

# 2015

## CDC INFECTIOUS DISEASES LABORATORY TEST DIRECTORY



February 2015, Version 6.1



This document was created under National Center for Emerging and Zoonotic Diseases/ Office of Infectious Diseases (NCEZID/OD). The printed version of CDC's Infectious Diseases Laboratory Test Directory contains information that is current as of February 20<sup>th</sup>, 2015. All information contained herein is subject to change.

For the most current test information, please view the CDC's Infectious Diseases Laboratory Test Directory on: <http://www.cdc.gov/laboratory/specimen-submission/list.html>.



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**Test Order**  
***Acanthamoeba* Molecular Detection**  
**CDC-10471**

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Synonym(s) Free-living amoeba, parasite

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**Pre-Approval Needed** None

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing For *Acanthamoeba* and *Balamuthia* molecular detection, tissue is the preferred specimen type; however, these amoebae can occasionally be detected in cerebrospinal fluid (CSF). For *Naegleria fowleri* molecular detection, CSF is the preferred specimen type.

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Minimum Volume Required 500 uL

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Storage & Preservation of Specimen Prior to Shipping Storage and preservation is specimen specific

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Transport Medium Not Applicable

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition. In addition to two patient identifiers (sex, date of birth, name, etc.), provide specimen type and date of collection.

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Shipping Instructions which Include Specimen Handling Requirements Ship Monday - Thursday, overnight to avoid weekend deliveries. Ship specimen at room temperature, not on dry ice, as an etiologic agent.

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Methodology Conventional PCR, Real Time PCR

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Turnaround Time 7 Days

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Interferences & Limitations Formalin fixed specimens are not suitable for molecular studies

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Additional Information None

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CDC Points of Contact Jennifer Cope  
(404) 718-4878  
bjt9@cdc.gov  
Ibne Ali  
(404) 718-4157  
xzn5@cdc.gov

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**Test Order**  
***Actinomyces* – Anaerobic ID**  
**CDC-10483**

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Synonym(s) Anaerobe ID, Bacterial Identification, Anaerobe

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**Pre-Approval Needed** None

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

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Acceptable Sample/ Specimen Type for Testing Anaerobic bacteria from clinically relevant sources, pure culture isolate in suitable anaerobic transport medium (e.g., Chopped Meat Glucose Broth). Prior approval from laboratory required for other sample/specimen types.

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Minimum Volume Required Not Applicable

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Storage & Preservation of Specimen Prior to Shipping Store anaerobically

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Transport Medium Pure culture isolate in Chopped Meat Glucose broth, thioglycolate broth or frozen in TSB plus glycerol

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday –Thursday overnight to avoid weekend deliveries, as an etiologic agent.

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Frozen specimen should be shipped on dry ice  
Specimen stored at room temperature should be shipped at room temperature

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Methodology 16s Sequencing, MALDI-TOF, Phenotypic Testing

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Turnaround Time 28 Days

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Interferences & Limitations Specimens from respiratory, vaginal, and fecal sources are not acceptable

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Additional Information None

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CDC Points of Contact David Lonsway  
(404) 639-2825  
Dlonsway@cdc.gov  
Kamile Rasheed  
(404) 639-3247  
jkr1@cdc.gov

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**Test Order**  
*Actinomyces*-Aerobic -ID  
CDC-10148

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Synonym(s) *Nocardia, Streptomyces*

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**Pre-Approval Needed** None

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**Supplemental Information Required** Please notify laboratory prior to shipment if this is a critical care specimen

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**Supplemental Form** None

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Performed on Specimens From Human and Food/Environmental/Medical Devices/Biologics

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Acceptable Sample/ Specimen Type for Testing Pure culture isolate on a suitable agar slant medium; consultation required for other sample/specimen types

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Minimum Volume Required Not Applicable

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Storage & Preservation of Specimen Prior to Shipping Keep specimen refrigerated if unable to ship immediately.

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Transport Medium Suitable agar slant medium

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday–Thursday, overnight to avoid weekend deliveries

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Methodology Primary culture based on specimen type, 16S sequence based identification, MALDI-TOF

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Turnaround Time 3 Weeks

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Interferences & Limitations The 3 week turnaround time applies to all tests unless biochemical and/or phenotypic analysis are required, which could take up to 2 months for test results.

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Additional Information If available, please provide patient history including if the patient has used a catheter and/or if the patient is immunocompromised.

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CDC Points of Contact John McQuiston  
(404) 639-0270  
zje8@cdc.gov  
Anne Whitney  
(404) 639-1374  
amw0@cdc.gov

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**Test Order**  
***Actinomyces*-Aerobic -ID and AST**  
**CDC-10149**

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Synonym(s) Actinos

**Pre-Approval Needed** None

**Supplemental Information Required** Please notify laboratory prior to shipment if this is a critical care specimen

**Supplemental Form** None

Performed on Specimens From Human and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing Pure culture isolate on a suitable agar slant medium; consultation required for other sample/specimen types

Minimum Volume Required Not Applicable

Storage & Preservation of Specimen Prior to Shipping Keep specimen refrigerated if unable to ship immediately

Transport Medium Not Applicable

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday–Thursday, overnight to avoid weekend deliveries

Methodology AST by broth microdilution, Primary Culture based on specimen type, 16S sequence based identification, MALDI-TOF

Turnaround Time 3 Weeks

Interferences & Limitations The 3 week turnaround time applies to all tests unless biochemical and/or phenotypic analysis are required, which could take up to 2 months for test results.

Additional Information If available, please provide patient history including if the patient has used a catheter and/or if the patient is immunocompromised.

CDC Points of Contact John McQuiston  
(404) 639-0270  
zje8@cdc.gov  
Anne Whitney  
(404) 639-1374  
amw0@cdc.gov

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**Test Order**  
**Adenovirus Molecular Detection and Typing**  
**CDC-10170**

Synonym(s)	None
<b>Pre-Approval Needed</b>	Erdman, Dean, (404) 639-3727, dde1@cdc.gov Kamili, Shifaq, (404) 639-2799, sgk5@cdc.gov
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human, Animal, and Food/Environmental/Medical Devices/Biologics
Acceptable Sample/ Specimen Type for Testing	Upper or lower respiratory tract specimens, eye swabs, stool, serum, blood or plasma, pure culture isolate
Minimum Volume Required	0.25 mL
Storage & Preservation of Specimen Prior to Shipping	Refrigerate all specimens promptly after collection. If specimens can be shipped to CDC within 72 hours of collection, they should be kept refrigerated at 4°C and shipped on gel ice-packs. Freezing should be avoided if possible, as this will reduce virus infectivity. Specimens for virus culture should not be frozen at -20° C. If specimens must be held for >72 hours, they should be promptly frozen at -70°C and shipped on dry ice. Liquid specimens should be aliquoted into properly labeled, leak-proof, unbreakable screw cap vials. Samples should be collected and processed in a manner that prevents cross-contamination between specimens, including changing gloves between specimens.
Transport Medium	Swabs may be shipped in commercial viral transport media
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Ship specimen Monday-Thursday, overnight to avoid weekend deliveries Frozen specimen should be shipped on dry ice Refrigerated specimen should be shipped on cold packs
Methodology	Polymerase Chain Reaction (PCR), Sequencing
Turnaround Time	3 Weeks
Interferences & Limitations	Use only sterile Dacron or rayon swabs with plastic shafts or if available, flocked swabs. Do NOT use calcium alginate swabs or swabs with wooden sticks, as they may contain substances that inactivate some viruses and inhibit some molecular assays.
Additional Information	None
CDC Points of Contact	Dean Erdman (404) 639-3727 dde1@cdc.gov Shifaq Kamili (404) 639-2799 sgk5@cdc.gov

**Test Order**  
**Alkhurma Identification**  
**CDC-10274**

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Synonym(s)	AHFV
<b>Pre-Approval Needed</b>	Stroeher, Ute, (404) 639-4704, <a href="mailto:ixy8@cdc.gov">ixy8@cdc.gov</a> Knust, Barbara, (404) 639-1104, <a href="mailto:bkk0@cdc.gov">bkk0@cdc.gov</a>
<b>Supplemental Information Required</b>	See Supplemental Form
<b>Supplemental Form</b>	<a href="http://www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf">http://www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf</a>
Performed on Specimens From	Human and Animal
Acceptable Sample/ Specimen Type for Testing	Frozen tissue, blood, and serum
Minimum Volume Required	1 mL
<b>Storage &amp; Preservation of Specimen Prior to Shipping</b>	Specimen must be placed in plastic screw capped vials, frozen to -70°C, and kept frozen until shipment. See link to supplemental submission form for specific information on various specimen types.
<b>Transport Medium</b>	Not Applicable
<b>Specimen Labeling</b>	Patient name, patient ID #, specimen type, date collected
<b>Shipping Instructions which Include Specimen Handling Requirements</b>	Ship Monday–Thursday overnight to avoid weekend deliveries. Specimen should be shipped frozen on dry ice. See supplemental submission forms for further details. Do not ship specimen without prior consultation and approval.
<b>Methodology</b>	Molecular Typing, Polymerase Chain Reaction (PCR)
<b>Turnaround Time</b>	10 Days
<b>Interferences &amp; Limitations</b>	Specimen must remain frozen, warming or freeze thawing reduces sensitivity. Heparin may cause interference with the molecular tests and should be avoided.
<b>Additional Information</b>	Critical specimens will take less than 4 days to turn around. See link to supplemental submission forms for detailed information.
<b>CDC Points of Contact</b>	Ute Stroeher (404) 639-4704 <a href="mailto:ixy8@cdc.gov">ixy8@cdc.gov</a> Barbara Knust (404) 639-1104 <a href="mailto:bkk0@cdc.gov">bkk0@cdc.gov</a>

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**Test Order**  
**Alkhurma Serology**  
**CDC-10285**

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Synonym(s) AHFV

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**Pre-Approval Needed** Stroehler, Ute, (404) 639-4704, [ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Knust, Barbara, (404) 639-1104, [bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Supplemental Information Required** See Supplemental Form

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**Supplemental Form** <http://www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf>

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Performed on Specimens From Human and Animal

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Acceptable Sample/ Specimen Type for Testing Blood and serum

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Minimum Volume Required 1 mL

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**Storage & Preservation of Specimen Prior to Shipping** Specimen must be kept cold (at or below 4°C). If possible place specimen in plastic screw capped vials. See link to supplemental submission form for specific information on various specimen types.

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**Transport Medium** Not Applicable

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**Specimen Labeling** Patient name, patient ID #, specimen type, date collected

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**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday overnight to avoid weekend deliveries. Specimen should be shipped on cold packs or dry ice if frozen. See supplemental submission forms for further details. Do not ship specimen without prior consultation and approval.

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**Methodology** ELISA

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**Turnaround Time** 10 Days

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**Interferences & Limitations** Specimen must remain frozen; warming or freeze thawing reduces sensitivity

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**Additional Information** Critical specimens will take less than 4 days to turn around. See link to supplemental submission forms for detailed information.

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**CDC Points of Contact** Ute Stroehler  
(404) 639-4704  
[ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Barbara Knust  
(404) 639-1104  
[bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Test Order**  
**Ameba Identification (*Acanthamoeba*, *Balamuthia*, *Naegleria*)**  
**CDC-10286**

Synonym(s) Free-living ameba, *Acanthamoeba*, *Balamuthia*, *Naegleria fowleri*

**Pre-Approval Needed** None

**Supplemental Information Required** Please provide the following information: history of present illness, exposure history, past medical history, treatment history, CSF results, imaging results

If images are available please upload to: [www.dpd.cdc.gov/dpdx/](http://www.dpd.cdc.gov/dpdx/)

**Supplemental Form** None

Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

**Acceptable Sample/ Specimen Type for Testing** Fresh, unfixed tissue and Paraffin-embedded and formalin-fixed tissue. cerebrospinal fluid (CSF), biopsy specimen, deep corneal scrapings, and ocular fluids are also acceptable.

**Minimum Volume Required** 1 mL

**Storage & Preservation of Specimen Prior to Shipping** CSF and fresh, unfixed tissue should be kept at ambient temperatures. Paraffin-embedded and formalin-fixed tissue should be kept at room temperature. Send a few H&E-stained slides and a few (about 6) unstained slides for IHC test, or Paraffin-embedded tissue block.

Unfixed deep scraping and biopsy materials for identification of free-living amoeba are usually very small and may dry if they are not stored in proper fluid such as "amoeba saline." These specimens should be transported to the laboratory within 24 hours.

**Transport Medium** Care should be taken to pack glass slides securely, as they can be damaged in shipment if not packed in a crush-proof container. For deep scraping and biopsy materials please transport in amoeba saline solution.

**Specimen Labeling** Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition. In addition to two patient identifiers (sex, date of birth, name, etc.), provide specimen type and date of collection.

**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday-Thursday, overnight. Please contact laboratory prior to shipping any specimen and include unit 53 on the outside of package.

Ship all fresh specimens such as CSF, tissue (e.g., brain, lungs, skin) and all deep scraping and biopsy material, contact lens solutions etc. within 24 hours. Fresh, unfixed specimens (i.e., CSF and tissue) should be sent at ambient temperature by overnight priority mail. Please ship these specimens separately from other chilled or frozen samples being shipped. The free-living amoebae are heat-loving and can be killed by cold temperatures (either refrigeration or freezing).

If specimen has been previously frozen or preserved in formalin, please send these specimens by overnight priority mail on ice packs (if tissue is frozen) (do NOT ship on dry ice) and ambient temperature if the tissue is fixed in formalin.

**Methodology** Polymerase Chain Reaction (PCR), Indirect Immunofluorescence (IIF), Immunohistochemical (IHC) staining plus microscopy, Microscopy

**Turnaround Time** 7 Days

**Interferences & Limitations** If the specimen (i.e., CSF or tissue) has been previously frozen or is preserved in formalin, CDC will still accept the specimen but the full range of testing methodologies might not be available.

**Additional Information** Include the address of sender and physician contact information with the

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**Test Order**  
**Ameba Identification (*Acanthamoeba*, *Balamuthia*, *Naegleria*)**  
**CDC-10286**

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specimen.

For deep scraping and biopsy materials please provide the following information to the laboratorians: patient name (first, last and middle initials), age & date of birth, sex, date specimen collected, Specimen source (cornea, vitreous fluid), specimen type (deep scraping, biopsy, vitreous fluid), suspected infection (keratitis, conjunctivitis, endophthalmitis), transport medium used.

Ameba saline, 1X stock:  
Sodium chloride (NaCl) 0.120g  
Magnesium sulfate (MgSO<sub>4</sub>.7HOH) 0.004 g  
Sodium phosphate, dibasic (Na<sub>2</sub>HPO<sub>4</sub>) 0.142g  
Potassium phosphate, monobasic (KH<sub>2</sub>P O<sub>4</sub>) 0.136g  
Calcium chloride (CaCL<sub>2</sub>.2HOH) 0.004g  
Double distilled water to 1000.0 mL

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CDC Points of Contact Jennifer Cope  
(404) 718-4878  
bjt9@cdc.gov  
Ibne Ali  
(404) 718-4157  
xzn5@cdc.gov

If you are calling outside of regular business hours, please call the CDC Emergency Operations Center (EOC) (770) 488-7100

**Test Order**  
**Ameba Serology (*Acanthamoeba*, *Balamuthia*, *Naegleria*)**  
**CDC-10287**

Synonym(s) Free-living ameba, *Acanthamoeba*, *Balamuthia*, *Naegleria fowleri*

**Pre-Approval Needed** None

**Supplemental Information Required** Please provide the following information: history of present illness, exposure history, past medical history, treatment history, CSF results, imaging results

If images are available please upload to: [www.cdc.gov/dpdx](http://www.cdc.gov/dpdx)

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing Sera (two specimen taken 2 weeks apart)

Minimum Volume Required 1 mL

**Storage & Preservation of Specimen Prior to Shipping** Serum specimens can be collected from the patient in a red-top tube (plain vacuum tube with no additive) or a serum-separator tube (tiger top) tube (red/gray speckled top with gel in the tube). Please centrifuge the specimen, and if possible, send serum only. If using a plain red-top tube, you must separate the serum before shipping and send the serum only. Should be kept refrigerated or frozen.

**Transport Medium** Not Applicable

**Specimen Labeling** Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition. In addition to two patient identifiers (sex, date of birth, name, etc.), provide specimen type and date of collection.

**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday, overnight. Please contact laboratory prior to shipping any specimen and include unit 53 on the outside of package.  
 Serum samples should be shipped refrigerated or frozen and packed with cold packs

**Methodology** Indirect Immunofluorescence Antibody (IFA) assay

**Turnaround Time** 14 Days

**Interferences & Limitations** None

**Additional Information** Include the address of sender and physician contact information with the specimen

**CDC Points of Contact** Jennifer Cope  
 (404) 718-4878  
 bjt9@cdc.gov  
 Ibne Ali  
 (404) 718-4157  
 xzn5@cdc.gov

If you are calling outside of regular business hours, please call the CDC Emergency Operations Center (EOC) (770) 488-7100

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**Test Order**  
**Ameba Special Study**  
**CDC-10288**

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Synonym(s) None

**Pre-Approval Needed** Cope, Jennifer, (404) 718-4878, bjt9@cdc.gov  
Ali, Ibne, (404) 718-4157, xzn5@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

**CDC Points of Contact** Jennifer Cope  
(404) 718-4878  
bjt9@cdc.gov  
Ibne Ali  
(404) 718-4157  
xzn5@cdc.gov

If you are calling outside of regular business hours, please call the CDC Emergency Operations Center (EOC) (770) 488-7100

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**Test Order**  
**Amebiasis (*Entamoeba histolytica*) Enzyme Immunoassay**  
**CDC-10461**

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Synonym(s) *Entamoeba histolytica*, parasite

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**Pre-Approval Needed** None

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**Supplemental Information Required** Exposure and travel history, include other relevant risk factors; clinical symptoms, treatment and relevant lab results.

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Serum and Plasma

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Minimum Volume Required 0.5 mL

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Storage & Preservation of Specimen Prior to Shipping No specific requirements

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Transport Medium Not Applicable

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship Monday - Thursday, overnight to avoid weekend deliveries. Ship specimen at room temperature, not on dry ice, as an etiologic agent.

