pure culture on appropriate Mycobacteria slanted media i.e. L J or 7H10. Specify isolate identification. <u>CONTAINER</u> : Submit or mail in a double container according to Infectious Substance Shipping Guidelines. <u>TRANSPORT CONDITIONS</u> : Room temperature (15-30 degrees C)	24-72 hours (AFS) 42 days (final)	By report	Culture, MGIT 960, BBL	87118 87556 87560 87143 87188
Mycobacterium Smear	MYCOB	T3	Acid Fast Smear	<u>SPECIMEN</u> : Blood, bone marrow, CSF, gastric lavage fluid, respiratory (aerosols, sputums, bronchial washings, transtracheal aspirates), stool (for HIV patients only), tissue biopsies, and urine NOTE: Processed specimen is preferred. <u>CONTAINER, COLLECTION and TRANSPORT CONDITIONS</u> : See Mycobacteria specimen collection guide. <u>TRANSPORT CONDITIONS</u> : Room temperature (15-30 degrees C).	24-72 hours	Negative	Fluorochrome Smear	87015 87206
<i>Mycobacterium tuberculosis</i> Complex Nucleic Acid Amplification Test (NAAT)	MYCOB	T4	Nucleic Acid Amplification test (NAAT) for the detection of <i>M. tuberculosis</i> complex. FDA approved method for smear negative and smear positive respiratory specimens. Other specimen types are not tested.	<u>SPECIMEN</u> : Respiratory specimens. <u>CONTAINER, COLLECTION and TRANSPORT CONDITIONS</u> : See <i>M. tuberculosis</i> complex amplified direct test (NAAT) Specimen Collection guide.	24-72 hours	Negative	Cepheid GeneXpert	87206 87556
<i>Mycobacterium tuberculosis</i> Culture for Reportable Disease Only	MYCOB	T7	Culture identified as <i>M. tuberculosis</i> required by State to be sent to Public Health Laboratory. Specimens submitted to reference laboratory.	<u>SPECIMEN</u> : Pure culture on appropriate Mycobacteria slanted media i.e. LJ or 7H10. Specify isolate identification. <u>CONTAINER</u> : Submit or mail in a double container according to Infectious Substance Shipping Guidelines. <u>TRANSPORT CONDITIONS</u> : Room temperature (15-30 degrees C)	4 days (prelim) 49 days (final)	By report	By report	99001
<i>Mycobacterium tuberculosis</i> Culture Identification and Susceptibility	MYCOB	T6	Identification is based on Accuprobe or HPLC. <i>M. tuberculosis</i> susceptibility tests are performed by a broth-based method on the first isolate and after 2 months if culture is still positive.	<u>SPECIMEN</u> : Pure culture on appropriate Mycobacteria slanted media i.e. LJ or 7H10. Specify isolate identification. <u>CONTAINER</u> : Submit or mail in a double container according to Infectious Substance Shipping Guidelines. <u>TRANSPORT CONDITIONS</u> : Room temperature (15-30 degrees C)	24-72 hours (AFS) 49 days (final)	By report	Culture, MGIT 960, BBL	87206 87118 87556 87560 87188
Mycology Primary Specimen Identification (Fungus/Yeast)	MYCOL	M1	Fungal and yeast isolates are identified based on combination of morphologic and biochemical tests. If dimorphic fungi, appropriate Gen-Probe is performed (<i>Coccidioides immitis</i> , <i>Histoplasma capsulatum</i> and <i>Blastomyces dermatitidis</i> are available). Cultures held for one month.	<u>SPECIMEN</u> : Abscess, biopsy, blood, CSF, ear, mucocutaneous membranes (mouth, vaginal, urethral), hair, nails, respiratory, skin, and urine. <u>CONTAINER, COLLECTION and TRANSPORT CONDITIONS</u> : See Mycology Specimen Collection guide.	4 weeks (final)	Negative	Culture	87101 87102 87103 87106 87107 87206 87798

TEST REQUEST INFORMATION - By Department

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Mycology Reference Culture Identification (Fungus/Yeast)	MYCOL	M2	A combination of morphologic and biochemical tests are conducted. If dimorphic fungi, appropriate Gen-Probe is performed (<i>Coccidioides immitis</i> , <i>Histoplasma capsulatum</i> and <i>Blastomyces dermatitidis</i> are available).	<u>SPECIMEN</u> : Pure culture on mycology slanted media i.e. SAB (Sabouraud Dextrose Agar) , or IMA (Inhibitory Mold Agar). Specify isolate identification. Do not send plates for fungal identification. <u>CONTAINER</u> : Submit or mail in a double container according to Infectious Substance Shipping Guidelines. <u>TRANSPORT CONDITIONS</u> : Room temperature (15-30 degrees C)	4 weeks (final)	By report	Culture	87106 87107 87798
Arthropod Identification	PARA	P1	Identification is made by microscopic exam, or referred to Vector Control if necessary.	<u>SPECIMEN</u> : Arthropod or skin scrapings. <u>CONTAINER</u> : If arthropod, use a jar or cup. If skin scraping, use mineral oil to scrape skin, then transfer to glass slide and cover with another glass slide. <u>COLLECTION</u> : If arthropod is alive, place in a jar with a wet towel; if dead, fix with 70-95% alcohol. For skin scraping slide, place in a slide holder. <u>TRANSPORT CONDITIONS</u> : If arthropod is alive, refrigerate at 2-8 degrees C; if dead, room temperature (15-30 degrees C). Skin scraping slide, room temperature.	24 hours (prelim) 1 week (final)	By report	Microscopy	87168
<i>Cryptosporidium</i> / <i>Giardia</i> Screen	PARA	P2	Direct Fluorescent Antibody (DFA) test and/or modified acid fast stain. (DFA test will also detect <i>Giardia</i>). <i>Cryptosporidium</i> is a significant pathogen in HIV positive patients. This is a combination assay for both <i>Cryptosporidium</i> and <i>Giardia</i> .	<u>SPECIMEN</u> : Preserved stool. 3 collected every other day is strongly recommended. <u>CONTAINER</u> : 2 vial stool kit with 10% formalin and PVA. <u>COLLECTION</u> : Add stool to each vial up to the "fill" line immediately after passage. Then mix specimen thoroughly. <u>TRANSPORT CONDITIONS</u> : At room temperature (15-30 degrees C). Never incubate or freeze specimens.	3 days (final)	Negative	DFA, Merifluor	87300
<i>Cyclospora</i> Screen	PARA	P3	Fluorescent microscopy and/or modified acid fast test on concentrated formalin specimens. <i>Cyclospora</i> is a significant pathogen in both immunocompromised and immunocompetent patients.	<u>SPECIMEN</u> : Preserved stool. 3 collected every other day is strongly recommended. <u>CONTAINER</u> : 2 vial stool kit with 10% formalin and PVA. <u>COLLECTION</u> : Add stool to each vial up to the "fill" line immediately after passage. Then mix specimen thoroughly. <u>TRANSPORT CONDITIONS</u> : At room temperature (15-30 degrees C). Never incubate or freeze specimens.	4 days (final)	Negative	UV Microscopy, Epifluorescence	87206
<i>Entamoeba histolytica</i> / <i>E. dispar</i> Differentiation	PARA	P4	EIA test. <i>Entamoeba histolytica</i> is pathogenic whereas <i>Entamoeba dispar</i> is not. Do not order test unless previous positive by routine ova and parasite exam. EIA will confirm presence of the pathogen.	<u>SPECIMEN</u> : Unpreserved fresh stool. <u>CONTAINER</u> : Clean container. <u>COLLECTION</u> : Unpreserved fresh stool is collected in clean container immediately after passage. <u>TRANSPORT CONDITIONS</u> : Specimen is refrigerated at 2-8 degrees C. Transport within 24 hours of collection.	2 days (final)	Negative	EIA, Inverness	87337