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Methodology EIA, ELISA, Antibody Detection

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Turnaround Time 18 Days

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Interferences & Limitations Substances known to interfere with immunoassays include: bilirubin, lipids, and hemoglobin

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Additional Information None

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CDC Points of Contact Isabel McAuliffe  
(404) 718-4100  
ibm4@cdc.gov  
DPDx  
(404) 718-4120  
dpdx@cdc.gov

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# Test Order

## Anaerobic Bacteria Identification

### CDC-10227

Synonym(s)	Anaerobe ID, Bacterial Identification, Anaerobe
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human, Animal, and Food/Environmental/Medical Devices/Biologics
Acceptable Sample/ Specimen Type for Testing	Anaerobic bacteria from clinically relevant sources, pure culture isolate in suitable anaerobic transport medium (e.g., Chopped Meat Glucose Broth). Prior approval from laboratory required for other sample/specimen types.
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	Store anaerobically
Transport Medium	Pure culture isolate in Chopped Meat Glucose broth, thioglycolate broth or frozen in TSB plus glycerol
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Ship specimen Monday -Thursday overnight to avoid weekend deliveries, as an etiologic agent.  Frozen specimen should be shipped on dry ice Specimen stored at room temperature should be shipped at room temperature
Methodology	16S Sequencing, MALDI-TOF, Phenotypic Testing
Turnaround Time	28 Days
Interferences & Limitations	Specimen from respiratory, vaginal, and fecal sources are not acceptable
Additional Information	See separate test order for <i>C. difficile</i>
CDC Points of Contact	David Lonsway (404) 639-2825 Dlonsway@cdc.gov Kamile Rasheed (404) 639-3247 jkr1@cdc.gov

**Test Order**  
***Anaplasma* and *Ehrlichia* Molecular Detection**  
**CDC-10290**

Synonym(s) Human granulocytic anaplasmosis and Human monocytic ehrlichiosis, HGE

**Pre-Approval Needed** None

**Supplemental Information Required** **Prior approval is required if the following information is not provided:**

- Symptom onset date
  - Sample collection date
  - Type of infection
  - Status of illness
- Recommended:**
- Travel history
  - Exposure history
  - Therapeutic agents
  - Brief clinical history

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing Acute samples only, anticoagulated whole blood collected in Ethylenediaminetetraacetic acid (EDTA) treated tubes preferred; serum; fresh tissue biopsy

Minimum Volume Required 1.0 mL

Storage & Preservation of Specimen Prior to Shipping Ideally keep specimen at a refrigerated temperature not frozen. If previously frozen, then keep specimen frozen.

Transport Medium Ethylenediaminetetraacetic acid (EDTA) blood tubes for blood; tissue in a sample collection tube

Specimen Labeling Patient name and date of birth

Shipping Instructions which Include Specimen Handling Requirements Ship Monday–Thursday, overnight to avoid weekend deliveries. Specimen should be shipped refrigerated on cold packs.

Methodology Real Time Polymerase Chain Reaction (PCR), Sequencing

Turnaround Time 6 Weeks

Interferences & Limitations Hemolysis in whole blood specimen will interfere with results. Multiple freeze thaw cycles and sample storage above refrigerated temperatures will interfere with proper nucleic acid extraction. If a specimen is drawn at convalescence it will reduce the chance of the target organism being present in blood. Avoid collection of blood specimen in heparin tubes.

Additional Information The Rickettsial Zoonoses Branch Reference Diagnostic Laboratory aids State Laboratories in diagnosis of difficult samples/cases or if specialized tests are needed. Routine diagnostic samples should be sent to your State Laboratory or a commercial laboratory.

CDC Points of Contact  
 Cecilia Kato  
 (404) 639-1075  
 ckato@cdc.gov  
 Christopher Paddock  
 (404) 639-1309  
 cdp9@cdc.gov



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**Test Order**  
*Anaplasma* and *Ehrlichia* Special Study  
CDC-10291

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Synonym(s) Human granulocytic anaplasmosis and Human monocytic ehrlichiosis, HGE

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**Pre-Approval Needed** Kato, Cecilia, (404) 639-1075, ckato@cdc.gov  
Paddock, Christopher, (404) 639-1309, cdp9@cdc.gov

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

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Acceptable Sample/ Specimen Type for Testing To be determined

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Minimum Volume Required To be determined

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Storage & Preservation of Specimen Prior to Shipping To be determined

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Transport Medium To be determined

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Specimen Labeling To be determined

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Shipping Instructions which Include Specimen Handling Requirements To be determined

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Methodology Molecular detection, Serology, Culture, Immunohistochemistry (IHC), Other  
Turnaround Time

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Interferences & Limitations To be determined

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Additional Information To be determined

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CDC Points of Contact Cecilia Kato  
(404) 639-1075  
ckato@cdc.gov  
Christopher Paddock  
(404) 639-1309  
cdp9@cdc.gov

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**Test Order**  
*Anaplasma* Serology  
CDC-10292

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Synonym(s) Human granulocytic anaplasmosis

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**Pre-Approval Needed** None

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**Supplemental Information Required** Prior approval is required if the following information is not provided:  
-Symptom onset date  
-Sample collection date  
-Type of infection  
-Status of illness  
**Recommended:**  
-Travel history  
-Exposure history  
-Therapeutic agents  
-Brief clinical history

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**Supplemental Form** None

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Performed on Specimens From Human

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**Acceptable Sample/ Specimen Type for Testing** Serum  
-acute (during active stage of illness)  
-convalescent (2-4 weeks after acute stage)

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**Minimum Volume Required** 1.0 mL

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**Storage & Preservation of Specimen Prior to Shipping** Ideally keep specimen at a refrigerated temperature not frozen. If previously frozen, then keep specimen frozen.

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**Transport Medium** Not Applicable

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**Specimen Labeling** Patient name and date of birth

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**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday-Thursday, overnight to avoid weekend deliveries. Specimen should be shipped refrigerated on cold packs.

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**Methodology** Indirect Fluorescence Assay (IFA)

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**Turnaround Time** 6 Weeks

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**Interferences & Limitations** Multiple freeze thaw cycles may interfere with antigen binding. Use sterile technique to avoid contamination of sample as this may compromise the sample and interfere with the ability to get accurate results. Acute and convalescent serum is needed for accurate diagnosis and if unable to collect both please contact laboratory prior to shipping.

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**Additional Information** The Rickettsial Zoonoses Branch Reference Diagnostic Laboratory aids State Laboratories in diagnosis of difficult samples/cases or if specialized tests are needed. Routine diagnostic samples should be sent to your State Laboratory or a commercial laboratory.

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**CDC Points of Contact** Cecilia Kato  
(404) 639-1075  
ckato@cdc.gov  
Christopher Paddock  
(404) 639-1309  
cdp9@cdc.gov

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**Test Order**  
***Angiostrongylus cantonensis* Molecular Detection**  
**CDC-10472**

Synonym(s)	Angiostrongyliasis, Rat lungworm, parasite
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human, Animal, and Food/Environmental/Medical Devices/Biologics
Acceptable Sample/ Specimen Type for Testing	Cerebrospinal fluid (CSF); tissue
Minimum Volume Required	200 uL
Storage & Preservation of Specimen Prior to Shipping	Storage and preservation is specimen specific
Transport Medium	Not Applicable
Specimen Labeling	Test subject to CLIA regulations require two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday - Thursday, overnight to avoid weekend deliveries. Ship specimen on wet ice (cold pack) as an etiologic agent.
Methodology	Real Time PCR
Turnaround Time	21 Days
Interferences & Limitations	Formalin fixed specimens are not suitable for molecular studies
Additional Information	None
CDC Points of Contact	Yvonne Qvarnstrom (404) 718-4123 bvp2@cdc.gov Maniphet Xayavong (404) 718-4125 max1@cdc.gov

# Test Order

## Antimicrobial Susceptibility Testing – Bacterial

### CDC-10223

Synonym(s)	AST, Sensitivity, MIC testing
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	Confirmation of unusual resistance is required before sending specimen for testing; please specify antibacterial agent of interest and provide previous results and testing method
<b>Supplemental Form</b>	None
Performed on Specimens From	Human, Animal, and Food/Environmental/Medical Devices/Biologics
Acceptable Sample/ Specimen Type for Testing	Pure culture isolate on suitable agar medium
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	Keep refrigerated if isolate cannot be shipped immediately. For fastidious organisms (e.g. <i>Neisseria meningitidis</i> ), store at room temperature.
Transport Medium	Pure culture isolate on suitable agar medium or frozen in TSB plus glycerol
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Ship specimen Monday–Thursday overnight to avoid weekend deliveries, as an etiologic agent.  Refrigerated specimen should be shipped on ice packs Specimen stored at room temperature should be shipped at room temperature
Methodology	Broth Microdilution, Disk Diffusion, Additional Phenotypic Testing, Molecular detection of resistance markers
Turnaround Time	18 Days
Interferences & Limitations	None
Additional Information	None
CDC Points of Contact	David Lonsway (404) 639-2825 Dlonsway@cdc.gov Kamile Rasheed (404) 639-3247 JRasheed@cdc.gov

**Test Order**  
**Arbovirus Isolation and Identification**  
**CDC-10281**

Synonym(s)	Arbo-Isolation, Chikungunya
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Serum, cerebrospinal fluid (CSF), and fresh frozen tissue specimen
Minimum Volume Required	0.5 mL
Storage & Preservation of Specimen Prior to Shipping	Specimen should be kept at 4°C or colder
Transport Medium	Not Applicable
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday–Thursday, overnight to avoid weekend deliveries Frozen specimen should be shipped on dry ice  Ship to: Centers for Disease Control & Prevention 3156 Rampart Road (CSU Foothills Campus) Fort Collins, Colorado 80521
Methodology	Isolation in cell culture
Turnaround Time	2 Weeks
Interferences & Limitations	None
Additional Information	None
CDC Points of Contact	Robert Lanciotti (970) 221-6440 rsl2@cdc.gov

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**Test Order**  
**Arbovirus Molecular Detection**  
**CDC-10280**

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Synonym(s) Arbo-RT-PCR, Chikungunya

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**Pre-Approval Needed** None

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Serum, cerebrospinal fluid (CSF), and fresh frozen tissue specimen

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Minimum Volume Required 0.25 mL

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Storage & Preservation of Specimen Prior to Shipping Specimen should be kept at 4°C or colder

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Transport Medium Not Applicable

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

---

Shipping Instructions which Include Specimen Handling Requirements Ship Monday–Thursday, overnight to avoid weekend deliveries  
Frozen specimen should be shipped on dry ice

---

Ship to:  
Centers for Disease Control & Prevention  
3156 Rampart Road (CSU Foothills Campus)  
Fort Collins, Colorado 80521

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Methodology RT–Polymerase Chain Reaction (PCR)

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Turnaround Time 1 Week

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Interferences & Limitations Hemolysis can affect the test results

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Additional Information None

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CDC Points of Contact Robert Lanciotti  
(970) 221–6440  
rsl2@cdc.gov

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**Test Order**  
**Arbovirus Neutralization Antibody**  
**CDC-10283**

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Synonym(s) Arbo-PRNT, Chikungunya

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**Pre-Approval Needed** None

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Serum and cerebrospinal fluid (CSF)

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Minimum Volume Required 0.5 mL

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Storage & Preservation of Specimen Prior to Shipping Specimen should be kept at 4°C or colder

---

Transport Medium Not Applicable

---

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

---

Shipping Instructions which Include Specimen Handling Requirements Ship Monday–Thursday, overnight to avoid weekend deliveries  
Frozen specimen should be shipped on dry ice

---

Ship to:  
Centers for Disease Control & Prevention  
3156 Rampart Road (CSU Foothills Campus)  
Fort Collins, Colorado 80521

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Methodology Plaque reduction neutralization

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Turnaround Time 2 Weeks

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Interferences & Limitations None

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Additional Information None

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CDC Points of Contact Robert Lanciotti  
(970) 221-6440  
rsl2@cdc.gov

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**Test Order**  
**Arbovirus Serology**  
**CDC-10282**

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Synonym(s) Arbo-Serology, Chikungunya

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**Pre-Approval Needed** None

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Serum and cerebrospinal fluid (CSF)

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Minimum Volume Required 0.25 mL

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Storage & Preservation of Specimen Prior to Shipping Specimen should be kept at 4°C or colder

---

Transport Medium Not Applicable

---

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

---

Shipping Instructions which Include Specimen Handling Requirements Ship Monday–Thursday, overnight to avoid weekend deliveries  
Frozen specimen should be shipped on dry ice

---

Ship to:  
Centers for Disease Control & Prevention  
3156 Rampart Road (CSU Foothills Campus)  
Fort Collins, Colorado 80521

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Methodology ELISA, MIA

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Turnaround Time 1 Week

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Interferences & Limitations None

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Additional Information None

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CDC Points of Contact Robert Lanciotti  
(970) 221-6440  
rsl2@cdc.gov

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**Test Order**  
**Arbovirus Special Study**  
**CDC-10284**

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Synonym(s) None

**Pre-Approval Needed** Lanciotti, Robert, (970) 221-6440, rsl2@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

CDC Points of Contact Robert Lanciotti  
(970) 221-6440  
rsl2@cdc.gov

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**Test Order**  
**Arenavirus (New World) – Serology**  
**CDC-10484**

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Synonym(s) Junin virus, Machupo virus, Guanarito virus, Chapare virus, Sabia virus serology

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**Pre-Approval Needed** Stroehler, Ute, (404) 639-4704, [ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Knust, Barbara, (404) 639-1104, [bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Supplemental Information Required** See Supplemental Form

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**Supplemental Form** <http://www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf>

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Performed on Specimens From Human and Animal

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Acceptable Sample/ Specimen Type for Testing Blood, Serum

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Minimum Volume Required 1.0 mL

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**Storage & Preservation of Specimen Prior to Shipping** Specimen must be kept cold (at or below 4°C). If possible place specimen in plastic screw capped vials. See link to supplemental submission form for specific information on various specimen types.

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**Transport Medium** Not Applicable

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**Specimen Labeling** Patient Name, patient ID #, specimen type, date collected

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**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday overnight to avoid weekend deliveries. Specimen should be shipped on cold packs or dry ice if frozen. See supplemental submission forms for further details. Do not ship specimen without prior consultation and approval.

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**Methodology** ELISA

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**Turnaround Time** 10 Days

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**Interferences & Limitations** None

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**Additional Information** Critical specimens will take less than 4 days to turn around. See link to supplemental submission forms for detailed information.

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**CDC Points of Contact** Ute Stroehler  
(404) 639-4704  
[ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Barbara Knust  
(404) 639-1104  
[bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Test Order**  
***Arenavirus* (New World) Identification**  
**CDC-10293**

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Synonym(s) New World *Arenavirus*, South American hemorrhagic fever viruses

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**Pre-Approval Needed** Stroehler, Ute, (404) 639-4704, [ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Knust, Barbara, (404) 639-1104, [bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Supplemental Information Required** See Supplemental Form

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**Supplemental Form** <http://www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf>

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Performed on Specimens From Human and Animal

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Acceptable Sample/ Specimen Type for Testing Frozen tissue, blood and serum

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Minimum Volume Required 1 mL

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**Storage & Preservation of Specimen Prior to Shipping** Specimen must be placed in plastic screw capped vials, frozen to -70°C, and kept frozen until shipment. See link to supplemental submission form for specific information on various specimen types.

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**Transport Medium** Not Applicable

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**Specimen Labeling** Patient name, patient ID #, specimen type, date collected

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**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday overnight to avoid weekend deliveries. Specimen should be shipped frozen on dry ice. See supplemental submission forms for further details. Do not ship specimen without prior consultation and approval.

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**Methodology** Molecular Typing, Polymerase Chain Reaction (PCR)

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**Turnaround Time** 10 Days

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**Interferences & Limitations** Specimen must remain frozen; warming or freeze thawing reduces sensitivity. Heparin may cause interference with the molecular tests and should be avoided.

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**Additional Information** Critical specimens will take less than 4 days to turn around. See link to supplemental submission forms for detailed information.

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**CDC Points of Contact** Ute Stroehler  
(404) 639-4704  
[ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Barbara Knust  
(404) 639-1104  
[bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Test Order**  
***Arenavirus* (Old World) Identification**  
**CDC-10294**

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Synonym(s) Old World *Arenavirus*

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**Pre-Approval Needed** Stroehler, Ute, (404) 639-4704, [ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Knust, Barbara, (404) 639-1104, [bkk0@cdc.gov](mailto:bkk0@cdc.gov)

---

**Supplemental Information Required** See Supplemental Form

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**Supplemental Form** <http://www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf>

---

Performed on Specimens From Human and Animal

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Acceptable Sample/ Specimen Type for Testing Frozen tissue, blood and serum

---

Minimum Volume Required 1 mL

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**Storage & Preservation of Specimen Prior to Shipping** Specimen must be placed in plastic screw capped vials, frozen to -70°C, and kept frozen until shipment. See link to supplemental submission form for specific information on various specimen types.

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**Transport Medium** Not Applicable

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**Specimen Labeling** Patient name, patient ID #, specimen type, date collected

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**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday overnight to avoid weekend deliveries. Specimen should be shipped frozen on dry ice. See supplemental submission forms for further details. Do not ship specimen without prior consultation and approval.

---

**Methodology** Molecular Typing, Polymerase Chain Reaction (PCR)

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**Turnaround Time** 10 Days

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**Interferences & Limitations** Specimen must remain frozen; warming or freeze thawing reduces sensitivity. Heparin may cause interference with the molecular tests and should be avoided.

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**Additional Information** Critical specimens will take less than 4 days to turn around. See link to supplemental submission forms for detailed information.

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**CDC Points of Contact** Ute Stroehler  
(404) 639-4704  
[ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Barbara Knust  
(404) 639-1104  
[bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Test Order**  
***Babesia* Molecular Detection**  
**CDC-10473**

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Synonym(s) Babesiosis; *Babesia microti*; *Babesia duncani*, parasite

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**Pre-Approval Needed** None

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Blood

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Minimum Volume Required 200 uL

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Storage & Preservation of Specimen Prior to Shipping Collect a 1-5 ml blood sample in Vacutainer® EDTA tubes prior to anti-parasitic therapy and ship at 4°C

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Transport Medium Not Applicable

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship Monday - Thursday, overnight to avoid weekend deliveries. Ship specimen on wet ice (cold pack) as an etiologic agent.

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Methodology Conventional PCR, Real Time PCR

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Turnaround Time 21 Days

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Interferences & Limitations None

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Additional Information None

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CDC Points of Contact Yvonne Qvarnstrom  
(404) 718-4123  
bvp2@cdc.gov  
Maniphet Xayavong  
(404) 718-4125  
max1@cdc.gov

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**Test Order**  
**Babesiosis Indirect Fluorescent Antibody Test**  
**CDC-10456**

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Synonym(s) *Babesia microti*; *Babesia duncani*; *Babesia divergens*, babesiosis, parasite

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**Pre-Approval Needed** None

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**Supplemental Information Required** Exposure and travel history, include other relevant risk factors (ticks, transfusion); clinical symptoms, treatment and relevant lab results.

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Serum and plasma

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Minimum Volume Required 0.5mL

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Storage & Preservation of Specimen Prior to Shipping No specific requirements

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Transport Medium Not Applicable

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship Monday - Thursday, overnight to avoid weekend deliveries. Ship specimen at room temperature, not on dry ice, as an etiologic agent.