TEST REQUEST INFORMATION - By Department

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Helminth Identification	PARA	P5	Helminth identification is made by microscopic exam.	<u>SPECIMEN</u> : Adult worm or proglottids. <u>CONTAINER</u> : Clean jar or cup. <u>COLLECTION</u> : Place in tap water or 0.85% saline. Do not use formalin or alcohol as a preservative. <u>TRANSPORT CONDITIONS</u> : Refrigerated at 2-8 degrees C.	3 days (final)	Negative	Microscopy	87169
<i>Isospora</i> Screen	PARA	P6	Fluorescent microscopy and/ or modified acid fast on concentrated formalin specimens. <i>Isospora</i> is a significant pathogen in HIV positive patients.	<u>SPECIMEN</u> : Stool. 3 collected every other day is strongly recommended. <u>CONTAINER</u> : 2 vial stool kit with 10% formalin and PVA. <u>COLLECTION</u> : Add stool to each vial up to the "fill" line immediately after passage. Then mix specimen thoroughly. <u>TRANSPORT CONDITIONS</u> : At room temperature (15-30 degrees C). Never incubate or freeze specimens.	4 days (final)	Negative	UV Microscopy, Epifluorescence	87206
Malaria/Blood Parasite Screen	PARA	P7	<i>Plasmodium</i> sp. are is detected by microscopic exam of Giemsa-stained blood smear. Other blood parasites can be observed by Giemsa as well.	<u>SPECIMEN</u> : Blood drawn in an EDTA tube or taken by fingerstick; or prepared thick and thin smears (stained or unstained). Slides should be made within one hour of draw. <u>COLLECTION</u> : Blood drawn between chills with successive draws at 6, 12, and 24 hours is recommended. Blood drawn any time is still acceptable. <u>TRANSPORT CONDITIONS</u> : If blood sent, submit within one hour at room temperature (15-30 degrees C). If slides sent, room temperature. Indicate travel history on lab slip if available.	24 hours	Negative	Microscopy	87207
<i>Microsporidium</i> Screen	PARA	P8	Calcofluor White and/or modified trichrome stains on concentrated formalin specimens. Members of the Microsporidia group are emerging pathogens and significant in HIV positive patients.	<u>SPECIMEN</u> : Stool. 3 collected every other day is strongly recommended. <u>CONTAINER</u> : 2 vial stool kit with 10% formalin and PVA. <u>COLLECTION</u> : Add stool to each vial up to the "fill" line immediately after passage. Then mix specimen thoroughly. <u>TRANSPORT CONDITIONS</u> : At room temperature (15-30 degrees C). Never incubate or freeze specimens.	3 days	Negative	Microscopy	87015 87207
Ova and Parasite Exam	PARA	P9	Screening procedure for presence of ova and parasites. A concentrated wet preparation and a permanent trichrome stain are examined.	<u>SPECIMEN</u> : Stool. 3 collected every other day is strongly recommended. <u>CONTAINER</u> : 2 vial stool kit with 10% formalin and PVA. <u>COLLECTION</u> : Add stool to each vial up to the "fill" line immediately after passage. Then mix specimen thoroughly. <u>TRANSPORT CONDITIONS</u> : At room temperature (15-30 degrees C). Never incubate or freeze specimens.	4 days	Negative	Microscopy	87015 87177 87209

TEST REQUEST INFORMATION - By Department

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
<i>Paragonimus</i> Screen	PARA	P10	Screening procedure for the presence of <i>Paragonimus</i> ova and parasites in respiratory and stool specimens. A direct wet mount is performed on fresh stool, concentrated sputum and preserved stool. A trichrome smear is made from the preserved stool and examined.	<u>SPECIMEN</u> : Sputum, fresh stool or preserved stool. <u>CONTAINER</u> : Clean or sterile cup or tube for sputum and fresh stool. 2 vial kit with 10% formalin and PVA for preserved stool. <u>COLLECTION</u> : If sputum, deliver to laboratory within 2 hours. If delay in transport, fix in 5-10% formalin. Fresh stool must be submitted within 24 hours of collection; preserved stool sent in 2 vial stool kit. <u>TRANSPORT CONDITIONS</u> : If sputum or fresh stool refrigerate at 2-8 degrees C. If preserved stool, room temperature (15-30 degrees C).	3 days (final)	Negative	Microscopy	87177 87210
Pinworm Exam	PARA	P11	Examination of pinworm paddle for presence of pinworm ova by light microscopy.	<u>SPECIMEN</u> : Rectal area. <u>CONTAINER</u> : Falcon pinworm paddle or a scotch tape prep on a microscope slide. <u>COLLECTION</u> : Apply paddle to rectal area; or place scotch tape on rectal area, then place on a microscope slide.	3 days (final)	Negative	Microscopy	87172
<i>Pneumocystis</i> Screen	PARA	P12	IFA and /or Giemsa stain. <i>Pneumocystis jirovecii</i> is a significant pathogen in HIV positive patients.	<u>SPECIMEN</u> : 2-3 mls. induced sputum, bronchioalveolar lavage and tracheobronchial aspirates. <u>CONTAINER</u> : Clean or sterile cup or vial. <u>COLLECTION</u> : Saline induced sputum. <u>TRANSPORT CONDITIONS</u> : Refrigerated at 2-8 degrees C.	2 days (final)	Negative	Monofluo IFA	87015 87281
Adenovirus Antibody	SERO	S1	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Amebiasis Antibody	SERO	S2	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001

TEST REQUEST INFORMATION - By Department

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Arbovirus Antibody	SERO	S3	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN:</u> Serum, 2.5 ml <u>CONTAINER:</u> Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION:</u> See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS:</u> Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
<i>Blastomyces</i> Antibody	SERO	S4	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN:</u> Serum, 2.5 ml <u>CONTAINER:</u> Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION:</u> See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS:</u> Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
<i>Brucella</i> Antibody	SERO	S5	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN:</u> Serum, 2.5 ml <u>CONTAINER:</u> Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION:</u> See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS:</u> Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Chagas Disease Antibody, (<i>Trypanosoma cruzi</i>)	SERO	S6	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN:</u> Serum, 2.5 ml <u>CONTAINER:</u> Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION:</u> See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS:</u> Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
<i>Chlamydia</i> Antibody	SERO	S7	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN:</u> Serum, 2.5 ml <u>CONTAINER:</u> Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION:</u> See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS:</u> Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001

TEST REQUEST INFORMATION - By Department

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
<i>Coccidioides</i> Antibody	SERO	S8	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
<i>Cryptococcus</i> Antibody	SERO	S9	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Cysticercosis Antibody (<i>Taenia solium</i>)	SERO	S10	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
<i>Cytomegalovirus</i> Antibody	SERO	S11	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Delta Hepatitis Antibody	SERO	S25	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001

TEST REQUEST INFORMATION - By Department

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Dengue Fever Antibody	SERO	S12	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Echinococcus Antibody	SERO	S13	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Enterovirus IgM Antibody	SERO	S14	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Epstein-Barr Virus Antibody	SERO	S15	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Filariasis Antibody (<i>Wucheria bancrofti</i> , <i>Brugia sp.</i>)	SERO	S16	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001