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Methodology Indirect Fluorescent Antibody assay, Antibody detection

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Turnaround Time 18 Days

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Interferences & Limitations Substances known to interfere with immunoassays include: bilirubin, lipids, and hemoglobin

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Additional Information None

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CDC Points of Contact Isabel McAuliffe  
(404) 718-4100  
ibm4@cdc.gov  
DPDx  
(404) 718-4120  
dpdx@cdc.gov

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**Test Order**  
*Bacillus anthracis* Detection in Clinical Specimens  
 CDC-10204

Synonym(s)	Anthrax PCR
<b>Pre-Approval Needed</b>	Bacterial Special Pathogens Branch (CDC), , (404) 639-1711, bzb@cdc.gov Alternate Phone, , (404) 772-5131,
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human and Animal
Acceptable Sample/ Specimen Type for Testing	<a href="http://www.cdc.gov/anthrax/labs/recommended_specimen.html">http://www.cdc.gov/anthrax/labs/recommended_specimen.html</a>
Minimum Volume Required	100 uL – see Additional Information
Storage & Preservation of Specimen Prior to Shipping	Info on specimens, storage and shipping can be found at: <a href="http://www.cdc.gov/anthrax/labs/recommended_specimen.html">http://www.cdc.gov/anthrax/labs/recommended_specimen.html</a>
Transport Medium	Dependent on specimen type submitted. Info on specimens, storage, and shipping can be found at: <a href="http://www.cdc.gov/anthrax/labs/recommended_specimen.html">http://www.cdc.gov/anthrax/labs/recommended_specimen.html</a>
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Info on appropriate specimens and shipping can be found at: <a href="http://www.cdc.gov/anthrax/labs/recommended_specimen.html">http://www.cdc.gov/anthrax/labs/recommended_specimen.html</a>  Most samples can be sent 2-8 ° C. Fresh tissue should be sent frozen and fixed tissue can be sent at room temperature.
Methodology	Culture, PCR, Immunohistochemistry (IHC), Toxin detection
Turnaround Time	2 Days
Interferences & Limitations	Varies depending on tests used. Blood specimens should be collected in EDTA or Sodium Citrate tubes (not heparin). Tissues for IHC should be formalin fixed.
Additional Information	Turnaround time will vary depending on methods selected for detection at CDC. some methods may require up to 1 week.  Minimal volume: limited testing can be done with 100 ul, however 0.5- 1 ml is optimal to increase number of tests which can be performed and increase assay sensitivity.
CDC Points of Contact	Alex Hoffmaster (404) 639-0852 amh9@cdc.gov Chung Marston (404) 639-4057 cdk5@cdc.gov

**Test Order**  
*Bacillus anthracis* Genotyping and AST  
 CDC-10203

Synonym(s)	Anthrax, Anthrax Gamma phage, Anthrax PCR, Anthrax typing
<b>Pre-Approval Needed</b>	Bacterial Special Pathogens Branch (CDC), , (404) 639-1711, bzb@cdc.gov
<b>Supplemental Information Required</b>	Select Agent Form 2 required for submission of all confirmed Select Agents.
<b>Supplemental Form</b>	<a href="http://www.selectagents.gov/forms.html">http://www.selectagents.gov/forms.html</a>
Performed on Specimens From	Human, Animal, and Food/Environmental/Medical Devices/Biologics
Acceptable Sample/ Specimen Type for Testing	<i>B. anthracis</i> isolates
Minimum Volume Required	N/A
Storage & Preservation of Specimen Prior to Shipping	Store isolates at room temperature
Transport Medium	Appropriate microbiological media for <i>Bacillus</i>
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Room temperature Confirmed select agents need Form 2 approval by the Select Agent program prior to shipping. The Form 2 can be found at <a href="http://www.selectagents.gov/forms.html">http://www.selectagents.gov/forms.html</a>
Methodology	Genotyping (i.e., MLVA and genome sequence), Broth Microdilution, Rapid Antimicrobial Susceptibility Test (AST)
Turnaround Time	1 Week
Interferences & Limitations	None
Additional Information	Rapid AST turnaround is 12-24 h. Genotyping and broth microdilution is ~1 week. Note: more extensive characterization by whole genome sequencing may take longer. Times may be shorter in public health emergencies.  Link to our website: <a href="http://www.cdc.gov/anthrax/labs/recommended_specimen.html">http://www.cdc.gov/anthrax/labs/recommended_specimen.html</a>
CDC Points of Contact	Chung Marston (404) 639-4057 cdk5@cdc.gov David Lonsway (404) 639-2825 dul7@cdc.gov



**Test Order**  
***Bacillus anthracis* Serology**  
**CDC-10196**

Synonym(s)	Anthrax ELISA
<b>Pre-Approval Needed</b>	Bacterial Special Pathogens Branch (CDC), , (404) 639-1711, bzb@cdc.gov Alternate Phone, , (404) 772-5131,
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Serum (acute and convalescent required)
Minimum Volume Required	250 uL
Storage & Preservation of Specimen Prior to Shipping	Separate serum from clot; sera should be frozen immediately following separation and stored frozen at -20°C or colder, and should be shipped frozen on dry ice to CDC, in appropriately labeled plastic screw cap vials. For more information on specimen processing and storage, see link in "Additional Information".
Transport Medium	Not applicable
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Ship specimen Monday–Thursday overnight to avoid weekend deliveries Frozen specimen should be shipped on dry ice. See additional info at <a href="http://www.cdc.gov anthrax/labs/recommended_specimen.html">http://www.cdc.gov anthrax/labs/recommended_specimen.html</a> .
Methodology	Antibody detection by ELISA and TNA
Turnaround Time	2 Weeks
Interferences & Limitations	Requires acute and convalescent serum for analysis
Additional Information	Turnaround time ranges from 1–2 weeks. See additional info at <a href="http://www.cdc.gov anthrax/labs/recommended_specimen.html">http://www.cdc.gov anthrax/labs/recommended_specimen.html</a>
CDC Points of Contact	Chung Marston (404) 639-4057 cdk5@cdc.gov Robyn Stoddard (404) 639-2053 frd8@cdc.gov

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**Test Order**  
*Bacillus anthracis* Study  
CDC-10205

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Synonym(s) None

**Pre-Approval Needed** Hoffmaster, Alex, (404) 639-0852, amh9@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

CDC Points of Contact Alex Hoffmaster  
(404) 639-0852  
amh9@cdc.gov

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# Test Order

## *Bacillus cereus* Detection – Foodborne Outbreak

### CDC-10104

Synonym(s)	None
<b>Pre-Approval Needed</b>	Talkington, Deborah, (404) 639-3918, dft1@cdc.gov Gomez, Gerardo, (404) 639-0537, goe4@cdc.gov
<b>Supplemental Information Required</b>	Only specimens from foodborne outbreaks accepted. Consult with EDLB contact before sending specimens. Provide preliminary results if available.
<b>Supplemental Form</b>	None
Performed on Specimens From	Human and Food/Environmental/Medical Devices/Biologics
Acceptable Sample/ Specimen Type for Testing	Isolates, food, stool. Only specimens from foodborne outbreaks accepted. Consult with Dr. Talkington before sending specimens.
Minimum Volume Required	25 g (food) and 10g (stool)
Storage & Preservation of Specimen Prior to Shipping	Food and stool should be maintained at 4°C
Transport Medium	Not Applicable
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday–Thursday, overnight to avoid weekend deliveries. Please notify Deborah Talkington (dft1@cdc.gov) and Gerardo Gomez (goe4@cdc.gov) once specimens have been shipped to provide the tracking number.  Ship with cold packs in compliance with federal and local guidelines
Methodology	Toxin Detection in food, Culture, PCR
Turnaround Time	2 Months
Interferences & Limitations	None
Additional Information	Direct toxin detection requires food samples
CDC Points of Contact	Deborah Talkington (404) 639-3918 dft1@cdc.gov Gerardo Gomez (404) 639-0537 goe4@cdc.gov

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**Test Order**  
*Bacillus cereus* Genotyping  
CDC-10206

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Synonym(s) *Bacillus* MLST

**Pre-Approval Needed** None

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing Isolates

Minimum Volume Required Not Applicable

Storage & Preservation of Specimen Prior to Shipping No Specific Requirements

Transport Medium Any medium can be submitted, but preferably agar slants

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday–Thursday overnight to avoid weekend deliveries  
Agar slants need to be shipped at room temperature

Methodology Multilocus sequence typing (MLST)

Turnaround Time 1 Week

Interferences & Limitations None

Additional Information Testing can be done on *B. cereus* and *B. thuringiensis*

CDC Points of Contact Alex Hoffmaster  
(404) 639-0852  
amh9@cdc.gov  
Jay Gee  
(404) 639-4936  
xzg4@cdc.gov

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**Test Order**  
*Bacillus* species ID (Not *B. anthracis*)  
CDC-10142

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Synonym(s) *Bacillus* Identification

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**Pre-Approval Needed** None

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**Supplemental Information Required** Please notify laboratory prior to shipment if this is a critical care specimen

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**Supplemental Form** None

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Performed on Specimens From Human and Food/Environmental/Medical Devices/Biologics

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Acceptable Sample/ Specimen Type for Testing Pure culture isolate on a suitable agar slant medium; consultation required for other sample/specimen types

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Minimum Volume Required Not Applicable

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Storage & Preservation of Specimen Prior to Shipping Keep specimen refrigerated if unable to ship immediately

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Transport Medium Not Applicable

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday–Thursday, overnight to avoid weekend deliveries

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Methodology Primary culture based on specimen type, 16S sequence based identification, MALDI–TOF

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Turnaround Time 3 Weeks

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Interferences & Limitations The 3 week turnaround time applies to all tests unless biochemical and/or phenotypic analysis are required, which could take up to 2 months for test results.

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Additional Information If available, please provide patient history including if the patient has used a catheter and/or if the patient is immunocompromised.

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CDC Points of Contact John McQuiston  
(404) 639–0270  
zje8@cdc.gov  
Anne Whitney  
(404) 639–1374  
amw0@cdc.gov

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**Test Order**  
**Bacterial ID from Clinical Specimen (16S rRNA PCR)**  
**CDC-10146**

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Synonym(s) None

**Pre-Approval Needed** McQuiston, John, (404) 639-0270, zje8@cdc.gov  
Whitney, Anne, (404) 639-1374, amw0@cdc.gov

**Supplemental Information Required** Please notify laboratory prior to shipment if this is a critical care specimen

**Supplemental Form** None

Performed on Specimens From Human and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing Primary specimens with prior approval

Minimum Volume Required Not Applicable

Storage & Preservation of Specimen Prior to Shipping Keep specimen refrigerated if unable to ship immediately

Transport Medium Not Applicable

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday–Thursday, overnight to avoid weekend deliveries

Methodology Primary Culture based on specimen type, MALDI–TOF, 16S sequence based identification

Turnaround Time 4 Weeks

Interferences & Limitations The 3 week turnaround time applies to all tests unless biochemical and/or phenotypic analysis are required, which could take up to 2 months for test results.

Additional Information If available, please provide patient history including if the patient has used a catheter and/or if the patient is immunocompromised.

CDC Points of Contact John McQuiston  
(404) 639-0270  
zje8@cdc.gov  
Anne Whitney  
(404) 639-1374  
amw0@cdc.gov

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**Test Order**  
**Bacterial ID of Unknown Isolate (Not Strict Anaerobe)**  
**CDC-10145**

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Synonym(s) Bacterial Identification

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**Pre-Approval Needed** None

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**Supplemental Information Required** Please notify laboratory prior to shipment if this is a critical care specimen

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**Supplemental Form** None

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Performed on Specimens From Human and Food/Environmental/Medical Devices/Biologics

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Acceptable Sample/ Specimen Type for Testing Pure culture isolate on a suitable agar slant medium; consultation required for other sample/specimen types

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Minimum Volume Required Not Applicable

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Storage & Preservation of Specimen Prior to Shipping Keep specimen refrigerated if unable to ship immediately

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Transport Medium Not Applicable

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday–Thursday overnight to avoid weekend deliveries

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Methodology Primary Culture based on specimen type, MALDI–TOF, 16S sequence based identification

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Turnaround Time 3 Weeks

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Interferences & Limitations The 3 week turnaround time applies to all tests unless biochemical and/or phenotypic analysis are required, which could take up to 2 months for test results.

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Additional Information If available, please provide patient history including if the patient has used a catheter and/or if the patient is immunocompromised.

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CDC Points of Contact John McQuiston  
(404) 639–0270  
zje8@cdc.gov  
Anne Whitney  
(404) 639–1374  
amw0@cdc.gov

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**Test Order**  
***Balamuthia* Molecular Detection**  
**CDC-10474**

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Synonym(s) Free-living amoeba, parasite

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**Pre-Approval Needed** None

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing For *Acanthamoeba* and *Balamuthia* molecular detection, tissue is the preferred specimen type; however, these amoebae can occasionally be detected in cerebrospinal fluid (CSF). For *Naegleria fowleri* molecular detection, CSF is the preferred specimen type.

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Minimum Volume Required 500 uL

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Storage & Preservation of Specimen Prior to Shipping Storage and preservation is specimen specific

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Transport Medium Not Applicable

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition. In addition to two patient identifiers (sex, date of birth, name, etc.), provide specimen type and date of collection.

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Shipping Instructions which Include Specimen Handling Requirements Ship Monday - Thursday, overnight to avoid weekend deliveries. Ship specimen at room temperature, not on dry ice, as an etiologic agent.

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Methodology Real-time PCR

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Turnaround Time 7 Days

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Interferences & Limitations Formalin fixed specimens are not suitable for molecular studies

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Additional Information None

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CDC Points of Contact Jennifer Cope  
(404) 718-4878  
bjt9@cdc.gov  
Ibne Ali  
(404) 718-4157  
xzn5@cdc.gov

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**Test Order**  
***Bartonella henselae*/ *B. quintana* Indirect Fluorescent Antibody  
 (IFA) test**  
**CDC-10486**

Synonym(s) *B. henselae*/cat scratch disease, *B. quintana*/trench fever

**Pre-Approval Needed** None

**Supplemental Information Required** Please provide submitting agency, contact name, address, phone number, specimen identifier, patient name, specimen source and type, sex and date of birth, date of symptom onset, sample collection date, and clinical information including symptoms and type and date of treatment patient has received.

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing Serum

Minimum Volume Required 500 uL

**Storage & Preservation of Specimen Prior to Shipping** Sera may be stored at 2°–8°C for up to 14 days. If testing is delayed for a longer period, serum samples may be frozen.

**Transport Medium** Not Applicable

**Specimen Labeling** Specimen identifier and patient name

**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday, overnight to avoid weekend deliveries. All packages must be addressed to:

Centers for Disease Control and Prevention  
 Bacterial Diseases Branch  
 Attn: John Young  
 3156 Rampart Road  
 Fort Collins, CO 80521

Frozen specimen should be shipped on dry ice  
 Refrigerated specimen should be shipped on ice packs

**Methodology** Indirect Fluorescent Antibody (IFA)

**Turnaround Time** 2 Weeks

**Interferences & Limitations** Samples with hemolysis, increased lipemia or microbial growth may interfere with test results

**Additional Information** Clinical information including symptoms and date of onset must be included; specimens without this accompanying information will not be tested.

**CDC Points of Contact** Jeannine Peterson  
 (970) 266–3524  
 nzp0@cdc.gov  
 Marty Schriefer  
 (970) 221–6479  
 mms7@cdc.gov

**Test Order**  
***Bartonella* Molecular Identification**  
**CDC-10295**

Synonym(s)	Cat scratch fever, <i>B. henselae</i> , Trench fever, <i>B. quintana</i> , Oroya fever, <i>B. bacilliformis</i>
Pre-Approval Needed	None
Supplemental Information Required	Prior approval is required if the following information is not provided: -Symptom onset date -Sample collection date -Type of infection -Status of illness <b>Recommended:</b> -Travel history -Exposure history -Therapeutic agents -Brief clinical history
Supplemental Form	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Acute samples only, anticoagulated whole blood collected in Ethylenediaminetetraacetic acid (EDTA) treated tubes preferred; serum; fresh tissue biopsy
Minimum Volume Required	1 mL
Storage & Preservation of Specimen Prior to Shipping	Ideally keep specimen at a refrigerated temperature not frozen. If previously frozen, then keep specimen frozen.
Transport Medium	Ethylenediaminetetraacetic acid (EDTA) blood tubes for blood; tissue in a sample collection tube
Specimen Labeling	Patient name and date of birth
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday – Thursday, overnight to avoid weekend deliveries. Specimen should be shipped refrigerated on cold packs.
Methodology	Polymerase Chain Reaction (PCR), Sequencing
Turnaround Time	6 Weeks
Interferences & Limitations	Hemolysis in whole blood specimen will interfere with results. Multiple freeze thaw cycles and sample storage above refrigerated temperatures will interfere with proper nucleic acid extraction. If a specimen is drawn at convalescence it will reduce the chance of the target organism being present in blood. Avoid collection of blood specimen in heparin tubes.
Additional Information	The Rickettsial Zoonoses Branch Reference Diagnostic Laboratory aids State Laboratories in diagnosis of difficult samples/cases or if specialized tests are needed. Routine diagnostic samples should be sent to your State Laboratory or a commercial laboratory.
CDC Points of Contact	Cecilia Kato (404) 639-1075 ckato@cdc.gov Christopher Paddock (404) 639-1309 cdp9@cdc.gov

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**Test Order**  
*Bartonella* Special Study  
CDC-10297

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Synonym(s) Cat scratch fever, *B. henselae*, Trench fever, *B. quintana*, Oroya fever, *B. bacilliformis*

**Pre-Approval Needed** Schriefer, Marty, (970) 221-6479, mms7@cdc.gov  
Peterson, Jeannine, (970) 266-3534, nzp0@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology Molecular detection, Serology, Culture, Immunohistochemistry (IHC), Other

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

CDC Points of Contact Marty Schriefer  
(970) 221-6479  
mms7@cdc.gov  
Jeannine Peterson  
(970) 266-3534  
nzp0@cdc.gov

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**Test Order**  
**Baylisascariasis Immunoblot**  
**CDC-10457**

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Synonym(s) Baylisascariasis, Raccoon roundworm, parasite

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**Pre-Approval Needed** None

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**Supplemental Information Required** Exposure and travel history, include other relevant risk factors (raccoon) clinical symptoms, treatment and relevant lab results.

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Serum, plasma; Cerebrospinal fluid (CSF)

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Minimum Volume Required 0.5 mL

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Storage & Preservation of Specimen Prior to Shipping No specific requirements

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Transport Medium Not Applicable

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Specimen Labeling Test subject to CLIA regulations require two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship Monday - Thursday, overnight to avoid weekend deliveries. Ship specimen at room temperature, not on dry ice, as an etiologic agent.