TEST REQUEST INFORMATION - By Department

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Hantavirus Antibody	SERO	S17	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN:</u> Serum, 2.5 ml <u>CONTAINER:</u> Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION:</u> See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS:</u> Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Hepatitis A IgM Antibody	SERO	S19	Chemiluminescent Immunoassay (CIA), for qualitative detection of IgM antibody to Hepatitis A virus	<u>SPECIMEN:</u> Serum, 0.100 ml <u>CONTAINER:</u> Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION:</u> See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS:</u> Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	48 hours (from time of receipt at lab)	Negative	CIA, Abbott	86709
Hepatitis A IgG Antibody	SERO	S67	Chemiluminescent Immunoassay (CIA), for qualitative detection of IgG antibody to Hepatitis A virus	<u>SPECIMEN:</u> Serum, 0.100 ml <u>CONTAINER:</u> Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION:</u> See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS:</u> Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	48 hours (from time of receipt at lab)	Negative	CIA, Abbott	86708
Hepatitis Acute Panel, includes: Hepatitis A IgM, S19 Hepatitis B Surface Ag, S22 Hepatitis B Core IgM, S20 Hepatitis C Total Ab, S24	SERO	S18	Chemiluminescent Immunoassay (CIA), for diagnosis of acute Hepatitis caused by Hepatitis A or Hepatitis B or Hepatitis C, see individual tests for description.	<u>SPECIMEN:</u> Serum, 2.5 ml <u>CONTAINER:</u> Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION:</u> See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS:</u> Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	48 hours (from time of receipt at lab)	Negative	CIA, Abbott	86709 87340 86705 86803
Hepatitis B Core IgM Antibody	SERO	S20	Chemiluminescent Immunoassay (CIA), for qualitative detection of IgM antibody to Hepatitis B core antigen.	<u>SPECIMEN:</u> Serum, 0.100 ml <u>CONTAINER:</u> Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION:</u> See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS:</u> Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	48 hours (from time of receipt at lab)	Negative	CIA, Abbott	86705

TEST REQUEST INFORMATION - By Department

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Hepatitis B Core Total Antibody	SERO	S21	Chemiluminescent Immunoassay (CIA), for qualitative of IgG and IgM antibodies to Hepatitis B core antigen.	<u>SPECIMEN:</u> Serum, 0.15 ml <u>CONTAINER:</u> Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION:</u> See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS:</u> Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	48 hours (from time of receipt at lab)	Negative	CIA, Abbott	86704
Hepatitis B Surface Antigen Antibody	SERO	S23	Chemiluminescent Immunoassay (CIA), for qualitative determination of antibody to Hepatitis B surface antigen, as a response to vaccination or immune status.	<u>SPECIMEN:</u> Serum, 0.350 ml <u>CONTAINER:</u> Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION:</u> See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS:</u> Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	48 hours (from time of receipt at lab)	Negative	CIA, Abbott	86706
Hepatitis B Surface Antigen Screen	SERO	S22	Chemiluminescent Immunoassay (CIA), for the qualitative detection of Hepatitis B surface antigen.	<u>SPECIMEN:</u> Serum, 0.5 ml <u>CONTAINER:</u> Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION:</u> See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS:</u> Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	48 hours (from time of receipt at lab)	Negative	CIA, Abbott	87340
Hepatitis C Ab Total	SERO	S24	Chemiluminescent Immunoassay (CIA), for the qualitative detection of IgG and IgM antibodies to Hepatitis C virus	<u>SPECIMEN:</u> Serum, 0.1 ml <u>CONTAINER:</u> Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION:</u> See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS:</u> Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	48 hours (from time of receipt at lab)	Negative	CIA, Abbott	86803
Hepatitis Screening Panel, includes: Hepatitis B Surface Ag Antibody, S23 Hepatitis B Surface Ag Screen, S22 Hepatitis B Core Total , S21 Hepatitis C Total Ab, S24	SERO	S29	Chemiluminescent Immunoassay (CIA), for determination of patient's immune status to Hepatitis B virus and Hepatitis C virus. See individual tests for description.	<u>SPECIMEN:</u> Serum, 2.5 ml <u>CONTAINER:</u> Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION:</u> See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS:</u> Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	48 hours (from time of receipt at lab)	Negative	CIA, Abbott	86706 87340 86704 86803

TEST REQUEST INFORMATION - By Department

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Herpes Simplex Virus Antibody	SERO	S26	Sent To Reference Lab. Additional information required. Please contact laboratory. 714-834-8385	<u>SPECIMEN:</u> Serum, 2.5 ml <u>CONTAINER:</u> Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION:</u> See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS:</u> Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
<i>Histoplasma</i> Antibody	SERO	S27	Sent To Reference Lab. Additional information required. Please contact laboratory. 714-834-8385	<u>SPECIMEN:</u> Serum, 2.5 ml <u>CONTAINER:</u> Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION:</u> See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS:</u> Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
HIV 1 Viral Load TaqMan v2.0	SERO	S68	Automated nucleic acid extraction and quantitative real time RT-PCR assay	<u>SPECIMEN:</u> Plasma, 2.0 ml (min. vol. 1.0 ml) <u>CONTAINER:</u> Vacutainer Lavender Top (EDTA) <u>COLLECTION:</u> Aseptically collect 3ml of blood in Lavender Top (EDTA) tube. Draw approximately 2.5 times the volume of whole blood as the volume of plasma required. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS:</u> Refrigerated: Transport to lab within 24 hours. Frozen: Transport on dry ice, must arrive at lab frozen. Separated plasma only	4 work-ing days after receipt in lab	Not Detected	Roche AmpliPrep/ COBAS® TaqMan HIV-1 Tests v 2.0	87536 86689
HIV-1 Oral Fluid Screen, Includes confirmation if required (HIV-1 Western Blot, Oral Fluid)	SERO	S28	Enzyme Immunoassay, for qualitative detection of antibodies to HIV-1 in oral fluid specimens, followed by confirmation if required	<u>SPECIMEN:</u> Oral fluid <u>CONTAINER:</u> Orasure oral fluid collection vial. <u>COLLECTION:</u> See serology specimens collection guide. <u>TRANSPORT CONDITIONS:</u> Room Temperature: Acceptable, 21 days Refrigerated: Acceptable, 21 days Frozen unacceptable	7 days	Negative	Avioq	86701
HIV Antibody Confirmation, Oral Fluid (HIV-1 Western Blot)	SERO	S105	Enzyme Immunoblot Assay, for the qualitative detection of antibodies to individual proteins of HIV-1 in oral fluid specimens; used to confirm HIV-1 antibodies in oral fluid specimens	<u>SPECIMEN:</u> Oral fluid <u>CONTAINER:</u> Orasure oral fluid collection vial. <u>COLLECTION:</u> See serology specimens collection guide. <u>TRANSPORT CONDITIONS:</u> Room Temperature: Acceptable, 21 days Refrigerated: Acceptable, 21 days Frozen unacceptable	7 days	Negative	HIV-1 Western Blot Kit, OraSure	
HIV 1,2 Ag/Ab Screen, Includes confirmation if required (HIV 1,2 Antibody Differentiation, and HIV Qualitative PCR, if required)	SERO	S31	Chemiluminescent Immunoassay (CIA) HIV Ag/Ab Combo (4th generation immunoassay), for qualitative detection of HIV p24 antigen and antibodies to (HIV-1 group M and group O) and HIV-2, followed by confirmation if required.	<u>SPECIMEN:</u> Serum, 2.5 ml <u>CONTAINER:</u> Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION:</u> See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS:</u> Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	7 days	Negative	HIV Ag/Ab Combo, Abbott	86703 86689

TEST REQUEST INFORMATION - By Department

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
HIV 1/2 Antibody Confirmation, (HIV 1/2 Antibody Differentiation) Per CDC recommendations	SERO	S71	Enzyme Immunoassay, for the qualitative detection and differentiation of antibodies to HIV-1 and HIV-2, use to confirm screening assay positive specimens.	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	2 days	Negative	Multispot Hiv-1/HIV-2 Rapid Test, Bio-Rad	
HIV 1 Antigen Confirmation, (HIV-1 Qualitative PCR) Per CDC recommendations	SERO	S72	Automated nucleic acid extraction and qualitative real time RT-PCR assay, validated in house for use as a confirmation assay for HIV-1 acute infection	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	2 days	Negative	Roche AmpliPrep/COBAS® TaqMan HIV-1 Tests v 2.0	
Influenza A Antibody	SERO	S33	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Influenza B Antibody	SERO	S34	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Legionella Antibody	SERO	S35	Sent To Reference Lab. Additional information required. Please contact laboratory. 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001