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Methodology Immunoblot, Western Blot, Antibody Detection

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Turnaround Time 18 Days

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Interferences & Limitations Substances known to interfere with immunoassays include: bilirubin, lipids, and hemoglobin

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Additional Information None

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CDC Points of Contact Isabel McAuliffe  
(404) 718-4100  
ibm4@cdc.gov  
DPDx  
(404) 718-4120  
dpdx@cdc.gov

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**Test Order**  
**Biodefense R&D Study**  
**CDC-10487**

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Synonym(s) Biodefense Research and Development Laboratory Study

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**Pre-Approval Needed** Weigel, Linda, (404) 639-1497, [lew9@cdc.gov](mailto:lew9@cdc.gov)  
Sue, David, (404) 639-4027, [btx6@cdc.gov](mailto:btx6@cdc.gov)

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**Supplemental Information Required** For isolates from human specimens, prior approval is required. Consult with the lab for details.

Select Agent Form 2 required for submission of all confirmed Select Agents. The Form 2 can be found at <http://www.selectagents.gov/forms.html>

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**Supplemental Form** <http://www.selectagents.gov/forms.html>

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Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

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Acceptable Sample/ Specimen Type for Testing Isolates on agar plate or slant, consult with lab for details.

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Minimum Volume Required Not Applicable

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Storage & Preservation of Specimen Prior to Shipping Consult with lab for details

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Transport Medium Pure culture isolates (only) on sheep blood or Mueller-Hinton agar

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Specimen Labeling Test is subject to CLIA regulations and requires two patient identifiers on the specimen container and on the test requisition

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Shipping Instructions which Include Specimen Handling Requirements Select agents that have been identified need form 2 approval prior to shipping. Form 2 may be found at: <http://www.selectagents.gov/TransferForm.html>

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Methodology Modified Broth Microdilution

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Turnaround Time 2 Days

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Interferences & Limitations Isolates from human specimens may be tested only under Emergency Use Authorization.

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Additional Information Turnaround time can vary depending on age/purity of isolate received

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CDC Points of Contact Linda Weigel  
(404) 639-1497  
[lew9@cdc.gov](mailto:lew9@cdc.gov)  
David Sue  
(404) 639-4027  
[btx6@cdc.gov](mailto:btx6@cdc.gov)

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**Test Order**  
**Biothreat Study**  
**CDC-10432**

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Synonym(s) None

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**Pre-Approval Needed** Bowzard, Brad, (404) 639-3626, jbowzard@cdc.gov  
Sue, David, (404) 639-4027, dsue@cdc.gov

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**Supplemental Information Required** Please contact Dr. Brad Bowzard at 404 639-3626 or jbowzard@cdc.gov, for the required supplemental form and packaging and shipping requirements.

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**Supplemental Form** None

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Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

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Acceptable Sample/ Specimen Type for Testing To be determined

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Minimum Volume Required To be determined

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Storage & Preservation of Specimen Prior to Shipping To be determined

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Transport Medium To be determined

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Specimen Labeling To be determined

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Shipping Instructions which Include Specimen Handling Requirements To be determined

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Methodology

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Turnaround Time

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Interferences & Limitations To be determined

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Additional Information To be determined

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**CDC Points of Contact** Brad Bowzard  
(404) 639-3626  
jbowzard@cdc.gov  
David Sue  
(404) 639-4027  
dsue@cdc.gov

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**Test Order**  
**Blood Disorders Coagulation Study**  
**CDC-10271**

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Synonym(s) Coag

**Pre-Approval Needed** Rice, Anne, (404) 639-4434, amr8@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

CDC Points of Contact Anne Rice  
(404) 639-4434  
amr8@cdc.gov

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**Test Order**  
***Bordetella pertussis* Serology**  
**CDC-10166**

Synonym(s)	IgG against pertussis toxin, Pertussis ELISA, whooping cough
<b>Pre-Approval Needed</b>	Pawloski, Lucia, (404) 639-4506, <a href="mailto:ecz6@cdc.gov">ecz6@cdc.gov</a> Tondella, Maria, (404) 639-1239, <a href="mailto:mlt5@cdc.gov">mlt5@cdc.gov</a>
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Serum from patients with two or more weeks of cough, but will accept plasma if serum is unavailable. Centrifuge the tube of blood at 1100-1300 x g for approximately 10 minutes to separate the cells from the serum.
Minimum Volume Required	0.5 mL
Storage & Preservation of Specimen Prior to Shipping	Serum specimens may be stored refrigerated (2°-8°C) for up to 7 days; If greater than 7 days serum must be kept frozen (-20°C or lower). For long-term storage, the serum should be frozen (-20°C or colder).
Transport Medium	Not applicable
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.  Note: surveillance studies may label specimens according to protocol
Shipping Instructions which Include Specimen Handling Requirements	Serum specimens may be shipped refrigerated (2°-8°C) for up to 7 days. For shipments that are in transit for more than 7 days, specimens should be kept frozen (-20°C or lower). Sender is responsible for shipping charges and when shipping internationally must request CDC's import permit and include this with the Air Waybill. Additionally, the Pertussis/Diphtheria Laboratory requests that the sender contact the laboratory by email or phone before shipping.
Methodology	Enzyme-linked Immunosorbent Assay (ELISA)
Turnaround Time	5 Days
Interferences & Limitations	Serum collected from patients with less than 2 weeks of cough are not appropriate for this test. Samples should not be used if they have incurred more than 5 freeze-thaw cycles. Specimens with unacceptable preservatives such as anti-coagulants would invalidate the results.  In addition, hemolyzed and lipemic specimens are considered suboptimal serum specimens for this assay.
Additional Information	Please include patient age and duration of cough on specimen submission form
CDC Points of Contact	Lucia Pawloski (404) 639-4506 <a href="mailto:ecz6@cdc.gov">ecz6@cdc.gov</a> Maria Tondella (404) 639-1239 <a href="mailto:mlt5@cdc.gov">mlt5@cdc.gov</a>



**Test Order**  
*Bordetella* species ID/Confirmation of Isolates  
 CDC-10164

Synonym(s) *B. pertussis*, *B. parapertussis*, *B. holmesii*, *B. bronchiseptica*, whooping cough

**Pre-Approval Needed** None

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing Pure culture isolates on Regan-Lowe, Bordet-Gengou, charcoal agar or blood agar (*B. parapertussis*, *B. holmesii*, or *B. bronchiseptica* only) or cryopreserved isolates

Minimum Volume Required Not Applicable

Storage & Preservation of Specimen Prior to Shipping Isolates can be frozen in cryopreservation medium or refrigerated on Regan-Lowe, Bordet-Gengou, charcoal agar or blood agar (*B. parapertussis*, *B. holmesii*, or *B. bronchiseptica* only)

Transport Medium Isolates can be frozen in cryopreservation medium or for best results a fresh subculture on Regan-Lowe, Bordet-Gengou, charcoal agar or blood agar (*B. parapertussis*, *B. holmesii*, or *B. bronchiseptica* only) should be sent refrigerated. Calcium alginate and cotton swabs are not acceptable.

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Note: surveillance studies may label specimens according to protocol

Shipping Instructions which Include Specimen Handling Requirements Isolates should be shipped refrigerated (2°-8°C) as soon as possible, between 24-48 hours. Frozen isolates should be sent on dry ice. Sender is responsible for shipping charges and when shipping internationally must request CDC's import permit and include this with the Air Waybill. Additionally, the Pertussis/Diphtheria Laboratory requests that the sender contacts the laboratory by email or phone before shipping.

Methodology Culture, Identification

Turnaround Time 2 Weeks

Interferences & Limitations Prior antibiotic treatment will adversely affect results and patients coughing more than two weeks will likely not be culture positive.

Additional Information None

CDC Points of Contact Pam Cassiday  
 (404) 639-1231  
 pxc1@cdc.gov  
 Maria Tondella  
 (404) 639-1239  
 mlt5@cdc.gov

**Test Order**  
***Bordetella* species Isolation and ID**  
**CDC-10163**

Synonym(s) *B. pertussis*, *B. parapertussis*, *B. holmesii*, *B. bronchiseptica*, whooping cough

**Pre-Approval Needed** None

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing Nasopharyngeal (NP) swabs and aspirates; calcium alginate and cotton swabs are not acceptable

Minimum Volume Required 0.5 mL aspirate

Storage & Preservation of Specimen Prior to Shipping Nasopharyngeal (NP) swabs should be collected on Dacron (polyester), rayon or nylon. Specimens should be kept refrigerated. Use plastic/glass screw-cap, leak-proof vials.

Transport Medium Regan-Lowe transport medium is recommended for specimens. Amies Charcoal transports are acceptable, but may decrease the probability of isolation.

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Note: surveillance studies may label specimens according to protocol

Shipping Instructions which Include Specimen Handling Requirements Swabs in transport or isolates should be shipped refrigerated (2°-8°C) as soon as possible, between 24-48 hours. Aspirates can be shipped with ice packs or frozen (-20°C or lower). Frozen isolates should be sent on dry ice. Sender is responsible for shipping charges and when shipping internationally must request CDC's import permit and include this with the Air Waybill. Additionally, the Pertussis/Diphtheria Laboratory requests that the sender contacts the laboratory by email or phone before shipping.

Methodology Culture

Turnaround Time 2 Weeks

Interferences & Limitations Prior antibiotic treatment will adversely affect results. Patients coughing more than two weeks will likely not be culture positive.

Additional Information None

CDC Points of Contact Pam Cassiday  
(404) 639-1231  
pxc1@cdc.gov  
Maria Tondella  
(404) 639-1239  
mlt5@cdc.gov

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**Test Order**  
***Bordetella* species Molecular Detection**  
**CDC-10165**

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Synonym(s) None

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**Pre-Approval Needed** Cassidy, Pam, (404) 639-1231, pxc1@cdc.gov  
Tondella, Maria, (404) 639-1239, mlt5@cdc.gov

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human

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**Acceptable Sample/ Specimen Type for Testing** Prefer nasopharyngeal aspirate but will also accept nasopharyngeal swab. Calcium alginate and cotton swabs are not acceptable.

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**Minimum Volume Required** 0.5 mL

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**Storage & Preservation of Specimen Prior to Shipping** Specimens should be kept refrigerated or frozen. Use plastic/glass screw-cap, leak-proof vials

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**Transport Medium** Dry swabs in sterile tubes are preferred; if only one swab is collected for both culture and PCR, the swabs should be sent in Regan-Lowe transport.

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**Specimen Labeling** Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Note: surveillance studies may label specimens according to protocol.

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**Shipping Instructions which Include Specimen Handling Requirements** Swabs should be shipped refrigerated (2°-8°C) as soon as possible, between 24-48 hours. Aspirates can be shipped with ice packs or frozen (-20°C or lower). Sender is responsible for shipping charges and when shipping internationally must request CDC's import permit and include this with the Air Waybill. Additionally, the Pertussis/Diphtheria Laboratory requests that the sender contacts the laboratory by email or phone before shipping.

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**Methodology** Polymerase Chain Reaction (PCR), Real Time Polymerase Chain Reaction (PCR), Multi target Polymerase Chain Reaction (PCR)

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**Turnaround Time** 5 Days

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**Interferences & Limitations** Prior antibiotic treatment will adversely affect results. Specimens collected from patients with more than 4 weeks of cough are not appropriate for this test. Samples should not be used if they have incurred more than 2 freeze-thaw cycles. Clinical specimens collected subsequent to initiation of antimicrobial treatment may not be positive for *Bordetella* spp. Due to reduction of organisms. Whenever possible, specimens collected prior to administration of antimicrobial agents should be used to determine infection with *Bordetella* spp.

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**Additional Information** None

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**CDC Points of Contact** Pam Cassidy  
(404) 639-1231  
pxc1@cdc.gov  
Maria Tondella  
(404) 639-1239  
mlt5@cdc.gov

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**Test Order**  
*Bordetella* species Study  
CDC-10167

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Synonym(s) None

**Pre-Approval Needed** Cassidy, Pam, (404) 639-1231, pxc1@cdc.gov  
Tondella, Maria, (404) 639-1239, mlt5@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

CDC Points of Contact Pam Cassidy  
(404) 639-1231  
pxc1@cdc.gov  
Maria Tondella  
(404) 639-1239  
mlt5@cdc.gov

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**Test Order**  
*Bordetella* spp. ID (Not *B. pertussis*/*B. parapertussis*)  
CDC-10143

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Synonym(s) *Bordetella* Identification

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**Pre-Approval Needed** None

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**Supplemental Information Required** Please notify laboratory prior to shipment if this is a critical care specimen

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**Supplemental Form** None

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Performed on Specimens From Human and Food/Environmental/Medical Devices/Biologics

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Acceptable Sample/ Specimen Type for Testing Pure culture isolate on a suitable agar slant medium; consultation required for other sample/specimen types

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Minimum Volume Required Not Applicable

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Storage & Preservation of Specimen Prior to Shipping Keep specimen refrigerated if unable to ship immediately

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Transport Medium Not Applicable

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday–Thursday, overnight to avoid weekend deliveries

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Methodology Primary Culture based on specimen type, MALDI–TOF, 16S sequence based identification

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Turnaround Time 3 Weeks

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Interferences & Limitations The 3 week turnaround time applies to all tests unless biochemical and/or phenotypic analysis are required, which could take up to 2 months for test results.

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Additional Information If available, please provide patient history including if the patient has used a catheter and/or if the patient is immunocompromised.

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CDC Points of Contact John McQuiston  
(404) 639–0270  
zje8@cdc.gov  
Anne Whitney  
(404) 639–1374  
amw0@cdc.gov

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**Test Order**  
*Borrelia burgdorferi* (Lyme Disease) Serology  
CDC-10298

Synonym(s)	Lyme Disease, Borreliosis
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	Please include submitting agency, contact name, address, phone number, specimen identifier, patient name, specimen source and type, sex and date of birth, symptoms of onset, sample collection date, and clinical information including type and date of treatment patient has received.
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Serum
Minimum Volume Required	0.5 mL
Storage & Preservation of Specimen Prior to Shipping	Sera may be stored at 2°–8°C for up to 14 days. If testing is delayed for a longer period, serum samples may be frozen.
Transport Medium	Not Applicable
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition. Commonly used identifiers are the first and last name and date of birth of the patient.
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday–Thursday, overnight to avoid weekend deliveries. All packages must be addressed to:  Centers for Disease Control and Prevention Bacterial Diseases Branch Attn: John Young 3156 Rampart Road Fort Collins, CO 80521  Frozen specimen should be shipped on dry ice Refrigerated specimen should be shipped on ice packs
Methodology	IgG/IgM ELISA, IgG Western Blot, IgM Western Blot
Turnaround Time	2 Weeks
Interferences & Limitations	Hemolyzed samples may interfere with test results
Additional Information	Two tier testing will be performed. If available, submit any preliminary results. Include the date of onset, antibiotic treatment (type of antibiotics and date administered), date when the sample was collected, signs and symptoms.  If testing needs to be performed by another laboratory, i.e. arbovirus, please contact laboratory prior to shipping.
CDC Points of Contact	Marty Schriefer (970) 221-6479 mms7@cdc.gov Jeannine Petersen (970) 266-3524 nzp0@cdc.gov

**Test Order**  
***Borrelia* Culture and Identification**  
**CDC-10299**

Synonym(s)	Lyme Disease, Borreliosis, Relapsing fever
<b>Pre-Approval Needed</b>	Schriefer, Marty, (970) 221-6479, mms7@cdc.gov Petersen, Jeannine, (970) 266-3524, nzp0@cdc.gov
<b>Supplemental Information Required</b>	Please include submitting agency, contact name, address, phone number, specimen identifier, patient name, specimen source and type, sex and date of birth, symptoms of onset, sample collection date, and clinical information including type and date of treatment patient has received.
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Blood, skin biopsy (Erythema Migrans Rash) and others upon consultation (i.e. cultures, blood smears for confirmation, spinal fluid, synovial fluid)
Minimum Volume Required	0.5 mL
Storage & Preservation of Specimen Prior to Shipping	For a skin biopsy, contact laboratory prior to collection and/or shipment for specific requirements. Blood may be collected in heparin, citrate or EDTA. All specimen should be collected and shipped prior to antibiotic treatment if possible.
Transport Medium	Contact laboratory prior to shipping for instructions on skin biopsy's transport medium.
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition. Commonly used identifiers are the first and last name and date of birth of the patient.
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday–Thursday, overnight to avoid weekend deliveries. All packages must be addressed to:  Centers for Disease Control and Prevention Bacterial Diseases Branch Attn: John Young 3156 Rampart Road Fort Collins, CO 80521  Frozen specimen should be shipped on dry ice Refrigerated specimen should be shipped on ice packs
Methodology	Culture, Microscopy Confirmation
Turnaround Time	8 Weeks
Interferences & Limitations	Antibiotic treatment will minimize growth potential of culture
Additional Information	Provide any antibiotic treatment information
CDC Points of Contact	Marty Schriefer (970) 221-6479 mms7@cdc.gov Jeannine Petersen (970) 266-3524 nzp0@cdc.gov

**Test Order**  
***Borrelia hermsii* (Tick-borne Relapsing Fever) Serology**  
**CDC-10399**

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Synonym(s) Borreliosis, Recurrent fever, *Borrelia*

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**Pre-Approval Needed** None

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**Supplemental Information Required** Please include submitting agency, contact name, address, phone number, specimen identifier, patient name, specimen source and type, sex and date of birth, symptoms of onset, sample collection date, and clinical information including type and date of treatment patient has received.

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Serum

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Minimum Volume Required 0.5 mL

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Storage & Preservation of Specimen Prior to Shipping Keep specimen either refrigerated or frozen

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Transport Medium Not Applicable

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition. Commonly used identifiers are the first and last name and date of birth of the patient.

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Shipping Instructions which Include Specimen Handling Requirements Ship Monday–Thursday, overnight to avoid weekend deliveries. All packages must be addressed to:

Centers for Disease Control and Prevention  
Bacterial Diseases Branch  
Attn: John Young  
3156 Rampart Road  
Fort Collins, CO 80521

Frozen specimen should be shipped on dry ice  
Refrigerated specimen should be shipped on ice packs

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Methodology IgM/IgG ELISA

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Turnaround Time 2 Weeks

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Interferences & Limitations Hemolyzed specimen can affect the results

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**Additional Information** Two tier testing will be performed. If available, submit any preliminary results. Include the date of onset, antibiotic treatment (type of antibiotics and date administered), date when the sample was collected, signs and symptoms.

If testing needs to be performed by another laboratory, i.e. arbovirus, please contact laboratory prior to shipping.