TEST REQUEST INFORMATION - By Department

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
<i>Leishmania</i> Antibody	SERO	S36	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
<i>Leptospira</i> Antibody	SERO	S37	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
LGV Antibody	SERO	S40	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8386	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
<i>Listeria</i> Antibody	SERO	S38	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Lymes Disease (<i>Borrelia burgdorferi</i>) Antibody	SERO	S39	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001

TEST REQUEST INFORMATION - By Department

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Malaria Antibody	SERO	S41	Sent To Reference Lab. Additional information required. Please contact laboratory. 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Measles Antibody IgG and IgM	SERO	S43	Indirect Fluorescent Antibody, for detection of IgG and/or IgM antibodies to Measles for immune status (IgG) or identification of acute cases (IgM)	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	48 hours (from time of receipt at lab)	Negative	Measles-G Test System & Measles-MTest System, Bion	86765
Melioidosis Antibody (<i>Burkholderia pseudomallei</i>)	SERO	S42	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Mumps Antibody	SERO	S44	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
<i>Mycoplasma</i> Antibody	SERO	S45	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001

TEST REQUEST INFORMATION - By Department

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Paragonimus Antibody	SERO	S46	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Parainfluenza Antibody	SERO	S47	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Parvovirus Antibody	SERO	S48	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Pertussis Antibody	SERO	S49	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Plague Antibody (<i>Yersinia pestis</i>)	SERO	S50	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001

TEST REQUEST INFORMATION - By Department

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Poliovirus Antibody	SERO	S51	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Rabies Antibody	SERO	S52	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Relapsing Fever Antibody (<i>Borrelia sp.</i>)	SERO	S53	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Respiratory Syncytial Virus Antibody	SERO	S54	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Rickettsial Antibody	SERO	S55	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001

TEST REQUEST INFORMATION - By Department

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Rubella IgG Antibody (Immune status)	SERO	S56	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	7 work-ing days	Negative	Send Out	99001
Rubella IgM Antibody	SERO	S70	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	7 days	Negative	Send Out	99001
<i>Salmonella typhi</i> Antibody	SERO	S57	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Serology, Other (Specify disease suspected)	SERO	S32	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Serology, Other (Specify disease suspected)	SERO	S32	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	Dependant upon patient symptoms and disease suspected call laboratory, 714-834-8385	14 work-ing days	Negative	Send Out	99001
Syphilis Confirmation (FTA-ABS)	SERO	S107	Indirect Fluorescent Antibody, secondary confirmation test for Syphilis Screen	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	7 days	Negative	FTA-Abs, <i>T. pallidum</i> , Scimedx	86781

TEST REQUEST INFORMATION - By Department

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Syphilis Confirmation (TP-PA)	SERO	S59	Passive Agglutination, primary confirmation test for Syphilis Screen	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	7 days	Negative	Serodia, TP-PA, Fujirebio	86781
Syphilis Screen RPR	SERO	S58	Macroscopic non-treponemal flocculation card test, screening assay for primary diagnosis of Syphilis, positive specimens are titered and confirmed by TP-PA or FTA-Abs	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	7 days	Non-reactive	BD Macrovue RPR Kit	86592
TB Gamma Interferon	SERO	S60	Interferon Gamma Release Assay, indirect test for M. tuberculosis infection.	<u>SPECIMEN</u> : Whole Blood <u>CONTAINER</u> : 1 set QuantiFERON®-TB Gold IR; 1.0 ml each tube: Nil control (grey cap with white ring), TB Antigen (red cap with white ring), Mitogen Control (purple cap with white ring). <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature within 16 hours. DO NOT REFRIGERATE.	14 days from receipt in lab.	Negative	Celtestis-QIAgen	86480
<i>Toxoplasma</i> Antibody	SERO	S61	Indirect Fluorescent Antibody, for detection of IgG antibodies to <i>Toxoplasma gondii</i> .	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	7 days	Negative	IFA Test System, GenBio	86777
Trichinosis Antibody (<i>Trichinella spiralis</i>)	SERO	S63	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001

TEST REQUEST INFORMATION - By Department

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Tularemia Antibody (<i>Francisella tularensis</i>)	SERO	S64	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Varicella zoster Antibody	SERO	S65	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
<i>Vibrio cholerae</i> Antibody	SERO	S66	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Visceral Larval Migrans Antibody (<i>Toxocara</i>)	SERO	S62	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
West Nile Virus Antibody	SERO	S109	Indirect Immunofluorescent Assay, for primary diagnosis of West Nile Virus infection	<u>SPECIMEN</u> : Serum, 2.5 ml <u>CONTAINER</u> : Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. <u>COLLECTION</u> : See serology specimen collection guide for details. <u>Plastic tubes only</u> . <u>TRANSPORT CONDITIONS</u> : Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	2 to 7 days	Negative	IFA, Biocel and Scimedx	86789

TEST REQUEST INFORMATION - By Department

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
West Nile Virus Antibody Sendout	SERO	S110	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	<u>SPECIMEN:</u> Serum, 2.5 ml, CSF <u>CONTAINER:</u> Serum Separator Tube (SST), (1 Tiger Top, or 1 Gold Top), or 1 Red Top. Sterile screw cap vial for CSF. <u>COLLECTION:</u> See serology specimen collection guide for details. <u>Plastic tubes only.</u> <u>TRANSPORT CONDITIONS:</u> Room Temperature: Acceptable Refrigerated: Acceptable Frozen: -20°C, serum only	14 work-ing days	Negative	Send Out	99001
Chlamydia/ Gonorrhea NAAT	VIRO	V1	Automated Qualitative Nucleic Acid Amplification, for the primary diagnosis of Chlamydia and/or Gonorrhea infections	<u>SPECIMEN:</u> Genital swab, first catch urine, Throat swab or Rectal swab <u>CONTAINER:</u> GEN-PROBE APTIMA COMBO 2 swab transport tube or urine transport tube. <u>COLLECTION:</u> See virology specimen collection guide <u>TRANSPORT CONDITIONS:</u> Room Temperature: 2-30 degrees C acceptable, within 30 days (urines), 60 days (swabs) Refrigerated: 2-8 degrees C preferred, within 30 days (urines), 60 days (swabs)	72 hours	Negative	Genprobe, Aptima COMBO 2	87491 87591
Influenza PCR	VIRO	V8	CDC Human Influenza Virus Real-Time, RT-PCR Diagnostic Panel (CDC Flu rRT-PCR Dx Panel). Detection of Influenza A and B. Typing of Influenza A (H1, H3, H5, pdm H1) Negative specimens reflexed to Viral Culture Influenza	<u>SPECIMEN:</u> NP Swab, Nasal Swab, Throat Swab, Nasal Aspirates, Nasal Washes, BAL, Bronchial Wash, Tracheal Aspirate, Sputum, and Lung Tissue. <u>CONTAINER:</u> UTM or VTM transport vial for swabs and sterile screw cap container for aspirates, washes, or tissue. <u>COLLECTION:</u> See virology specimen collection guide <u>TRANSPORT CONDITIONS:</u> Transport to laboratory at 2-8 degrees C as soon as possible.	72 hours	Negative	Real Time RT-PCR, CDC	87501
Norovirus PCR	VIRO	V7	For primary diagnosis of acute Norovirus infection.	<u>SPECIMEN:</u> Stool. <u>CONTAINER:</u> Sterile screw cap container. <u>COLLECTION:</u> Collect stool during acute phase within 48-72 hours of onset. <u>TRANSPORT CONDITIONS:</u> Transport to laboratory at 2-8 degrees C as soon as possible, no later than 5 days after collection.	72 hours	Negative	Real Time RT-PCR, CDC/VRDL	
Measles PCR	VIRO	V9	For primary diagnosis of acute Measles infection.	<u>SPECIMEN:</u> NP swab, Throat swab, Urine . <u>CONTAINER:</u> UTM or VTM transport vial for swabs and sterile screw cap container for Urine specimens. <u>COLLECTION:</u> Collect specimens during rash stage of disease, swab specimens must be in UTM or VTM, Urine specimens in steril screw cap container. <u>TRANSPORT CONDITIONS:</u> Transport to laboratory at 2-8 degrees C as soon as possible.	72 hours	Negative	Real Time RT-PCR, CDC/VRDL	