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**CDC Points of Contact** Marty Schriefer  
(970) 221-6479  
mms7@cdc.gov  
Jeannine Petersen  
(970) 266-3524  
nzp0@cdc.gov

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**Test Order**  
*Borrelia* Special Study  
CDC-10300

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Synonym(s) None

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**Pre-Approval Needed** Schriefer, Marty, (970) 221-6479, mms7@cdc.gov  
Petersen, Jeannine, (970) 266-3524, nzp0@cdc.gov

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**Supplemental Information Required** None

---

**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing To be determined

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Minimum Volume Required To be determined

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Storage & Preservation of Specimen Prior to Shipping To be determined

---

Transport Medium To be determined

---

Specimen Labeling To be determined

---

Shipping Instructions which Include Specimen Handling Requirements To be determined

---

Methodology

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Turnaround Time

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Interferences & Limitations To be determined

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Additional Information To be determined

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CDC Points of Contact Marty Schriefer  
(970) 221-6479  
mms7@cdc.gov  
Jeannine Petersen  
(970) 266-3524  
nzp0@cdc.gov

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**Test Order**  
**Botulinum Toxin Producing Clostridia Subtyping**  
**CDC-10134**

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Synonym(s) Bot, Botulism

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**Pre-Approval Needed** Luquez (Primary POC), Carolina, (404) 639-0896, fry6@cdc.gov  
Maslanka (Alternate POC), Susan, (404) 639-0895, sht5@cdc.gov

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**Supplemental Information Required** APHIS/CDC Form 2 Request to Transfer Select Agents and Toxins is required

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**Supplemental Form** <http://www.selectagents.gov/forms.html>

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Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

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Acceptable Sample/ Specimen Type for Testing Isolates

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Minimum Volume Required Not Applicable

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Storage & Preservation of Specimen Prior to Shipping No Specific Requirements

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Transport Medium Chopped Meat Glucose Starch (CMGS) or Trypticase Peptone Glucose Yeast extract (TPGY) media.

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Specimen Labeling Not Applicable

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Shipping Instructions which Include Specimen Handling Requirements Ship Monday–Thursday, overnight to avoid weekend deliveries  
Package must have proper labeling for infectious substance: UN 2814 Infectious substance, Category A

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Methodology Pulsed field gel electrophoresis (PFGE)

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Turnaround Time 12 Weeks

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Interferences & Limitations None

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**Additional Information** Specify type of subtyping requested in 'Previous Laboratory Results' on back of form. APHIS/CDC Form 2 must be approved prior to shipping. Form 2 may be found at: <http://www.selectagents.gov/forms.html> ; Please send to POC: anticipated arrival date, courier, and tracking number.

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**CDC Points of Contact** Carolina Luquez (Primary POC)  
(404) 639-0896  
fry6@cdc.gov  
Susan Maslanka (Alternate POC)  
(404) 639-0895  
sht5@cdc.gov

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# Test Order

## Botulism Laboratory Confirmation

### CDC-10132

Synonym(s)	Bot, Botulism
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human, Animal, and Food/Environmental/Medical Devices/Biologics
Acceptable Sample/ Specimen Type for Testing	Foodborne: serum, stool, vomitus, gastric contents, and food Wound: serum, debrided tissue, swab from wounds, and stool Infant: stool, rectal swabs, and potential sources
Minimum Volume Required	See Additional Information
Storage & Preservation of Specimen Prior to Shipping	Maintain specimen at 4°C
Transport Medium	Not Applicable
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Packages may arrive on weekends Ship with on cold packs. Package must have proper labeling for biological hazards: UN 3373 biological substance, Category B.
Methodology	Mouse Bioassay, ELISA, Mass Spectrometry (MS), Polymerase Chain Reaction (PCR)
Turnaround Time	12 Weeks
Interferences & Limitations	None
Additional Information	Serum samples must be collected before antitoxin treatment. In addition, for non-infant cases, a serum sample must be collected 24 hours after antitoxin treatment. Adult patients: 5 to 15 ml of serum (without anticoagulant); 10 to 20 g of feces (if an enema is needed, use sterile non-bacteriostatic water). Infant patients: ideally, 10g to 20g of feces should be collected; however, smaller quantities can provide confirmatory test results (if an enema is needed, use sterile non-bacteriostatic water). Foods should be left in their original containers or placed in sterile unbreakable containers. Empty containers with remnants of suspected foods can also be recovered and submitted for testing.
CDC Points of Contact	Carolina Luquez (Primary POC) (404) 639-0896 fry6@cdc.gov Susan Maslanka (Alternate POC) (404) 639-0895 sht5@cdc.gov

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**Test Order**  
**Botulism Special Study**  
**CDC-10133**

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Synonym(s) None

**Pre-Approval Needed** Luquez (Primary POC), Carolina, (404) 639-0896, fry6@cdc.gov  
Maslanka (Alternate POC), Susan, (404) 639-0895, sht5@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

CDC Points of Contact Carolina Luquez (Primary POC)  
(404) 639-0896  
fry6@cdc.gov  
Susan Maslanka (Alternate POC)  
(404) 639-0895  
sht5@cdc.gov

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**Test Order**  
*Brucella* species Identification, Genotyping, and AST  
 CDC-10207

Synonym(s)	Brucellosis
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	<a href="http://www.selectagents.gov/forms.html">http://www.selectagents.gov/forms.html</a>
Performed on Specimens From	Human, Animal, and Food/Environmental/Medical Devices/Biologics
Acceptable Sample/ Specimen Type for Testing	Blood/serum, tissue, joint fluid, environmental/nonclinical samples and culture isolates
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	No Specific Requirements
Transport Medium	Agar slants preferred for shipping isolates
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Select agents that have been identified need form 2 approval prior to shipping. Form 2 may be found at: <a href="http://www.selectagents.gov/forms.html">http://www.selectagents.gov/forms.html</a> Select agents must be shipped Monday through Wednesday to prevent weekend arrivals Agar slants should be shipped at room temperature and specimens at 4°C.
Methodology	Polymerase Chain Reaction (PCR), Biochemicals, Phage Suseptability, Broth Micro Dilution, MLVA
Turnaround Time	3 Weeks
Interferences & Limitations	None
Additional Information	Turnaround time will vary depending on if an isolate is sent for identification or a specimen is sent for isolation. Identification of isolates generally is completed within 1 week and susceptibility testing is completed within 2 weeks, while isolation from specimens and subsequent ID may take up to 3 weeks.  For additional information please refer to the ASM sentinel laboratory guide: <a href="http://www.asm.org/images/pdf/Clinical/Protocols/brucella10-15-04.pdf">http://www.asm.org/images/pdf/Clinical/Protocols/brucella10-15-04.pdf</a>
CDC Points of Contact	Rebekah Tiller (404) 639-4507 eto3@cdc.gov David Lonsway (404) 639-2825 dul7@cdc.gov

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**Test Order**  
***Brucella* species Molecular Detection**  
**CDC-10208**

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Synonym(s) *Brucella* PCR

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**Pre-Approval Needed** None

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**Supplemental Information Required** None

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**Supplemental Form** <http://www.selectagents.gov/forms.html>

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**Performed on Specimens From** Human, Animal, and Food/Environmental/Medical Devices/Biologics

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**Acceptable Sample/ Specimen Type for Testing** Blood/serum, tissue, joint fluid, environmental/nonclinical samples. Blood specimens should be collected in EDTA or Sodium Citrate tubes (not heparin).

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**Minimum Volume Required** 250 uL

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**Storage & Preservation of Specimen Prior to Shipping** No Specific Requirements

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**Transport Medium** Blood specimens should be transported in EDTA or Sodium Citrate tubes at 4°C

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**Specimen Labeling** Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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**Shipping Instructions which Include Specimen Handling Requirements** Select agents that have been identified need form 2 approval prior to shipping. Form 2 can be found at: <http://www.selectagents.gov/forms.html>  
Select agents must be shipped Monday through Wednesday to prevent weekend arrivals. Specimens should be shipped at 4°C.

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**Methodology** Polymerase Chain Reaction (PCR)

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**Turnaround Time** 2 Days

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**Interferences & Limitations** Blood specimens should be collected in EDTA or Sodium Citrate tubes (not heparin)

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**Additional Information** For additional information please refer to the ASM sentinel laboratory guide: <http://www.asm.org/images/pdf/Clinical/Protocols/brucella10-15-04.pdf>

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**CDC Points of Contact** Rebekah Tiller  
(404) 639-4507  
eto3@cdc.gov  
Alex Hoffmaster  
(404) 639-0852  
amh9@cdc.gov

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**Test Order**  
***Brucella* species Serology**  
**CDC-10197**

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Synonym(s) BMAT

**Pre-Approval Needed** None

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human and Animal

Acceptable Sample/ Specimen Type for Testing Serum (acute and convalescent preferred)

Minimum Volume Required 100 uL

Storage & Preservation of Specimen Prior to Shipping Serum needs to be stored at 4°C

Transport Medium Not applicable

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday -Thursday overnight to avoid weekend deliveries  
Ship serum at 4°C

Methodology *Brucella* microagglutination test (BMAT)

Turnaround Time 1 Week

Interferences & Limitations Acute and convalescent sera are preferred  
No serology available for *B. Canis* or RB51  
May have poor sensitivity for chronic or complicated brucellosis

Additional Information Acute and convalescent sera are preferred

CDC Points of Contact Robyn Stoddard  
(404) 639-2053  
frd8@cdc.gov  
Renee Galloway  
(404) 639-5461  
zul0@cdc.gov

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**Test Order**  
*Brucella* species Study  
CDC-10209

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Synonym(s) None

**Pre-Approval Needed** Stodard, Robyn, (404) 639-2053, frd8@cdc.gov  
Tiller, Rebekah, (404) 639-4507, eto3@cdc.gov

**Supplemental Information  
Required** None

**Supplemental Form** None

Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

CDC Points of Contact Robyn Stoddard  
(404) 639-2053  
frd8@cdc.gov  
Rebekah Tiller  
(404) 639-4507  
eto3@cdc.gov

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**Test Order**  
*Burkholderia mallei/pseudomallei* Identification, Genotyping  
 and AST  
 CDC-10210

Synonym(s)	Glanders, Melioidosis
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	<a href="http://www.selectagents.gov/forms.html">http://www.selectagents.gov/forms.html</a>
Performed on Specimens From	Human, Animal, and Food/Environmental/Medical Devices/Biologics
Acceptable Sample/ Specimen Type for Testing	Isolates, clinical specimens (blood, bone marrow, sputum or bronchoscopically obtained specimens, abscess material or wound swabs, and urine)
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	No Specific Requirements
Transport Medium	Agar slants preferred for isolates
Specimen Labeling	Test subject to CLIA regulations require two patient identifiers on the specimen container and the test requisition
Shipping Instructions which Include Specimen Handling Requirements	Select agents that have been identified need form 2 approval prior to shipping. Form 2 can be found at <a href="http://www.selectagents.gov/forms.html">http://www.selectagents.gov/forms.html</a> Select agents must be shipped Monday through Wednesday to prevent weekend arrivals. Specimens should be shipped at 4°C.
Methodology	Polymerase Chain Reaction (PCR), Biochemicals, Broth Micro Dilution, Multilocus sequence typing (MLST), Multiple-Locus Variable number tandem repeat Analysis (MLVA)
Turnaround Time	1 Week
Interferences & Limitations	None
Additional Information	Turnaround time will vary depending on if an isolate is sent for identification or a specimen is sent for isolation. Identification of isolates generally is completed within 3 days while isolation from specimens and subsequent ID may take up to 10 days. For additional information please refer to the ASM sentinel laboratory guide: <a href="http://asm.org/images/pdf/Clinical/Protocols/bpseudomallei2008.pdf">http://asm.org/images/pdf/Clinical/Protocols/bpseudomallei2008.pdf</a>
CDC Points of Contact	Mindy Elrod (404) 639-4055 wzg0@cdc.gov David Lonsway (404) 639-2825 dul7@cdc.gov

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**Test Order**  
*Burkholderia mallei/pseudomallei* Molecular Detection  
CDC-10211

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Synonym(s) Glanders, Melioidosis

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**Pre-Approval Needed** None

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**Supplemental Information Required** None

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**Supplemental Form** <http://www.selectagents.gov/forms.html>

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Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

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Acceptable Sample/ Specimen Type for Testing Blood, bone marrow, sputum or bronchoscopically obtained specimens, abscess material or wound swabs, urine, and serum; blood specimens should be collected in EDTA or Sodium Citrate tubes (not heparin)

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Minimum Volume Required 250 uL

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Storage & Preservation of Specimen Prior to Shipping No Specific Requirements

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Transport Medium Dependent on specimen type

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Specimen Labeling Test subject to CLIA regulations require two patient identifiers on the specimen container and the test requisition

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Shipping Instructions which Include Specimen Handling Requirements Select agents that have been identified need form 2 approval prior to shipping. Form 2 can be found at <http://www.selectagents.gov/forms.html>  
Select agents must be shipped Monday through Wednesday to prevent weekend arrivals. Specimens should be shipped at 4°C. Select agents must be shipped Monday through Wednesday to prevent weekend arrivals. Agar slants should be shipped at room temperature and specimens at 4°C.

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Methodology Polymerase Chain Reaction (PCR)

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Turnaround Time 2 Days

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Interferences & Limitations Blood specimens should be collected in EDTA or Sodium Citrate tubes (not heparin)

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Additional Information For additional information please refer to the ASM sentinel laboratory guide: <http://asm.org/images/pdf/Clinical/Protocols/bpseudomallei2008.pdf>

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CDC Points of Contact Jay Gee  
(404) 639-4936  
xzg4@cdc.gov  
Mindy Elrod  
(404) 639-4055  
wzg0@cdc.gov

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**Test Order**  
*Burkholderia mallei/pseudomallei* Study  
CDC-10212

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Synonym(s) None

**Pre-Approval Needed** Elrod, Mindy, (404) 639-4055, wzg0@cdc.gov  
Gee, Jay, (404) 639-4936, xzg4@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

CDC Points of Contact Mindy Elrod  
(404) 639-4055  
wzg0@cdc.gov  
Jay Gee  
(404) 639-4936  
xzg4@cdc.gov

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**Test Order**  
*Burkholderia pseudomallei* Serology  
CDC-10198

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Synonym(s) Melioidosis

**Pre-Approval Needed** None

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human and Animal

Acceptable Sample/ Specimen Type for Testing Serum (acute and convalescent required)

Minimum Volume Required 100 uL

Storage & Preservation of Specimen Prior to Shipping Store serum at 4°C before shipping

Transport Medium Not Applicable

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday -Thursday overnight to avoid weekend deliveries  
Serum should be shipped at 4°C

Methodology IHA-indirect haemagglutination

Turnaround Time 2 Weeks

Interferences & Limitations Acute and convalescent are required.

Additional Information Turnaround time may be shorter depending on risk and need

CDC Points of Contact Alex Hoffmaster  
(404) 639-0852  
amh9@cdc.gov  
Mindy Elrod  
(404) 639-4055  
wzg0@cdc.gov

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**Test Order**  
*Burkholderia* spp. ID (Not *B. mallei*/*B. pseudomallei*)  
CDC-10144

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Synonym(s) *Burkholderia* Identification

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**Pre-Approval Needed** None

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**Supplemental Information Required** Please notify laboratory prior to shipment if this is a critical care specimen

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**Supplemental Form** None

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Performed on Specimens From Human and Food/Environmental/Medical Devices/Biologics

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Acceptable Sample/ Specimen Type for Testing Pure culture isolate on a suitable agar slant medium; consultation required for other sample/specimen types

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Minimum Volume Required Not Applicable

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Storage & Preservation of Specimen Prior to Shipping Keep specimen refrigerated if unable to ship immediately

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Transport Medium Not Applicable

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday–Thursday, overnight to avoid weekend deliveries

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Methodology Primary Culture based on specimen type, MALDI–TOF, 16S sequence based identification

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Turnaround Time 3 Weeks

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Interferences & Limitations The 3 week turnaround time applies to all tests unless biochemical and/or phenotypic analysis are required, which could take up to 2 months for test results.

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Additional Information If available, please provide patient history including if the patient has used a catheter and/or if the patient is immunocompromised

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CDC Points of Contact John McQuiston  
(404) 639–0270  
zje8@cdc.gov  
Anne Whitney  
(404) 639–1374  
amw0@cdc.gov

---

**Test Order**  
*Campylobacter* and *Helicobacter* Study  
 CDC-10125

Synonym(s) *Campy, H. pylori*

**Pre-Approval Needed** Fitzgerald, Collette, (404) 639-0838, chf3@cdc.gov  
 Jones, Patricia, (404) 639-3334, entericbacteria@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

**CDC Points of Contact** Collette Fitzgerald  
 (404) 639-0838  
 chf3@cdc.gov  
 Patricia Jones  
 (404) 639-3334  
 entericbacteria@cdc.gov

Michael Korth  
 (404) 639-3334  
 mqk8@cdc.gov

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**Test Order**  
*Campylobacter* species serology  
CDC-10455

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Synonym(s) Enteric Pathogen

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**Pre-Approval Needed** Talkington, Deborah, (404) 639-3918, dft1@cdc.gov  
Pruckler, Jim, (404) 639-3816, jmp3@cdc.gov

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**Supplemental Information Required** Date of illness onset, date of serum collection, clinical diagnosis (i.e. Guillain-Barré).

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**Supplemental Form** None

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Performed on Specimens From Human

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**Acceptable Sample/ Specimen Type for Testing** Paired serum is preferred. Serum is always preferred but plasma is acceptable. Do not pool specimens.

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**Minimum Volume Required** 100 uL (More Preferred)

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**Storage & Preservation of Specimen Prior to Shipping** Maintain serum at 4°C (preferred); frozen specimens acceptable

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**Transport Medium** Separate serum from the clot and ship in a sterile labeled tube with the top tightly closed

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**Specimen Labeling** Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

---

**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday, overnight to avoid weekend deliveries. Please notify Deborah Talkington (dft1@cdc.gov) and Jim Pruckler (jmp3@cdc.gov) once specimens have been shipped to provide the tracking number.

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Ship with cold packs in compliance with federal and local guidelines

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**Methodology** EIA

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**Turnaround Time** 3 Months

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**Interferences & Limitations** None

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**Additional Information** Paired serum specimens always preferred.

---

Please send one tube per specimen submission form. Submit multiple forms if needed.

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**CDC Points of Contact** Deborah Talkington  
(404) 639-3918  
dft1@cdc.gov  
Jim Pruckler  
(404) 639-3816  
jmp3@cdc.gov

---

**Test Order**  
*Campylobacter, Helicobacter, and Related Organisms*  
 Identification  
 CDC-10126

Synonym(s) *Campy, H. pylori*

**Pre-Approval Needed** None

**Supplemental Information Required** Prior approval is not required for human specimens; Please call for approval prior to sending other specimen types. Provide any preliminary results available.