TEST REQUEST INFORMATION - By Department

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Mumps PCR	VIRO		For primary diagnosis of acute Mumps infection	<u>SPECIMEN:</u> Bucal Swab <u>CONTAINER:</u> UTM or VTM transport vial. <u>COLLECTION:</u> See virology specimen collection guide. <u>TRANSPORT CONDITIONS:</u> Transport to laboratory at 2-8 degrees C as soon as possible.	72 hours	Negative	Real Time RT-PCR, CDC/VRDL	
Viral Culture (Specify virus suspected)	VIRO	V3	Tissue Culture Isolation, Typing (if required), for primary isolation and identification of culturable viruses.	Dependant upon patient symptoms and virus suspected. See virology specimen collection guide or call laboratory 714-834-8326	2 weeks (final)	Negative	Culture	87252 87253
Viral Culture ID	VIRO	V4	Tissue Culture Isolation, Identification, for identification of viral isolates.	<u>SPECIMEN:</u> Infected tissue culture. <u>CONTAINER:</u> Tissue culture tube. <u>COLLECTION:</u> Not applicable <u>TRANSPORT CONDITIONS:</u> Transport to laboratory at 2-8 degrees C as soon as possible.	2 weeks	By report	Culture	87252 87253
Viral Culture Sendout	VIRO	V101	Sent To Reference Lab. Additional information required. Please contact laboratory: 714-834-8385	Not applicable. Culture sent to reference lab are received/ordered in house from cultures already in progress.	4 weeks	By report	Send Out	99001
Viral Culture, Respiratory Syncytial Virus	VIRO	V3	Tissue Culture Isolation, for isolation and identification of Respiratory Syncytial Virus	<u>SPECIMEN:</u> Nasopharyngeal swab, Nasal wash, Throat swab, Bronchial wash <u>CONTAINER:</u> See virology specimen collection guide. <u>COLLECTION:</u> See virology specimen collection guide for specific instructions. <u>TRANSPORT CONDITIONS:</u> See virology specimen collection guide for specific transport conditions.	14 days	Negative	Culture	87252 87253
Viral Culture, Adenovirus	VIRO	V3	Tissue Culture Isolation, for isolation and identification of Adenovirus	<u>SPECIMEN:</u> Nasopharyngeal swab, Nasal wash, Throat swab, Bronchial wash <u>CONTAINER:</u> See virology specimen collection guide. <u>COLLECTION:</u> See virology specimen collection guide for specific instructions. <u>TRANSPORT CONDITIONS:</u> See virology specimen collection guide for specific transport conditions.	14 days	Negative	Culture	87252 87253
Viral Culture, Enteroviruses	VIRO	V3	Tissue Culture Isolation, Typing, for isolation and identification of Enterovirus infection, includes typing	<u>SPECIMEN:</u> CSF, Stool, Throat swab <u>CONTAINER:</u> See virology specimen collection guide. <u>COLLECTION:</u> See virology specimen collection guide for specific instructions. <u>TRANSPORT CONDITIONS:</u> See virology specimen collection guide for specific instructions.	21 days	Negative	Culture	87252 87253

TEST REQUEST INFORMATION - By Department

TEST NAME	DEPT	TESTS	DESCRIPTION	SPECIMEN REQUIREMENTS	TAT	REFERENCE RANGE	TEST METHOD	CPT CODES
Viral Culture, Herpes Screen	VIRO	V5	Tissue Culture Isolation, Typing, for isolation and identification of Herpes type 1 or Herpes type 2 infection	<u>SPECIMEN:</u> Lesion swab <u>CONTAINER:</u> See virology specimen collection guide. <u>COLLECTION:</u> See virology specimen collection guide for specific instructions. <u>TRANSPORT CONDITIONS:</u> See virology specimen guide for specific instructions.	1 week	Negative	Culture	87252 87253 87273 87274
Viral Culture, Influenza	VIRO	V6	Tissue Culture Isolation, Typing (if required) R-Mix (shell vial) capable of detecting; Influenza A and B, Adenovirus, Parainfluenza 1,2,3, and RSV	<u>SPECIMEN:</u> Nasopharyngeal swab, Nasal wash, Throat swab, Bronchial wash <u>CONTAINER:</u> See virology specimen collection guide. <u>COLLECTION:</u> See virology specimen collection guide for specific instructions. <u>TRANSPORT CONDITIONS:</u> See virology specimen collection guide for specific transport conditions.	1 week	Negative	Culture	87254
Viral Culture, Parainfluenza	VIRO	V3	Tissue Culture Isolation, Typing, for isolation and identification of Parainfluenza types 1, 2, 3, or 4	<u>SPECIMEN:</u> Nasopharyngeal swab, Nasal wash, Throat swab, Bronchial wash <u>CONTAINER:</u> See virology specimen collection guide. <u>COLLECTION:</u> See virology specimen collection guide for specific instructions. <u>TRANSPORT CONDITIONS:</u> See virology specimen collection guide for specific transport conditions.	14 days	Negative	Culture	87252 87253
Viral Culture, Varicella-Zoster (VZV)	VIRO	V3	Tissue Culture Isolation-[VZV Direct Immunofluorescent assay (DFA)also available], for direct detection of VZV infection from specimen (DFA) and isolation and identification of VZV in tissue culture	<u>SPECIMEN:</u> Vesicle fluid or scraping <u>CONTAINER:</u> See virology specimen collection guide. <u>COLLECTION:</u> See virology specimen collection guide for specific instructions. <u>TRANSPORT CONDITIONS:</u> See virology specimen collection guide for specific instructions.	14 days, DFA in 24hrs	Negative	Culture	87252 87253 87290
Viral ID, Rabies	VIRO	V2	Direct Fluorescent Antibody, for detection of Rabies infection in animal specimens	<u>SPECIMEN:</u> Freshly severed animal head, delivered by Animal Care Services or fresh unpreserved animal brain. (no formalin) <u>CONTAINER:</u> Any sterile transport container. <u>COLLECTION:</u> Remove brain from cranium of suspected animal, do not place in formalin. <u>TRANSPORT CONDITIONS:</u> Transport to laboratory on wet ice or refrigerated, within 24 hrs.	24 hours, working days	Negative	FITC Anti-Rabies Fujirebio	87003 87299

Mycobacteriology Specimen Collection Guide

TEST	SPECIMEN	COLLECTION INSTRUCTIONS	TRANSPORT
Mycobacterium culture and sensitivity	Blood	Inoculate 5.0 ml of uncoagulated blood directly into a BACTEC MYCO/F Lytic Culture Vial or 10 ml of blood drawn into a SPS (yellow top). SPS is the preferred anticoagulant but heparinized blood is also acceptable. BACTEC MYCO/F Lytic Culture Vials are available from the lab.	Room temperature (15-30 degrees C)
	Body fluids	<p>Abdominal (peritoneal, paracentesis, dialysis, bile): Collect 10-15 ml aseptically into sterile tube.</p> <p>Pericardial, Synovial: Collect 3-5 ml aseptically into sterile tube.</p> <p>Exudates: Collect 3-5 ml aseptically into sterile tube.</p>	Refrigerated at 2-8 degrees C.
	Bone marrow	Collect into SPS blood collection tube or inoculate BACTEC MYCO/F Lytic Culture Vial directly. BACTEC MYCO/F Lytic Culture Vials are available from the lab.	Room temperature (15-30 degrees C)
	CSF	Collect 3-5 ml into sterile screw-cap tube.	Refrigerated at 2-8 degrees C.
	Gastric lavage fluid	Collect 5-10 ml gastric specimen in sterile container. Have the patient fast 8-12 hrs and then collect specimen in the morning before eating food. Specify time of collection on container.	Transport within 4 hours after collection at 2-8 degrees C. If specimen transport is delayed more than 4 hours from collection time, add 100 mg of sodium carbonate.
	Processed respiratory specimens	Send at least 1.0 ml of specimen processed with NALC/NaOH procedure (see CDC guidelines for procedure).	Refrigerated at 2-8 degrees C.

Mycobacteriology Specimen Collection Guide

TEST	SPECIMEN	COLLECTION INSTRUCTIONS	TRANSPORT
Mycobacterium culture and sensitivity cont.	Respiratory: - sputum - aerosol - bronchoalveolar lavage (BAL) - tracheal aspirate	Collect 5-7 ml of respiratory secretion in sterile container without fixatives or preservatives: <u>Aerosol (induced sputums)</u> - inhalation of warm hypertonic saline induces coughing and the production of a thin, watery specimen. Aerosols are preferred over sputum specimens. <u>Sputum</u> - collect the material brought up after a deep, productive cough. <u>Bronchial washings</u> - using a bronchoscope inject saline in segmental (for bronchial wash) or subsegmental (for bronchoalveolar lavage) bronchus. Suction saline out into a sterile container. <u>Transtracheal aspirate</u> - collect aspirate in sterile container.	Refrigerated at 2-8 degrees C.
	Stool (for detection of <i>M. avium</i> complex in HIV patients)	Collect into a sterile wax free container without fixative or preservative.	Refrigerated at 2-8 degrees C.
	Tissue biopsy (lymph nodes, deep wedge biopsies, external sources)	Collect tissue into sterile container without fixatives or preservatives. If the tissue is small or not immediately sent to the lab add sterile saline.	Refrigerated at 2-8 degrees C.
	Urine	Wash the external genitalia then immediately collect 30-50 ml of a single early morning midstream urine sample into a sterile container.	Refrigerated at 2-8 degrees C.
<i>Mycobacterium tuberculosis</i> complex NAAT	Gastric Lavage fluid	Collect 5-10 ml gastric specimen in sterile container. Have the patient fast 8-12 hrs and then collect specimen in the morning before eating food. Specify time of collection on container.	Transport within 4 hours after collection at 2-8 degrees C. If specimen transport is delayed more than 4 hours from collection time, add 100 mg of sodium carbonate.

Mycobacteriology Specimen Collection Guide

TEST	SPECIMEN	COLLECTION INSTRUCTIONS	TRANSPORT
<i>Mycobacterium tuberculosis</i> complex NAAT cont.	Processed respiratory specimens*	Send at least 0.7 ml of specimen processed with NALC/NaOH procedure (see CDC guidelines for procedure)	Refrigerated at 2-8 degrees C if transported within 3 days of collection. If longer, transport frozen, on dry ice (-20 degrees C or colder).
	Respiratory: (unprocessed) - sputum - aerosol - bronchoalveolar lavage (BAL) - tracheal aspirate	<p><u>Collect 5-7 ml of respiratory secretion in sterile container.</u></p> <p><u>Aerosol (induced sputums)</u> - inhalation of warm hypertonic saline induces coughing and the production of a thin, watery specimen. Aerosols are preferred over sputum specimens.</p> <p><u>Sputum</u> - collect the material brought up after a deep, productive cough.</p> <p><u>Bronchial washings</u> - using a bronchoscope inject saline in segmental (for bronchial wash) or subsegmental (for bronchoalveolar lavage) bronchus. Suction saline out into a sterile container.</p> <p><u>Transtracheal aspirate</u> - collect aspirate in sterile container.</p>	Refrigerated at 2-8 degrees C.
<p><u>*Additional testing is dependent on amount of specimen available.</u></p> <p><u>Additional specimen may be necessary to perform all tests.</u></p>			

Mycology Specimen Collection Guide

SPECIMEN	COLLECTION INSTRUCTIONS	TRANSPORT
Abscess	Clean abscess surface with sterile saline or 70% alcohol. Fluid or abscess material is preferred over swab. Collect fluid/abscess material in clean tube and swab in Modified Amies Clear media. (Transport swabs with Modified Amies Clear media available at lab.)	Room temperature (15-30 degrees C)
Blood	Collect 8-10 ml of blood drawn into a Myco F/Lytic bottle (available at lab).	Room temperature (15-30 degrees C) Transport to lab as soon as possible.
CSF	Collect 3-5 ml into sterile screw-cap tube.	Transport to lab within 24 hours of collection at room temperature (15-30 degrees C).
Ear	Collect swab of infected area and transport in Modified Amies Clear media. (Transport swabs with Modified Amies Clear media available at lab.)	Room temperature (15-30 degrees C)
Hair	Collect 5-10 hairs (and base of shaft) in clean tube or container, in a paper envelope, or directly inoculated onto IMA media (Inhibitory Mold Agar).	Room temperature (15-30 degrees C)
Mucocutaneous membranes (mouth, vaginal, urethral)	Collect swab of infected area and transport in Modified Amies Clear media. (Transport swabs with Modified Amies Clear media available at lab.)	Room temperature (15-30 degrees C)
Nails	Clean nail with 70% alcohol. Scrape nail and discard. Scrape nail again from infected area and save in sterile container, a paper envelope, or directly inoculated onto IMA media (Inhibitory Mold Agar).	Room temperature (15-30 degrees C)

Mycology Specimen Collection Guide

SPECIMEN	COLLECTION INSTRUCTIONS	TRANSPORT
Respiratory	Collect 7-10 ml of aerosol, early morning sputum, tracheal aspirates, lung biopsy, and bronchoscopy specimens in sterile container.	Refrigerated at 2-8 degrees C.
Skin	Clean skin with 70% alcohol. Scrape the lesion at the active margin but do not draw blood. Place scrapings in clean container or directly inoculate onto IMA media (Inhibitory Mold Agar).	Room temperature (15-30 degrees C)
Tissue	Submit in sterile container with small amount of sterile saline (do not allow tissue to dry out).	Room temperature (15-30 degrees C)
Urine	Collect 25-30 ml of catheterized or early morning clean catch urine.	Refrigerated at 2-8 degrees C.

Parasitology Specimen Collection Guide

TEST	SPECIMEN	COLLECTION INSTRUCTIONS	TRANSPORT
Ova and parasite exam	Preserved stool	Collect stool into or onto a clean dry container. Make sure stool is not contaminated with urine or water. Transfer stool to the fill line of both the Formalin and PVA vials (pink and blue top vials) provided.	Transport at room temperature (15-30 degrees C). Do not refrigerate.
<i>Entamoeba histolytica</i> / <i>E. dispar</i> differentiation	Fresh stool	Collect stool into or onto a clean dry container with a screw capped lid. Make sure stool is not contaminated with urine or water.	Refrigerate. Transport fresh stool to lab within 24 hours. If transport time will be delayed the stool should be frozen.
Helminth	Worm, tapeworm proglottid or scolex	Place the worm in a clean container. Cover with saline or cold water.	Refrigerated at 2-8 degrees C.
Arthropod	Live arthropod	Place the insect in a container with a screw cap lid. Include a piece of moistened paper towel.	Refrigerated at 2-8 degrees C.
Arthropod	Dead arthropod	Place arthropod in a container with a screw cap lid. Add a small amount of 70-95% Ethanol.	Transport at room temperature (15-30 degrees C).
Malaria	Smear for Malaria ID	Fingerstick blood is preferred or blood collected into EDTA. Smears must be prepared within 1 hour of collecting blood. Submit both thick and thin smears stained with Giemsa stain.	Transport at room temperature (15-30 degrees C).