**Supplemental Form** None

Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing Isolates

Minimum Volume Required Not Applicable

Storage & Preservation of Specimen Prior to Shipping No Specific Requirements

Transport Medium Ship overnight growth on nonselective blood-based slant/stab (preferably not TSA); screw cap tubes preferred

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship Monday–Thursday, overnight to avoid weekend deliveries

Ship with cold packs in compliance with federal and local guidelines

Methodology Phenotypic Identification, Genetic Identification

Turnaround Time 8 Weeks

Interferences & Limitations None

Additional Information Turnaround times for routine isolates may be extended during major foodborne outbreak activities or due to limited availability of resources.

CDC Points of Contact Collette Fitzgerald  
 (404) 639-0838  
 chf3@cdc.gov  
 Janet Pruckler  
 (404) 639-4770  
 jmp5@cdc.gov



**Test Order**  
***Campylobacter, Helicobacter, and Related Organisms***  
**Identification and Subtyping**  
**CDC-10127**

Synonym(s) *Campy, H. pylori*

**Pre-Approval Needed** None

**Supplemental Information Required** Prior approval is not required for human specimens; Please call for approval prior to sending other specimen types. Provide any preliminary results available.

**Supplemental Form** None

Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing Isolates

Minimum Volume Required Not Applicable

Storage & Preservation of Specimen Prior to Shipping No Specific Requirements

Transport Medium Ship overnight growth on nonselective blood-based slant/stab (preferably not TSA); screw cap tubes preferred

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship Monday–Thursday, overnight to avoid weekend deliveries

Ship with cold packs in compliance with federal and local guidelines

Methodology Phenotypic Identification, Genetic Identification, Penner Serotyping, PFGE, AST

Turnaround Time 8 Weeks

Interferences & Limitations None

**Additional Information** Specify type of subtyping requested in 'Previous Laboratory Results' on back of form. Epidemiologic metadata, PulseNet cluster code, and PFGE pattern designation requested if available.

Turnaround times for routine isolates may be extended during major foodborne outbreak activities due to limited availability of resources.

**CDC Points of Contact** Collette Fitzgerald  
(404) 639-0838  
chf3@cdc.gov  
Janet Pruckler  
(404) 639-4770  
jmp5@cdc.gov

---

**Test Order**  
**Chagas Disease Molecular Detection**  
**CDC-10475**

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Synonym(s) *Trypanosoma cruzi*; American trypanosomiasis, parasite

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**Pre-Approval Needed** None

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Blood

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Minimum Volume Required 2.2 ml (pediatric 0.2 ml)

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Storage & Preservation of Specimen Prior to Shipping Collect about 5 ml blood sample in Vacutainer® EDTA tubes prior to anti-parasitic therapy and store at 4°C

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Transport Medium Not Applicable

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship Monday - Thursday, overnight to avoid weekend deliveries. Ship specimen on wet ice (cold pack) as an etiologic agent.

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Methodology Real-time PCR

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Turnaround Time 21 Days

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Interferences & Limitations None

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Additional Information None

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CDC Points of Contact Yvonne Qvarnstrom  
(404) 718-4123  
bvp2@cdc.gov  
Theresa Benedict  
(404) 718-4124  
tgd5@cdc.gov

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**Test Order**  
**Chagas Disease Serology**  
**CDC-10458**

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Synonym(s) *Trypanosoma cruzi*; American trypanosomiasis, parasite

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**Pre-Approval Needed** None

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**Supplemental Information Required** Exposure and travel history, include other relevant risk factors; clinical symptoms, treatment and relevant lab results.

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Serum and plasma

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Minimum Volume Required 0.5 mL

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Storage & Preservation of Specimen Prior to Shipping No specific requirements

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Transport Medium Not Applicable

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship Monday - Thursday, overnight to avoid weekend deliveries. Ship specimen at room temperature, not on dry ice, as an etiologic agent.

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Methodology Indirect Fluorescent Antibody Assay, EIA, ELISA, Antibody Detection

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Turnaround Time 18 Days

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Interferences & Limitations Substances known to interfere with immunoassays include: bilirubin, lipids, and hemoglobin

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Additional Information None

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CDC Points of Contact Hilda Rivera  
(404) 718-4100  
igi2@cdc.gov  
Sue Montgomery  
(404) 718-4731  
zqu6@cdc.gov

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**Test Order**  
*Chlamydia trachomatis*, Genital – Molecular Detection  
CDC-10192

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Synonym(s) *Chlamydia trachomatis* (CT) NAATS, *Chlamydia*

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**Pre-Approval Needed** None

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**Supplemental Information Required** Please indicate the product or medium used for storage and/or transport.

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Oral pharynx swabs, cervical swabs, vaginal swabs, and rectal swabs collected on any commercially available product, and urine

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Minimum Volume Required 5 mL (urine)

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Storage & Preservation of Specimen Prior to Shipping Adhere to product insert instructions for swabs

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Transport Medium Adhere to product insert instructions for swabs

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship Monday – Thursday, overnight to avoid weekend deliveries. Specimen should be shipped on dry ice if previously frozen, as an etiologic agent.

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Methodology Nucleic Acid Amplification Tests (NAATS)

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Turnaround Time 2 Weeks

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Interferences & Limitations Adhere to product insert instructions for swabs

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Additional Information None

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CDC Points of Contact John Papp  
(404) 639-3785  
jwp6@cdc.gov  
Carol Farshy  
(404) 639-2870  
cef1@cdc.gov

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**Test Order**  
*Chlamydia trachomatis*, Genital – Study  
CDC-10193

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Synonym(s) None

**Pre-Approval Needed** Papp, John, (404) 639-3785, jwp6@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

CDC Points of Contact John Papp  
(404) 639-3785  
jwp6@cdc.gov  
Carol Farshy  
(404) 639-2870  
cef1@cdc.gov

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**Test Order**  
***Chlamydomphila pneumoniae* Molecular Detection**  
**CDC-10152**

Synonym(s)	<i>Chlamydia pneumoniae</i> , Atypical pneumonia, CAP, Chlamydia
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Nasopharyngeal (NP) and/or Oropharyngeal (OP) swabs, and any lower respiratory tract specimen including bronchoalveolar lavage (BAL) and sputum; tissue, cerebral spinal fluid, isolates and purified nucleic acid; Others upon consultation with laboratory.
Minimum Volume Required	Contingent upon specimen type. Please call for consultation
Storage & Preservation of Specimen Prior to Shipping	Specimens can be kept refrigerated if shipped in less than 72 hours of collection; otherwise specimen should be kept frozen. Store swabs in universal transport medium.
Transport Medium	Universal transport medium
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday–Thursday overnight to avoid weekend deliveries Refrigerated specimen should be sent on ice packs Frozen specimen should be sent on dry ice
Methodology	Real Time PCR
Turnaround Time	7 Days
Interferences & Limitations	Do not use cotton swabs with wooden shafts. Specimen should be acquired prior to antibiotic treatment. Improper specimen storage and handling may result in inconclusive or inaccurate results.
Additional Information	None
CDC Points of Contact	Jonas Winchell (404) 639-4921 Jwinchell@cdc.gov Maureen Diaz (404) 639-4534 mdiaz1@cdc.gov

**Test Order**  
***Chlamydomphila psittaci* Molecular Detection**  
**CDC-10153**

Synonym(s)	Psittacosis, Parrot fever, <i>Chlamydia psittaci</i>
<b>Pre-Approval Needed</b>	Winchell, Jonas, (404) 639-4921, <a href="mailto:Jwinchell@cdc.gov">Jwinchell@cdc.gov</a> Diaz, Maureen, (404) 639-4534, <a href="mailto:mdiaz1@cdc.gov">mdiaz1@cdc.gov</a>
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Nasopharyngeal (NP) and/or Oropharyngeal (OP) swabs, and any lower respiratory tract specimen including bronchoalveolar lavage (BAL) and sputum; tissue, cerebral spinal fluid , isolates and purified nucleic acid; Others upon consultation with laboratory.
Minimum Volume Required	Contingent upon specimen type. Please call for consultation
Storage & Preservation of Specimen Prior to Shipping	Blood specimen should be collected in EDTA tubes. Tissues should be kept frozen. All other specimens can be kept refrigerated if shipped if less than 72 hours of collection; otherwise specimen should be kept frozen. Store swabs in universal transport medium.
Transport Medium	Universal transport medium
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday–Thursday overnight to avoid weekend deliveries Refrigerated specimen should be sent on ice packs Frozen specimen should be sent on dry ice
Methodology	Real Time PCR
Turnaround Time	7 Days
Interferences & Limitations	Do not send fixed tissues. Do not use cotton swabs with wooden shafts. Specimen should be acquired prior to antibiotic treatment. Improper specimen storage and handling may result in inconclusive or inaccurate results.
Additional Information	If specimen is not of human origin please contact Dr. Branson Ritchie at the University of Georgia
CDC Points of Contact	Jonas Winchell (404) 639-4921 <a href="mailto:Jwinchell@cdc.gov">Jwinchell@cdc.gov</a> Maureen Diaz (404) 639-4534 <a href="mailto:mdiaz1@cdc.gov">mdiaz1@cdc.gov</a>

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**Test Order**  
*Chlamydomphila psittaci* Serology  
CDC-10154

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Synonym(s) Psittacosis, Parrot fever, *Chlamydia psittaci*

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**Pre-Approval Needed** Winchell, Jonas, (404) 639-4921, [jwinchell@cdc.gov](mailto:jwinchell@cdc.gov)  
Diaz, Maureen, (404) 639-4534, [mdiaz1@cdc.gov](mailto:mdiaz1@cdc.gov)

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Paired Sera (acute and convalescent)

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Minimum Volume Required 2 mL of each serum

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Storage & Preservation of Specimen Prior to Shipping Specimen should be kept frozen

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Transport Medium Not Applicable

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship Monday–Thursday overnight to avoid weekend deliveries  
Frozen specimen should be sent on dry ice

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Methodology Micro-immunofluorescence (MIF)

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Turnaround Time 7 Days

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Interferences & Limitations Improper specimen storage and handling may result in inconclusive or inaccurate results

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Additional Information None

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CDC Points of Contact Jonas Winchell  
(404) 639-4921  
[jwinchell@cdc.gov](mailto:jwinchell@cdc.gov)  
Maureen Diaz  
(404) 639-4534  
[mdiaz1@cdc.gov](mailto:mdiaz1@cdc.gov)

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**Test Order**  
*Chlamydophila* species Study  
CDC-10158

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Synonym(s) None

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**Pre-Approval Needed** Winchell, Jonas, (404) 639-4921, [Jwinchell@cdc.gov](mailto:Jwinchell@cdc.gov)  
Diaz, Maureen, (404) 639-4534, [mdiaz1@cdc.gov](mailto:mdiaz1@cdc.gov)

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing To be determined

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Minimum Volume Required To be determined

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Storage & Preservation of Specimen Prior to Shipping To be determined

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Transport Medium To be determined

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Specimen Labeling To be determined

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Shipping Instructions which Include Specimen Handling Requirements To be determined

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Methodology

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Turnaround Time

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Interferences & Limitations To be determined

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Additional Information To be determined

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CDC Points of Contact Jonas Winchell  
(404) 639-4921  
[Jwinchell@cdc.gov](mailto:Jwinchell@cdc.gov)  
Maureen Diaz  
(404) 639-4534  
[mdiaz1@cdc.gov](mailto:mdiaz1@cdc.gov)

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**Test Order**  
**Clinical Microbiology Reference Study**  
**CDC-10231**

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Synonym(s) None

**Pre-Approval Needed** Rasheed, Kamile, (404) 639-3247, JRasheed@cdc.gov  
Limbago, Brandi, (404) 639-2162, Blimbago@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

CDC Points of Contact Kamile Rasheed  
(404) 639-3247  
JRasheed@cdc.gov  
Brandi Limbago  
(404) 639-2162  
Blimbago@cdc.gov

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**Test Order**  
*Clostridium difficile* Identification  
 CDC-10228

Synonym(s)	<i>C. Difficile</i> ID, <i>C. diff</i>
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human and Animal
Acceptable Sample/ Specimen Type for Testing	Pure culture isolates in suitable anaerobic transport medium (e.g., Chopped Meat Glucose Broth)
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	Store anaerobically
Transport Medium	Pure culture isolate in Chopped Meat Glucose Broth, thioglycolate broth or frozen in TSB plus glycerol
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Ship specimen Monday -Thursday overnight to avoid weekend deliveries, as an etiologic agent.  Frozen specimen should be shipped on dry ice Specimen stored at room temperature should be shipped at room temperature
Methodology	Phenotypic Testing, Molecular Testing
Turnaround Time	28 Days
Interferences & Limitations	None
Additional Information	This test does not include strain typing or characterization
CDC Points of Contact	David Lonsway (404) 639-2825 Dlonsway@cdc.gov Kamile Rasheed (404) 639-3247 jkr1@cdc.gov

**Test Order**  
***Clostridium difficile* Outbreak Strain Typing**  
**CDC-10229**

Synonym(s)	<i>C. Difficile</i> Toxin, <i>C. difficile</i> Characterization
<b>Pre-Approval Needed</b>	Rasheed, Kamile, (404) 639-3247, JRasheed@cdc.gov Karlsson, Maria, (404) 639-0698, fwt4@cdc.gov
<b>Supplemental Information Required</b>	Prior approval and Epidemiologic consultation required.
<b>Supplemental Form</b>	None
Performed on Specimens From	Human, Animal, and Food/Environmental/Medical Devices/Biologics
Acceptable Sample/ Specimen Type for Testing	Pure culture isolate. Additional specimen types accepted upon consultation with laboratory
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	Store anaerobically
Transport Medium	Pure culture isolate in Chopped Meat Glucose Broth, thioglycolate broth or frozen in TSB plus glycerol
Specimen Labeling	Include date of isolation and unique specimen identifier
Shipping Instructions which Include Specimen Handling Requirements	Ship specimen Monday -Thursday overnight to avoid weekend deliveries, as an etiologic agent.  Frozen specimen should be shipped on dry ice Specimen stored at room temperature should be shipped at room temperature
Methodology	Molecular Strain Typing, Phenotypic Testing
Turnaround Time	28 Days
Interferences & Limitations	None
Additional Information	Not CLIA compliant testing; for epidemiologic purposes only
CDC Points of Contact	Kamile Rasheed (404) 639-3247 JRasheed@cdc.gov Maria Karlsson (404) 639-0698 fwt4@cdc.gov

**Test Order**  
***Clostridium perfringens* Detection – Foodborne Outbreak**  
**CDC-10111**

Synonym(s) *C. perfringens*

**Pre-Approval Needed** Talkington, Deborah, (404) 639-3918, dft1@cdc.gov  
 Gomez, Gerardo, (404) 639-0537, goe4@cdc.gov

**Supplemental Information Required** Only specimens from foodborne outbreaks accepted. Consult with EDLB contact before sending specimens. Provide any preliminary results available.

**Supplemental Form** None

**Performed on Specimens From** Human and Food/Environmental/Medical Devices/Biologics

**Acceptable Sample/ Specimen Type for Testing** Isolates, stool and food. Only specimens from foodborne outbreaks accepted. Consult with Dr. Talkington before sending specimens.

**Minimum Volume Required** 10 g (stool) and 25 g (food)

**Storage & Preservation of Specimen Prior to Shipping** Maintain stool and food at 4°C

**Transport Medium** Not Applicable

**Specimen Labeling** Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday, overnight to avoid weekend deliveries. Please notify Deborah Talkington (dft1@cdc.gov) and Gerardo Gomez (goe4@cdc.gov) once specimens have been shipped to provide the tracking number.

Ship with cold packs in compliance with federal and local guidelines

**Methodology** Toxin Detection in Stool, Culture, PCR

**Turnaround Time** 2 Months

**Interferences & Limitations** None

**Additional Information** Direct toxin detection requires stool specimens

**CDC Points of Contact** Deborah Talkington  
 (404) 639-3918  
 dft1@cdc.gov  
 Gerardo Gomez  
 (404) 639-0537  
 goe4@cdc.gov

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**Test Order**  
**Congo–Crimean Hemorrhagic Fever Identification**  
**CDC–10302**

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Synonym(s) CCHF

**Pre-Approval Needed** Stroehler, Ute, (404) 639–4704, [ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Knust, Barbara, (404) 639–1104, [bkk0@cdc.gov](mailto:bkk0@cdc.gov)

**Supplemental Information Required** See Supplemental Form

**Supplemental Form** <http://www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf>

Performed on Specimens From Human and Animal

Acceptable Sample/ Specimen Type for Testing Frozen tissue, blood, and serum

Minimum Volume Required 1 mL

**Storage & Preservation of Specimen Prior to Shipping** Specimen must be placed in plastic screw capped vials, frozen to –70°C, and kept frozen until shipment. See link to supplemental submission form for specific information on various specimen types.

**Transport Medium** Not Applicable

**Specimen Labeling** Patient name, patient ID #, specimen type, date collected

**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday overnight to avoid weekend deliveries. Specimen should be shipped frozen on dry ice. See supplemental submission forms for further details. Do not ship specimen without prior consultation and approval.

**Methodology** Molecular Typing, Polymerase Chain Reaction (PCR)

**Turnaround Time** 10 Days

**Interferences & Limitations** Specimen must remain frozen; warming or freeze thawing reduces sensitivity. Heparin may cause interference with the molecular tests and should be avoided.

**Additional Information** Critical specimens will take less than 4 days to turn around. See link to supplemental submission forms for detailed information.

**CDC Points of Contact** Ute Stroehler  
(404) 639–4704  
[ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Barbara Knust  
(404) 639–1104  
[bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Test Order**  
**Congo–Crimean Hemorrhagic Fever Serology**  
**CDC–10303**

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Synonym(s) CCHF

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**Pre-Approval Needed** Stroehler, Ute, (404) 639–4704, [ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Knust, Barbara, (404) 639–1104, [bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Supplemental Information Required** See Supplemental Form

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**Supplemental Form** <http://www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf>

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Performed on Specimens From Human and Animal

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Acceptable Sample/ Specimen Type for Testing Blood and serum

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Minimum Volume Required 1 mL

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**Storage & Preservation of Specimen Prior to Shipping** Specimen must be kept cold (at or below 4°C). If possible place specimen in plastic screw capped vials. See link to supplemental submission form for specific information on various specimen types.

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**Transport Medium** Not Applicable

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**Specimen Labeling** Patient name, patient ID #, specimen type, date collected

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**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday overnight to avoid weekend deliveries. Specimen should be shipped on cold packs or dry ice if frozen. See supplemental submission forms for further details. Do not ship specimen without prior consultation and approval.

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**Methodology** ELISA

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**Turnaround Time** 10 Days

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**Interferences & Limitations** Specimen must remain frozen; warming or freeze thawing reduces sensitivity

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**Additional Information** Critical specimens will take less than 4 days to turn around. See link to supplemental submission forms for detailed information.

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**CDC Points of Contact** Ute Stroehler  
(404) 639–4704  
[ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Barbara Knust  
(404) 639–1104  
[bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Test Order**  
*Corynebacterium diphtheriae* Study  
CDC-10172

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Synonym(s) None

**Pre-Approval Needed** Cassidy, Pam, (404) 639-1231, pxc1@cdc.gov  
Tondella, Maria, (404) 639-1239, mlt5@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

**CDC Points of Contact** Pam Cassidy  
(404) 639-1231  
pxc1@cdc.gov  
Maria Tondella  
(404) 639-1239  
mlt5@cdc.gov

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# Test Order

## *Corynebacterium diphtheriae* Toxin – Molecular Detection

### CDC-10171

Synonym(s)	Diphtheria, Real Time PCR
<b>Pre-Approval Needed</b>	Cassiday, Pam, (404) 639-1231, pxc1@cdc.gov Tondella, Maria, (404) 639-1239, mlt5@cdc.gov
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Pure culture isolates on a suitable agar slant, extracted DNA, or pseudomembrane
Minimum Volume Required	100 uL (DNA)
Storage & Preservation of Specimen Prior to Shipping	Specimens should be kept refrigerated or frozen. Use plastic/glass screw-cap, leak-proof vials. Pseudo-membrane should be sent in leak-proof container with saline, not formalin.
Transport Medium	Common transport media such as Amies or Stuart may be used for swabs. Isolates should be sent on blood agar slants or TSA. Pseudo-membrane should be sent in leak-proof container with saline not formalin.
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.  Note: surveillance studies may label specimens according to protocol
Shipping Instructions which Include Specimen Handling Requirements	Once specimens are collected they should be shipped to the laboratory as soon as possible, between 24-48 hours. Sender is responsible for shipping charges and when shipping internationally must request CDC's import permit and include this with the Air Waybill. Additionally, the Pertussis/Diphtheria Laboratory requests that the sender contacts the laboratory by email or phone before shipping.
Methodology	Real Time Polymerase Chain Reaction (RT-PCR)
Turnaround Time	5 Days
Interferences & Limitations	Prior antibiotic treatment will adversely affect results. Suboptimal volumes of specimens may adversely affect the sensitivity of tests performed therefore it is very important to obtain an acceptable volume and a quality specimen. Clinical specimens collected subsequent to initiation of antimicrobial treatment may not be positive for <i>Corynebacterium</i> species due to reduction of organisms. Whenever possible, specimens collected prior to administration of antimicrobial agents should be used to determine infection with <i>Corynebacterium</i> species.
Additional Information	Diphtheria Antitoxin (DAT) testing should be performed on the patient prior to requesting molecular testing from CDC. <i>Corynebacterium</i> PCR testing is not currently used for diagnostic purposes for diphtheria and is not considered a confirmatory test.
CDC Points of Contact	Pam Cassiday (404) 639-1231 pxc1@cdc.gov Maria Tondella (404) 639-1239 mlt5@cdc.gov

**Test Order**  
*Corynebacterium diphtheriae/ ulcerans/ pseudotuberculosis* ID  
 and Toxigenicity  
 CDC-10169

Synonym(s)	Diphtheria
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Fresh subculture (24-48 hours old) of a pure culture isolate on a suitable agar slant
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	Use plastic/glass screw-cap, leak-proof vials. Isolates can be refrigerated on an agar slant or common culture medium or frozen in TSB with glycerol or other liquid medium.
Transport Medium	Common transport medium such as blood agar, TSA, nutrient agar, slants/plates, or frozen
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.  Note: surveillance studies may label specimens according to protocol
Shipping Instructions which Include Specimen Handling Requirements	Once specimens are collected they should be shipped to the laboratory as soon as possible, between 24-48 hours. Sender is responsible for shipping charges and when shipping internationally must request CDC's import permit and include this with the Air Waybill. Additionally, the Pertussis/Diphtheria Laboratory requests that the sender contacts the laboratory by email or phone before shipping.
Methodology	Culture, API Coryne, Elek, Polymerase Chain Reaction (PCR)
Turnaround Time	1 Week
Interferences & Limitations	Isolates passed within 24-48 hours are preferred
Additional Information	None
CDC Points of Contact	Pam Cassiday (404) 639-1231 pxc1@cdc.gov Maria Tondella (404) 639-1239 mlt5@cdc.gov

**Test Order**  
*Corynebacterium diphtheriae/ulcerans/pseudotuberculosis*  
 Isolation, ID, Toxigenicity  
 CDC-10168

Synonym(s)	Diphtheria
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Throat, nasal and wound swabs, pseudo-membrane, and sputum
Minimum Volume Required	0.5 mL
Storage & Preservation of Specimen Prior to Shipping	Use plastic/glass screw-cap, leak-proof vials. Store refrigerated.
Transport Medium	Common transport media such as Amies or Stuart may be used for swabs. Pseudo-membrane should be sent in leak-proof container with saline not formalin.
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.  Note: surveillance studies may label specimens according to protocol
Shipping Instructions which Include Specimen Handling Requirements	Once specimens are collected they should be shipped to the laboratory as soon as possible, between 24-48 hours. Sender is responsible for shipping charges and when shipping internationally must request CDC's import permit and include this with the Air Waybill. Additionally, the Pertussis/Diphtheria Laboratory requests that the sender contacts the laboratory by email or phone before shipping.
Methodology	Culture, Polymerase Chain Reaction (PCR), API Coryne, Elek
Turnaround Time	1 Week
Interferences & Limitations	Prior antibiotic treatment will adversely affect results. Suboptimal volumes of specimens may adversely affect the sensitivity of tests performed therefore it is very important to obtain an acceptable volume and a quality specimen. Clinical specimens collected subsequent to initiation of antimicrobial treatment may not be positive for <i>Corynebacterium</i> species due to reduction of organisms. Whenever possible, specimens collected prior to administration of antimicrobial agents should be used to determine infection with <i>Corynebacterium</i> species.
Additional Information	None
CDC Points of Contact	Pam Cassiday (404) 639-1231 pxc1@cdc.gov Maria Tondella (404) 639-1239 mlt5@cdc.gov

**Test Order**  
*Corynebacterium* species (Not *C. diphtheriae*) ID  
 CDC-10136

Synonym(s)	Diphtheria
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	Please notify laboratory prior to shipment if this is a critical care specimen
<b>Supplemental Form</b>	None
Performed on Specimens From	Human and Food/Environmental/Medical Devices/Biologics
Acceptable Sample/ Specimen Type for Testing	Pure culture isolate on a suitable agar slant medium; Consultation required for other sample/specimen types
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	Keep specimen refrigerated if unable to ship immediately
Transport Medium	Not Applicable
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Ship specimen Monday–Thursday, overnight to avoid weekend deliveries
Methodology	Primary Culture based on specimen type, MALDI-TOF, 16S sequence based identification
Turnaround Time	3 Weeks
Interferences & Limitations	The 3 week turnaround time applies to all tests unless biochemical and/or phenotypic analysis are required, which could take up to 2 months for test results.
Additional Information	If available, please provide patient history including if the patient has used a catheter and/or if the patient is immunocompromised.
CDC Points of Contact	John McQuiston (404) 639-0270 zje8@cdc.gov Anne Whitney (404) 639-1374 amw0@cdc.gov

**Test Order**  
*Coxiella burnetii* Molecular Detection  
 CDC-10304

Synonym(s) Q fever

**Pre-Approval Needed** None

**Supplemental Information Required** Prior approval is required if the following information is not provided:  
 -Symptom onset date  
 -Sample collection date  
 -Type of infection  
 -Status of illness  
**Recommended:**  
 -Travel history  
 -Exposure history  
 -Therapeutic agents  
 -Brief clinical history

**Supplemental Form** None

Performed on Specimens From Human

**Acceptable Sample/ Specimen Type for Testing** Acute samples only, anticoagulated whole blood collected in Ethylenediaminetetraacetic acid (EDTA) treated tubes preferred; serum; fresh tissue biopsy

**Minimum Volume Required** 1.0 mL

**Storage & Preservation of Specimen Prior to Shipping** Ideally keep specimen at a refrigerated temperature not frozen. If previously frozen, then keep specimen frozen.

**Transport Medium** Ethylenediaminetetraacetic acid (EDTA) blood tubes for blood; tissue in a sample collection tube

**Specimen Labeling** Patient name and date of birth

**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday - Thursday, overnight to avoid weekend deliveries. Specimen should be shipped refrigerated on cold packs.

**Methodology** Real Time Polymerase Chain Reaction (PCR), Polymerase Chain Reaction (PCR), Sequencing

**Turnaround Time** 6 Weeks

**Interferences & Limitations** Hemolysis in whole blood specimen will interfere with results. Multiple freeze thaw cycles and sample storage above refrigerated temperatures will interfere with proper nucleic acid extraction. If a specimen is drawn at convalescence it will reduce the chance of the target organism being present in blood. Avoid collection of blood specimen in heparin tubes.

**Additional Information** The Rickettsial Zoonoses Branch Reference Diagnostic Laboratory aids State Laboratories in diagnosis of difficult samples/cases or if specialized tests are needed. Routine diagnostic samples should be sent to your State Laboratory or a commercial laboratory.

**CDC Points of Contact** Cecilia Kato  
 (404) 639-1075  
 ckato@cdc.gov  
 Christopher Paddock  
 (404) 639-1309  
 cdp9@cdc.gov

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**Test Order**  
*Coxiella burnetii* Serology  
CDC-10305

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Synonym(s) Q fever

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**Pre-Approval Needed** None

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**Supplemental Information Required** Prior approval is required if the following information is not provided:  
-Symptom onset date  
-Sample collection date  
-Type of infection  
-Status of illness  
**Recommended:**  
-Travel history  
-Exposure history  
-Therapeutic agents  
-Brief clinical history

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**Supplemental Form** None

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Performed on Specimens From Human

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**Acceptable Sample/ Specimen Type for Testing** Serum  
-acute (during active stage of illness)  
-convalescent (2-4 weeks after acute stage)

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**Minimum Volume Required** 1.0 mL

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**Storage & Preservation of Specimen Prior to Shipping** Ideally keep specimen at a refrigerated temperature not frozen. If previously frozen, then keep specimen frozen.

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**Transport Medium** Not Applicable

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**Specimen Labeling** Patient name and date of birth

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**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday - Thursday, overnight to avoid weekend deliveries. Specimen should be shipped refrigerated on cold packs.

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**Methodology** Indirect Fluorescence Assay (IFA)

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**Turnaround Time** 6 Weeks

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**Interferences & Limitations** Multiple freeze thaw cycles may interfere with antigen binding. Use sterile technique to avoid contamination of sample as this may compromise the sample and interfere with the ability to get accurate results. Acute and convalescent serum is needed for accurate diagnosis and if unable to collect both please contact laboratory prior to shipping.

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**Additional Information** The Rickettsial Zoonoses Branch Reference Diagnostic Laboratory aids State Laboratories in diagnosis of difficult samples/cases or if specialized tests are needed. Routine diagnostic samples should be sent to your State Laboratory or a commercial laboratory.

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**CDC Points of Contact** Cecilia Kato  
(404) 639-1075  
ckato@cdc.gov  
Christopher Paddock  
(404) 639-1309  
cdp9@cdc.gov

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**Test Order**  
***Coxiella* Special Study**  
**CDC-10306**

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Synonym(s) Q fever

**Pre-Approval Needed** Kato, Cecilia, (404) 639-1075, ckato@cdc.gov  
Paddock, Christopher, (404) 639-1309, cdp9@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

**CDC Points of Contact** Cecilia Kato  
(404) 639-1075  
ckato@cdc.gov  
Christopher Paddock  
(404) 639-1309  
cdp9@cdc.gov

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**Test Order**  
*Cryptosporidium* Special Study  
CDC-10491

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Synonym(s) None

**Pre-Approval Needed** Roellig, Dawn M, (404) 718-4134, iyd4@cdc.gov  
Xiao, Lihua, (404) 718-4161, lax0@cdc.gov

**Supplemental Information  
Required** None

**Supplemental Form** None

Performed on Specimens From None

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

**CDC Points of Contact** Dawn M Roellig  
(404) 718-4134  
iyd4@cdc.gov  
Lihua Xiao  
(404) 718-4161  
lax0@cdc.gov

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**Test Order**  
***Cyclospora* Molecular Detection**  
**CDC-10477**

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Synonym(s) *Cyclospora cayetenensis*, parasite

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**Pre-Approval Needed** None

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**Supplemental Information Required** None

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**Supplemental Form** None

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**Performed on Specimens From** Human, Animal, and Food/Environmental/Medical Devices/Biologics

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**Acceptable Sample/ Specimen Type for Testing** Stool

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**Minimum Volume Required** 0.5 g or 0.5ml

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**Storage & Preservation of Specimen Prior to Shipping** Stool collected in absence of preservatives must be kept refrigerated (4°C) or frozen. Stool samples in a PCR-compatible fixative, e.g. TotalFix, UniFix, EcoFix and modified PVA (Zn- or Cu-based), can be kept at room temperature. Alternatively stool specimens can also be mixed in potassium dichromate 2.5% (1:1 dilution) or in absolute ethanol (1:1 dilution).

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**Transport Medium** Not Applicable

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**Specimen Labeling** Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday – Thursday, overnight to avoid weekend deliveries. Ship fixed/preserved stool at room temperature. Ship unpreserved stool on wet ice (cold pack) if stored refrigerated or ship frozen (on dry ice) if stored frozen.

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**Methodology** Real-Time PCR

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**Turnaround Time** 21 Days

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**Interferences & Limitations** Stool specimens fixed in formalin-containing preservatives or LV-PVA are not suitable for molecular studies.

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**Additional Information** None

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**CDC Points of Contact** Yvonne Qvarnstrom  
(404) 718-4123  
bvp2@cdc.gov  
Theresa Benedict  
(404) 718-4124  
tgd5@cdc.gov

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**Test Order**  
**Cysticercosis Antigen ELISA**  
**CDC-10490**

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Synonym(s) *Taenia solium* antigen

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**Pre-Approval Needed** Noh, John, (404) 718-4111, jxn1@cdc.gov  
Handali, Sukwan, (404) 718-4113, ahi0@cdc.gov

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Serum, plasma; Cerebrospinal fluid (CSF)

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Minimum Volume Required 0.5 mL

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Storage & Preservation of Specimen Prior to Shipping No specific requirements

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Transport Medium Not Applicable

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship Monday - Thursday, overnight to avoid weekend deliveries. Ship specimen at room temperature, not on dry ice, as an etiologic agent.

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Methodology ELISA, Antigen Detection

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Turnaround Time 30 Days

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Interferences & Limitations Substances known to interfere with immunoassays include: bilirubin, lipids, and hemoglobin

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Additional Information None

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CDC Points of Contact John Noh  
(404) 718-4111  
jxn1@cdc.gov  
Sukwan Handali  
(404) 718-4113  
ahi0@cdc.gov

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**Test Order**  
**Cysticercosis Immunoblot**  
**CDC-10459**

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Synonym(s) Neurocysticercosis, *Taenia solium*, cysticercus, EITB, LLGP-EITB, parasite

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**Pre-Approval Needed** None

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**Supplemental Information Required** Exposure and travel history, include other relevant risk factors; clinical symptoms, treatment and relevant lab results.

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Serum, plasma; Cerebrospinal fluid (CSF)

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Minimum Volume Required 0.5 mL

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Storage & Preservation of Specimen Prior to Shipping No specific requirements

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Transport Medium Not Applicable

---

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship Monday - Thursday, overnight to avoid weekend deliveries. Ship specimen at room temperature, not on dry ice, as an etiologic agent.

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Methodology Immunoblot, Western Blot, Antibody Detection

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Turnaround Time 18 Days

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Interferences & Limitations Substances known to interfere with immunoassays include: bilirubin, lipids, and hemoglobin

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Additional Information None

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CDC Points of Contact Isabel McAuliffe  
(404) 718-4100  
ibm4@cdc.gov  
DPDx  
(404) 718-4120  
dpdx@cdc.gov

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**Test Order**  
**Cytomegalovirus (CMV) Detection**  
**CDC-10263**

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Synonym(s) CMV

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**Pre-Approval Needed** Dollard, Shelia, (404) 639-2178, sgd5@cdc.gov  
Schmid, Scott, (404) 639-0066, dss1@cdc.gov

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Urine, saliva, and blood

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Minimum Volume Required 200 uL

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**Storage & Preservation of Specimen Prior to Shipping** Keep specimen either refrigerated or frozen. Blood should be collected in EDTA or citrate tubes.

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**Transport Medium** Not Applicable

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**Specimen Labeling** Provide a specimen ID. Do not send specimen labeled with patient's name.

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**Shipping Instructions which Include Specimen Handling Requirements** Ship overnight Monday-Thursday, with cold packs or dry ice as an etiologic agent.

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**Methodology** Polymerase Chain Reaction (PCR)

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**Turnaround Time** 1 Week

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**Interferences & Limitations** None

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**Additional Information** None

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**CDC Points of Contact** Shelia Dollard  
(404) 639-2178  
sgd5@cdc.gov  
Scott Schmid  
(404) 639-0066  
dss1@cdc.gov

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**Test Order**  
**Cytomegalovirus (CMV) Serology**  
**CDC-10264**

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Synonym(s) CMV

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**Pre-Approval Needed** Dollard, Sheila, (404) 639-2178, sgd5@cdc.gov  
Schmid, Scott, (404) 639-0066, dss1@cdc.gov

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Serum or plasma

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Minimum Volume Required 500 uL

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Storage & Preservation of Specimen Prior to Shipping Keep specimen either refrigerated or frozen

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Transport Medium Not Applicable

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Specimen Labeling Provide a specimen ID. Do not send specimen labeled with patient's name.

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Shipping Instructions which Include Specimen Handling Requirements Ship overnight Monday-Thursday, with cold packs or dry ice as an etiologic agent.