Serology Specimen Collection Guide

SPECIMEN	COLLECTION INSTRUCTIONS	TRANSPORT
Serum	Aseptically collect 8-10 ml of whole blood in one of the following Serum Separator Tubes (SST); tiger top, gold top, or a red top may be used instead of the SST. If a delay of more than 48 hours is anticipated prior to delivery to the lab, centrifuging is recommended. Do not freeze whole blood.	Hold at 2-22 degrees C until transportation to the laboratory. Transport to the laboratory at room temperature (15-30 degrees C) within 2-4 days of collection.
Serum, Acute-phase	Acute-phase specimens should be collected as soon as possible, no later than 5-7 days after onset of the disease. Aseptically collect 8-10 ml of whole blood in one of the following Serum Separator Tubes (SST), (tiger top, gold top). Alternately, a red top may be used instead of the SST. If a delay of more than 48 hours is anticipated prior to delivery to the lab, centrifuging the specimen is recommended. Gold top tubes only contain 5 ml of whole blood and may be used for small draws. Label lab slip and specimen as acute. Do not freeze whole blood.	Hold at 2-22 degrees C until transportation to the laboratory. Transport to the laboratory at room temperature (15-30 degrees C) within 2-4 days of collection.
Serum, Convalescent-phase	Convalescent-phase specimens are usually collected 10-14 days after acute-phase specimens. Aseptically collect 8-10 ml of whole blood in one of the following Serum Separator Tubes (SST), (tiger top, gold top). Alternately, a red top may be used instead of the SST. If a delay of more than 48 hours is anticipated prior to delivery to the lab, centrifuging the specimen is recommended. Label lab slip and specimen as convalescent. Do not freeze whole blood.	Hold at 2-22 degrees C until transportation to the laboratory. Transport to the laboratory at room temperature (15-30 degrees C) within 2-4 days of collection.
Plasma for viral load	Fresh: Aseptically collect 1 lavender top tube of whole blood with EDTA anticoagulant. Mix well by gently inverting the tube 5-6 times. Do not freeze whole blood. Frozen: If transportation to the lab cannot be accomplished within 24 hours, centrifuge the specimen at 800-1,600 x g for 20 minutes, transfer plasma to a sterile polypropylene tube and freeze at -20 degrees C. Ship the frozen plasma to the lab on dry ice.	Hold at 2-8 degrees C prior to transportation to the laboratory. Transport to the laboratory within 24 hours of collection. Plasma may be frozen at -20 degrees C and shipped to the lab on dry ice.

Serology Specimen Collection Guide

SPECIMEN	COLLECTION INSTRUCTIONS	TRANSPORT
Plasma for TB Gamma Interferon	<p>Collect 1 mL of blood by venipuncture directly into each of the three (3) unique QuantiFERON®-TB Gold IT blood collection tubes. Tubes must be at room temperature prior to collection. Under or overfilling of the tubes may lead to erroneous results.</p> <p>Shake the tubes ten times just firmly enough to ensure the entire surface of the tube is coated with blood, to solubilize antigens on tube walls.</p>	<p>Hold at room temperature (15-30 degrees C) prior to transportation to the laboratory. Transport to the laboratory within 24 hours of collection.</p> <p>DO NOT REFRIGERATE</p>
Oral fluid	<p>Patient should not eat, drink liquid (including water) or smoke within 5 minutes of collecting the specimen. Instruct patient to place pad between lower cheek and gum and rub back and forth until moist, pad should remain in place for 2 minutes (not longer than 5 minutes). Hold vial in an upright position, open, and have the patient place the pad into the vial. Break the pad handle by snapping it against the side of the vial. Replace cap, making sure the cap snaps tight. Oral fluid specimens are approved for patients ≥ 13 years old.</p>	<p>Transport to laboratory at room temperature (15-30 degrees C) not to exceed 37 degrees C (98 degrees F), within 21 days of collection.</p>

GENERAL CONSIDERATIONS

1. Use only plastic collection tubes, glass tubes will not be processed.
2. Whole blood should never be frozen, as this will cause the specimen to hemolyze rendering it unacceptable for testing.
3. Allow blood to clot at least 30 minutes at room temperature (15-30 degrees C) before centrifuging to prevent hemolysis.
4. Blood may be stored refrigerated after clotting prior to being transported to the laboratory.
5. Some tests may require an acute and convalescent specimen and are so noted in the test request section of this document.

Virology Specimen Collection Guide

SPECIMEN	COLLECTION INSTRUCTIONS	TRANSPORT
Bronchial wash	Bronchial and bronchoalveolar washes are usually collected from hospitalized patients using specialized (invasive) procedures.	Transport to the laboratory as soon as possible, no later than 72 hours, at 2-8 degrees C. Specimens that cannot be transported within 72 hours should be frozen at -70 degrees C and transported on dry ice.
Swab Buccal	To obtain a buccal specimen, massage the parotid gland area (the space between the cheek and teeth inside the mouth just below the ear) on each side of the face for about 30 seconds prior to collection of the buccal secretions. Using a Dacron or other polyester swab, rub the inside of each cheek with the same swab for about 10 seconds. Sweep the swab between the upper and lower molar areas of each side of the mouth. Ensure the swab is moist with saliva when finished swabbing. Place the swab in a tube containing 2-3 mls of viral transport media (VTM) or universal transport media (UTM).	Transport to the laboratory as soon as possible, no later than 72 hours, at 2-8 degrees C. Specimens that cannot be transported within 72 hours should be frozen at -70 degrees C and transported on dry ice.
Cervical swabs	Prior to collecting the specimen, clean mucus from the cervix using a sterile swab; discard this swab. Using another sterile swab, or Cytobrush, obtain cells from the cervical os, swab any lesions that may be visible. Remove swab or brush and place in a vial with viral transport medium. If a viral Culturette is being used, replace the second swab used to collect cells in the sleeve and break the vial at the bottom of the sleeve to moisten the swab with viral transport medium.	Transport to the laboratory as soon as possible, no later than 72 hours, at 2-8 degrees C. Specimens that cannot be transported within 72 hours should be frozen at -70 degrees C and transported on dry ice.
CSF	Collect 2 ml of CSF into a sterile screw-capped tube or vial (1 ml for infants). Do not dilute the specimen; refrigerate as soon as possible.	Transport to the laboratory as soon as possible, no later than 72 hours, at 2-8 degrees C. Specimens that cannot be transported within 72 hours should be frozen at -70 degrees C and transported on dry ice.

Virology Specimen Collection Guide

SPECIMEN	COLLECTION INSTRUCTIONS	TRANSPORT
Genital swab - Females (Chlamydia nucleic acid amplification)	Using a large-tipped swab, remove excess mucus from the exocervix and discard. Insert the small-tipped specimen swab into the endocervix and rotate the swab for 15-30 seconds to ensure adequate sampling. (Avoid touching the vaginal walls with the swab and DO NOT USE THE LARGE-TIPPED SWAB FOR SPECIMEN COLLECTION). Place the small-tipped swab into the transport vial, making sure that there is Swab Transport Buffer in the bottom of the vial. Break the swab at the score line and replace the screw cap securely. Make sure the screw cap clicks into place when closing the transport vial.	Hold specimens at 2-30 degrees C until transported to the laboratory. Transport to laboratory within 72 hours at 2-30 degrees C.
Genital swab - Males (Chlamydia nucleic acid amplification)	For accurate test results, it is recommended that the patient not urinate for one hour prior to specimen collection. Insert the small-tipped specimen swab 2-4 cm into the urethra and rotate the swab for 3-5 seconds. Place the small-tipped swab into the transport vial, making sure that there is Swab Transport Buffer in the bottom of the vial. Break the swab at the score line and replace the screw cap securely. Make sure the screw cap clicks into place when closing the transport vial.	Hold specimens at 2-30 degrees C until transported to the laboratory. Transport to laboratory within 72 hours at 2-30 degrees C.
Nasal swabs	Use a dry synthetic fiber swab to swab each nostril. Allow the swab to remain in place for a few seconds to absorb secretions. If using a viral Culturette system, replace the swab in the sleeve and break the vial at the bottom of the sleeve to moisten the swab with viral transport media, or place swab in a sterile, screw-capped vial with 2-3 ml of viral transport medium.	Transport to the laboratory as soon as possible, no later than 72 hours, at 2-8 degrees C. Specimens that cannot be transported within 72 hours should be frozen at -70 degrees C and transported on dry ice.
Nasal washings	While the patient's head is tilted back slightly, instill several milliliters of sterile saline into each nostril; bring the head forward and allow the saline to drain into a small sterile container held beneath the nose. A small catheter with suction may be used with infants. Pour the contents into a sterile, screw-capped vial.	Transport to the laboratory as soon as possible, no later than 72 hours, at 2-8 degrees C. Specimens that cannot be transported within 72 hours should be frozen at -70 degrees C and transported on dry ice.

Virology Specimen Collection Guide

SPECIMEN	COLLECTION INSTRUCTIONS	TRANSPORT
Pharyngeal/Throat swabs	Using a synthetic fiber swab, dry or moistened with viral transport medium, rub the tonsils and posterior pharynx and return the swab to Culturette sleeve, break the vial at the bottom of the sleeve to moisten the swab with viral transport medium, or place in sterile, screw capped vial with 2-3 ml of viral transport medium.	Transport to the laboratory as soon as possible, no later than 72 hours, at 2-8 degrees C. Specimens that cannot be transported within 72 hours should be frozen at -70 degrees C and transported on dry ice.
Throat swab - Males (Chlamydia nucleic acid amplification)	Using the small-tipped specimen swab, swab area between the tonsillar pillars and the region posterior to the pillars (DO NOT USE THE LARGE-TIPPED SWAB FOR SPECIMEN COLLECTION). Place the small-tipped swab into the transport vial, making sure that there is Swab Transport Buffer in the bottom of the vial. Break the swab at the score line and replace the screw cap securely. Make sure the screw cap clicks into place when closing the transport vial.	Hold specimens at 2-30 degrees C until transported to the laboratory. Transport to laboratory within 72 hours at 2-30 degrees C.
Rectal swab	Rectal swabs are not satisfactory for the isolation of enteroviruses but may be used for cases of proctitis. Insert a dry swab 3-4 cm past the anal sphincter, rotate the swab, and withdraw it. Return the swab to the sleeve of the viral Culturette and break the vial at the bottom of the sleeve to moisten swab with viral transport medium or place swab into a screw capped vial with 2-3 ml of viral transport medium.	Transport to the laboratory as soon as possible, no later than 72 hours, at 2-8 degrees C. Specimens that cannot be transported within 72 hours should be frozen at -70 degrees C and transported on dry ice.

Virology Specimen Collection Guide

SPECIMEN	COLLECTION INSTRUCTIONS	TRANSPORT
Rectal swab - Males (Chlamydia nucleic acid amplification)	<p>Use the small-tipped specimen swab only (DO NOT USE THE LARGE-TIPPED SWAB FOR SPECIMEN COLLECTION).</p> <p>For ASYMPTOMATIC men: Moisten swab with sterile saline and insert into anus and rectum. Leave for 20 seconds.</p> <p>For SYMPTOMATIC men: Swab rectal mucosa through the anoscope.</p> <p>Place the small-tipped swab into the transport vial, making sure that there is Swab Transport Buffer in the bottom of the vial. Break the swab at the score line and replace the screw cap securely. Make sure the screw cap clicks into place when closing the transport vial.</p>	Hold specimens at 2-30 degrees C until transported to the laboratory. Transport to laboratory within 72 hours at 2-30 degrees C.
Stool	Collect a 2-5 gram portion of stool (formed or liquid) and place in a sterile leakproof container. No transport medium is required.	Transport to the laboratory as soon as possible, no later than 72 hours, at 2-8 degrees C. Specimens that cannot be transported within 72 hours should be frozen at -70 degrees C and transported on dry ice.
Urine	Clean, voided urine specimens collected in sterile conventional containers, while not the specimen of choice, are acceptable for isolation of most viruses. No special collection requirements are needed. Specimens should be kept refrigerated until transported to the laboratory.	Transport to the laboratory as soon as possible, no later than 72 hours, at 2-8 degrees C. Specimens that cannot be transported within 72 hours should be frozen at -70 degrees C and transported on dry ice.

Virology Specimen Collection Guide

SPECIMEN	COLLECTION INSTRUCTIONS	TRANSPORT
Urine (CMV)	Urine is the specimen of choice for the isolation of Cytomegalovirus (CMV). Clean, voided urine, collected in sterile conventional containers are recommended.	Transport to the laboratory within 4 hours of collection at 2-8 degrees C. (ON WET ICE, place ice in double ziploc bag.)
Urine (Chlamydia nucleic acid amplification)	Patient should not urinate at least one hour prior to collection of specimen. Collect the first 20-30 ml of voided urine (the first part of the stream) in a sterile, plastic, preservative-free, urine collection cup. Remove the cap and transfer 2 mL of urine into the urine specimen transport tube using the disposable pipette provided. The correct volume of urine has been added when the fluid level is between the black fill lines on the urine specimen transport tube label. Re-cap the urine specimen transport tube tightly.	Hold specimens at 2-30 degrees C until transported to the laboratory. Transport to laboratory within 72 hours at 2-30 degrees C.
Vesicle fluids and skin scrapings	Collect specimens of vesicle fluids from the bases of lesions before crusting and healing have begun. For aspirates of vesicular fluids, use a 26-27 gauge needle attached to a tuberculin syringe or a capillary pipette to aspirate clear vesicular fluid. When using swabs obtain both fluid and cells from open lesions and place swab in sleeve of Culturette, break the vial at the bottom of the sleeve to moisten the swab with viral transport medium or break swab into a screw capped vial with 2-3 ml of viral transport medium.	Transport to the laboratory as soon as possible, no later than 72 hours, at 2-8 degrees C. Specimens that cannot be transported within 72 hours should be frozen at -70 degrees C and transported on dry ice.

GENERAL CONSIDERATIONS

1. Generally, specimens for viral isolation should be held at 4-6 degrees C (but not frozen) just prior to inoculation and should be transported to the laboratory as soon as possible, not later than 72 hours. Specimens that cannot be transported to the lab within 72 hours should be frozen at -70 degrees C and transported on dry ice.
2. Collect specimens within 3-7 days after the onset of illness for viral isolation. Specimens for influenza isolation should be collected within 3 days of onset.

Virology Specimen Collection Guide

SPECIMEN	COLLECTION INSTRUCTIONS	TRANSPORT
	3. Collect postmortem specimens, using aseptic techniques, as soon as possible after death. Refrigerate specimens after collection and transport to laboratory as soon as possible.	
	4. Calcium alginate swabs are not acceptable for the isolation of Herpes Simplex virus and Chlamydia. Also charcoal-impregnated swabs inactivate virus infectivity and should not be used for virus isolation.	
	5. Avoid the use of cotton swabs (inhibit PCR) as well as swabs with wooden shafts as they inactivate virus infectivity.	

Molecular Specimen Collection Guide

SPECIMEN	COLLECTION INSTRUCTIONS	TRANSPORT
Plasma for HIV Genotyping	<p>Fresh: Aseptically collect 1 pearl top tube of whole blood with EDTA anticoagulant with a separator. Mix well by gently inverting the tube 5-6 times. Centrifuge the specimen at 800-1,600 x g for 20 minutes within 30 minutes of collection. Do not freeze whole blood.</p> <p>Frozen: If transportation to the lab cannot be accomplished within 24 hours, freeze at -20 degrees C. Ship the frozen plasma to the lab on dry ice.</p>	<p>Hold at 2-8 degrees C prior to transportation to the laboratory. Transport to the laboratory within 24 hours of collection. Plasma may be frozen at -20 degrees C and shipped to the lab on dry ice.</p>