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Methodology IgG antibody detected by EIA, IgM antibody detected by EIA

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Turnaround Time 1 Week

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Interferences & Limitations None

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Additional Information None

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CDC Points of Contact Sheila Dollard  
(404) 639-2178  
sgd5@cdc.gov  
Scott Schmid  
(404) 639-0066  
dss1@cdc.gov

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**Test Order**  
**Dengue Virus Diagnosis**  
**CDC-10307**

Synonym(s)	Dengue fever, Dengue
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	Dengue case investigation form must be filled out- See supplemental Form Additional Information on submitting specimen and the Spanish version of case investigation form are located at: <a href="http://www.cdc.gov/dengue/clinicalLab/laboratory.html">http://www.cdc.gov/dengue/clinicalLab/laboratory.html</a>
<b>Supplemental Form</b>	<a href="http://www.cdc.gov/dengue/resources/dengueCaseReports/DCIF_English.pdf">http://www.cdc.gov/dengue/resources/dengueCaseReports/DCIF_English.pdf</a>
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Serum and others upon consultation with laboratory. The blood sample should be taken in a red-top or tiger-top tube.
Minimum Volume Required	0.5 mL
Storage & Preservation of Specimen Prior to Shipping	After blood is allowed to clot, separate serum by centrifugation and keep serum refrigerated at 4°C or frozen at -20°C (preferred).  Citrate (collected in yellow top tubes) and heparin plasma (green top tubes) can be tested by RT-PCR. Violet-top (with EDTA) is not recommended for RT-PCR testing. Violet and or green-top tubes should not be used for serology testing (convalescent sample). Please refer to collection devices manufacturer instructions for more details.  We recommend freezing the serum immediately after it is separated and to send on dry ice. If dry ice is not available, we recommend that the serum is kept refrigerated and delivered to the CDC Dengue Branch in cold packs.
Transport Medium	Not Applicable
Specimen Labeling	Include complete name, age, and sex of patient, home address, date of onset of symptoms, date sample was obtained, complete name and mailing address of the physician, laboratory, clinic, or hospital
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday-Thursday, overnight to avoid weekend deliveries  Frozen specimen should be shipped on dry ice Refrigerated specimen should be shipped on ice packs  Ship To: CDC Dengue Branch and Puerto Rico Department of Health 1324 Calle Cañada, San Juan, P. R. 00920-3860
Methodology	IgM by ELISA, NS1 Antigen Test, Polymerase Chain Reaction (PCR), Viral isolation, IgG seroconversion by ELISA
Turnaround Time	7 Days
Interferences & Limitations	Serological tests can cross react with other Flavivirus, such as West Nile Virus. Recent vaccinations for Yellow Fever Virus and Japanese Encephalitis Virus, Tick-borne Encephalitis Virus can cause cross reactive test results. Natural infections with St. Louis Encephalitis Virus and West Nile can cause cross reactive results. Hemolyzed or contaminated samples are not acceptable for serology testing. EDTA will affect PCR and serology results and Nitrate tubes will affect IgM results.
Additional Information	To diagnose dengue, the laboratory requires a serum sample obtained during

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**Test Order**  
**Dengue Virus Diagnosis**  
**CDC-10307**

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the acute phase of the infection (DPO=0-5). If this sample is negative, then a second convalescent serum sample (that can be taken from day 6 after the onset of symptoms) is required to confirm the case. The case is confirmed with antibody (IgM or IgG) seroconversion. Informing the patient about the importance of returning for a second sample, and providing an appointment for a specific day and hour, will increase the probability of obtaining the second sample. Samples will be rejected if they are sent without form, form without sample, incomplete or illegible form - especially regarding date of onset of symptoms, date of sample collection and samples received more than a month after onset of illness.

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CDC Points of Contact Elizabeth Hunsperger  
(787) 706-2472  
enh4@cdc.gov  
Jorge Munoz  
(787) 706-2460  
ckq2@cdc.gov

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**Test Order**  
**Dengue Virus Special Study**  
**CDC-10308**

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Synonym(s) None

**Pre-Approval Needed** Hunsperger, Elizabeth, (787) 706-2472, enh4@cdc.gov  
Munoz, Jorge, (787) 706-2469, ckq2@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

CDC Points of Contact Elizabeth Hunsperger  
(787) 706-2472  
enh4@cdc.gov  
Jorge Munoz  
(787) 706-2469  
ckq2@cdc.gov

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**Test Order**  
**Ebola Identification**  
**CDC-10309**

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Synonym(s) None

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**Pre-Approval Needed** Stroehler, Ute, (404) 639-4704, [ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Knust, Barbara, (404) 639-1104, [bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Supplemental Information Required** See Supplemental Form

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**Supplemental Form** <http://www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf>

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Performed on Specimens From Human and Animal

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Acceptable Sample/ Specimen Type for Testing Frozen tissue, blood, and serum

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Minimum Volume Required 1 mL

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**Storage & Preservation of Specimen Prior to Shipping** Specimen must be placed in plastic screw capped vials, frozen to -70°C, and kept frozen until shipment. See link to supplemental submission form for specific information on various specimen types.

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**Transport Medium** Not Applicable

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**Specimen Labeling** Patient name, patient ID #, specimen type, date collected

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**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday overnight to avoid weekend deliveries. Specimen should be shipped frozen on dry ice. See supplemental submission forms for further details. Do not ship specimen without prior consultation and approval.

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**Methodology** Molecular Typing, Polymerase Chain Reaction (PCR)

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**Turnaround Time** 10 Days

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**Interferences & Limitations** Specimen must remain frozen; warming or freeze thawing reduces sensitivity. Heparin may cause interference with the molecular tests and should be avoided.

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**Additional Information** Critical specimens will take less than 4 days to turn around. See link to supplemental submission forms for detailed information.

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**CDC Points of Contact** Ute Stroehler  
(404) 639-4704  
[ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Barbara Knust  
(404) 639-1104  
[bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Test Order**  
**Ebola Serology**  
**CDC-10310**

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Synonym(s) None

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**Pre-Approval Needed** Stroehler, Ute, (404) 639-4704, [ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Knust, Barbara, (404) 639-1104, [bkk0@cdc.gov](mailto:bkk0@cdc.gov)

---

**Supplemental Information Required** See Supplemental Form

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**Supplemental Form** <http://www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf>

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Performed on Specimens From Human and Animal

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Acceptable Sample/ Specimen Type for Testing Blood and serum

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Minimum Volume Required 1 mL

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**Storage & Preservation of Specimen Prior to Shipping** Specimen must be kept cold (at or below 4°C). If possible place specimen in plastic screw capped vials. See link to supplemental submission form for specific information on various specimen types.

---

**Transport Medium** Not Applicable

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**Specimen Labeling** Patient name, patient ID #, specimen type, date collected

---

**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday overnight to avoid weekend deliveries. Specimen should be shipped on cold packs or dry ice if frozen. See supplemental submission forms for further details. Do not ship specimen without prior consultation and approval.

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**Methodology** ELISA

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**Turnaround Time** 10 Days

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**Interferences & Limitations** Specimen must remain frozen; warming or freeze thawing reduces sensitivity.

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**Additional Information** Critical specimens will take less than 4 days to turn around. See link to supplemental submission forms for detailed information.

---

**CDC Points of Contact** Ute Stroehler  
(404) 639-4704  
[ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Barbara Knust  
(404) 639-1104  
[bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Test Order**  
**Echinococcosis Immunoblot**  
**CDC-10460**

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Synonym(s) Hydatid Disease, *Echinococcus granulosus*, parasite

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**Pre-Approval Needed** None

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**Supplemental Information Required** Exposure and travel history, include other relevant risk factors; clinical symptoms, treatment and relevant lab results.

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Serum and plasma

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Minimum Volume Required 0.5 mL

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Storage & Preservation of Specimen Prior to Shipping No specific requirements

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Transport Medium Not Applicable

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Specimen Labeling Test subject to CLIA regulations require two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship Monday - Thursday, overnight to avoid weekend deliveries. Ship specimen at room temperature, not on dry ice, as an etiologic agent.

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Methodology Immunoblot, Western Blot, Antibody detection

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Turnaround Time 18 Days

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Interferences & Limitations Substances known to interfere with immunoassays include: bilirubin, lipids, and hemoglobin

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Additional Information None

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CDC Points of Contact Isabel McAuliffe  
(404) 718-4100  
ibm4@cdc.gov  
DPDx  
(404) 718-4120  
dpdx@cdc.gov

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**Test Order**  
***Ehrlichia* Serology**  
**CDC-10311**

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Synonym(s) Human monocytic ehrlichiosis

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**Pre-Approval Needed** None

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**Supplemental Information Required** **Prior approval is required if the following information is not provided:**  
-Symptom onset date  
-Sample collection date  
-Type of infection  
-Status of illness  
**Recommended:**  
-Travel history  
-Exposure history  
-Therapeutic agents  
-Brief clinical history

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**Supplemental Form** None

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Performed on Specimens From Human

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**Acceptable Sample/ Specimen Type for Testing** Serum  
-acute (during active stage of illness)  
-convalescent (2-4 weeks after acute stage)

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**Minimum Volume Required** 1.0 mL

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**Storage & Preservation of Specimen Prior to Shipping** Ideally keep specimen at a refrigerated temperature not frozen. If previously frozen, then keep specimen frozen.

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**Transport Medium** Not Applicable

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**Specimen Labeling** Patient name and date of birth

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**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday-Thurseday, overnight to avoid weekend deliveries. Specimen should be shipped refrigerated on cold packs.

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**Methodology** Indirect Fluorescence Assay (IFA)

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**Turnaround Time** 6 Weeks

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**Interferences & Limitations** Multiple freeze thaw cycles may interfere with antigen binding. Use sterile technique to avoid contamination of sample as this may compromise the sample and interfere with the ability to get accurate results. Acute and convalescent serum is needed for accurate diagnosis and if unable to collect both please contact laboratory prior to shipping.

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**Additional Information** The Rickettsial Zoonoses Branch Reference Diagnostic Laboratory aids State Laboratories in diagnosis of difficult samples/cases or if specialized tests are needed. Routine diagnostic samples should be sent to your State Laboratory or a commercial laboratory.

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**CDC Points of Contact** Cecilia Kato  
(404) 639-1075  
ckato@cdc.gov  
Christopher Paddock  
(404) 639-1309  
cdp9@cdc.gov

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**Test Order**  
***Entamoeba histolytica/ dispar* Molecular Detection**  
**CDC-10478**

Synonym(s)	Amebiasis, <i>Entameba histolytica</i> , <i>Entameba dispar</i> , parasite
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Stool, liver aspirate
Minimum Volume Required	0.5 g or 0.5 ml
Storage & Preservation of Specimen Prior to Shipping	Specimens collected in the absence of preservatives must be kept refrigerated (4° C) or frozen. Stool samples in a PCR-compatible fixative, e.g. TotalFix, UniFix, EcoFix and modified PVA (Zn- or Cu-based), can be kept at room temperature. Alternatively stool specimens can also be mixed in potassium dichromate 2.5% (1:1 dilution) or in absolute ethanol (1:1 dilution).
Transport Medium	Not Applicable
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday - Thursday, overnight to avoid weekend deliveries. Ship fixed/preserved specimens at room temperature. Ship unpreserved specimens on wet ice (cold pack) if stored refrigerated or frozen (on dry ice) if stored frozen.
Methodology	Real-Time PCR
Turnaround Time	21 Days
Interferences & Limitations	Specimens fixed in formalin-containing preservatives or LV-PVA are not suitable for molecular studies.
Additional Information	None
CDC Points of Contact	Yvonne Qvarnstrom (404) 718-4123 bvp2@cdc.gov Theresa Benedict (404) 718-4124 tgd5@cdc.gov

**Test Order**  
**Enteric Isolation – Primary Specimen**  
**CDC-10106**

Synonym(s)	Enteric Pathogen Culture
<b>Pre-Approval Needed</b>	Bopp, Cheryl, (404) 639-1798, cab4@cdc.gov Parsons, Michele, (404) 639-1965, zcp9@cdc.gov
<b>Supplemental Information Required</b>	Consult with EDLB contact before sending specimens. Targeted organisms include: <i>Salmonella</i> , <i>Shigella</i> , <i>Campylobacter</i> , STEC, pathogenic <i>Enterobacteriaceae</i> , <i>Listeria</i> , <i>Vibrio</i> , <i>Cronobacter</i> , and related foodborne and waterborne pathogens. Provide any preliminary results available.
<b>Supplemental Form</b>	None
Performed on Specimens From	Human, Animal, and Food/Environmental/Medical Devices/Biologics
Acceptable Sample/ Specimen Type for Testing	Specimens that are acceptable will be determined upon consultation. Targeted organisms include: <i>Salmonella</i> , <i>Shigella</i> , <i>Campylobacter</i> , STEC, pathogenic <i>Enterobacteriaceae</i> , <i>Listeria</i> , <i>Vibrio</i> , <i>Cronobacter</i> , and related foodborne and waterborne pathogens.
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	Storage and preservation are dependent upon consultation
Transport Medium	Transport medium is dependent upon consultation
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday–Thursday, overnight to avoid weekend deliveries Specifics of shipping will depend upon consultation
Methodology	Enrichment, Isolation, Phenotypic Identification (Serotyping), PCR testing for virulence markers
Turnaround Time	8 Weeks
Interferences & Limitations	None
Additional Information	None
CDC Points of Contact	Cheryl Bopp (404) 639-1798 cab4@cdc.gov Michele Parsons (404) 639-1965 zcp9@cdc.gov

**Test Order**  
**Enterovirus Detection and Identification**  
**CDC-10312**

Synonym(s)	Enterovirus (EV), coxsackieviruses (CVA) (CVB), Echovirus
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human, Animal, and Food/Environmental/Medical Devices/Biologics
Acceptable Sample/ Specimen Type for Testing	Specimens include stool, serum, throat or nasal swab, cerebrospinal fluid (CSF), vesicle fluid or lesion, rectal, or nasopharyngeal (NP)/oropharyngeal (OP) swabs. Fresh or frozen tissues are preferred to Formalin fixed tissues, but will accept both.
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	<p>Vesicle fluid, rectal, or nasopharyngeal (NP)/oropharyngeal (OP) swabs: Use only sterile Dacron or rayon swabs with plastic shafts or if available, flocked swabs. Do NOT use calcium alginate swabs or swabs with wooden sticks, as they may contain substances that inactivate some viruses and inhibit some molecular assays. Place the swab immediately into a sterile viral containing 2mL of viral transport media without antibiotics, if possible.</p> <p>Stool: Collect in a clean, dry, leak-proof container.</p> <p>Serum: For each serum specimen, collect whole blood into a serum separator tube (marble or tiger top SST). Allow to clot at room temperature for a minimum of 30 minutes and centrifuge.</p>
Transport Medium	Viral transport medium. If you do not have viral transport media, place the swab into a sterile vial without viral transport media. Aseptically, cut or break applicator sticks off near the tip to permit tightening of the cap. For NP/OP swabs, both swabs can be placed in the same vial, if desired.
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	<p>Ship Monday - Thursday, overnight to avoid weekend deliveries. Frozen specimen should be shipped on dry ice and refrigerated specimen should be shipped on cold packs, as an etiologic agent.</p> <p>Include the full name, title, complete mailing address, email address, telephone, and fax number of the submitter. This will be the person to whom the final report will be mailed to.</p>
Methodology	Molecular techniques
Turnaround Time	10 Days
Interferences & Limitations	Collecting specimens during the first week of illness is ideal although the virus can be shed in stool for several weeks. A specimen set collected in the second week of illness should include a rectal swab or stool sample.
Additional Information	<p>Minimum volume for cell culture is 0.5-1 mL, for CSF is 60 uL, and for fresh frozen tissues is 2 mm<sup>2</sup>.</p> <p>Stool: Stool may be collected within 14 days of symptom onset. Collect 10-20 g of stool in a clean, dry, leak-proof container.</p>

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**Test Order**  
**Enterovirus Detection and Identification**  
**CDC-10312**

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Serum: For each serum specimen, collect (adults and children > 6kg: 5 mL, children <6kg: 2 mL) of whole blood into a serum separator tube (marble or tiger top SST). A minimum of 1 mL of whole blood is needed for testing of pediatric patients. Allow to clot at room temperature for a minimum of 30 minutes and centrifuge.

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CDC Points of Contact Alan Nix  
(404) 639-1689  
wbn0@cdc.gov  
Steve Oberste  
(404) 639-5497  
mbo2@cdc.gov

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**Test Order**  
**Entomology Special Study**  
**CDC-10494**

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Synonym(s) None

**Pre-Approval Needed** Lawrence, Gena, (404) 718-4315, geg7@cdc.gov  
Sutcliffe, Alice, (404) 718-4326, gok0@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Animal

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

**CDC Points of Contact** Gena Lawrence  
(404) 718-4315  
geg7@cdc.gov  
Alice Sutcliffe  
(404) 718-4326  
gok0@cc.gov

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**Test Order**  
**Environmental Microbiology Study**  
**CDC-10232**

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Synonym(s) None

**Pre-Approval Needed** Noble-Wang, Judith, (404) 639-2321, [cux2@cdc.gov](mailto:cux2@cdc.gov)  
O'Connell, Heather, (404) 639-4864, [ftw2@cdc.gov](mailto:ftw2@cdc.gov)

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

CDC Points of Contact Judith Noble-Wang  
(404) 639-2321  
[cux2@cdc.gov](mailto:cux2@cdc.gov)  
Heather O'Connell  
(404) 639-4864  
[ftw2@cdc.gov](mailto:ftw2@cdc.gov)

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**Test Order**  
**Epstein Barr Virus (EBV) Detection**  
**CDC-10265**

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Synonym(s) EBV

**Pre-Approval Needed** None

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing Saliva, cerebrospinal fluid (CSF) or blood

Minimum Volume Required 200 uL

Storage & Preservation of Specimen Prior to Shipping Keep specimen either refrigerated or frozen. Blood should be collected in EDTA or citrate tubes.

Transport Medium Not Applicable

Specimen Labeling Provide a specimen ID. Do not send specimen labeled with patient's name.

Shipping Instructions which Include Specimen Handling Requirements Ship overnight Monday–Thursday, with cold packs or dry ice as an etiologic agent.

Methodology Polymerase Chain Reaction (PCR)

Turnaround Time 1 Week

Interferences & Limitations None

Additional Information None

CDC Points of Contact Scott Schmid  
(404) 639-0066  
dss1@cdc.gov  
Kay Radford  
(404) 639-2192  
kjr7@cdc.gov

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**Test Order**  
*Escherichia* and *Shigella* Identification, Serotyping, and  
 Virulence Profiling  
 CDC-10114

Synonym(s)	None
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	Prior approval is not required for human specimens; Please call for approval prior to sending other specimen types.  Provide any preliminary results available
<b>Supplemental Form</b>	None
Performed on Specimens From	Human, Animal, and Food/Environmental/Medical Devices/Biologics
Acceptable Sample/ Specimen Type for Testing	Isolates
Minimum Volume Required	Not Applicable
<b>Storage &amp; Preservation of Specimen Prior to Shipping</b>	Store and ship isolates at ambient temperatures not to exceed 35°C or at 4°C. Isolates held for more than a month should be frozen.  Ship in compliance with Federal and local guidelines. Shiga toxin-positive bacteria should be shipped as Category A Infectious Substances.
<b>Transport Medium</b>	Ship cultures on nonselective nutrient or similar agar (TSA, HIA, etc.) in tubes with leak-proof screw cap closures. Agar plates are not acceptable.
<b>Specimen Labeling</b>	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
<b>Shipping Instructions which Include Specimen Handling Requirements</b>	Ship Monday–Thursday, overnight to avoid weekend deliveries  Ship at ambient temperature in compliance with Federal and local guidelines. Shiga toxin-positive bacteria should be shipped as Category A Infectious Substances.
<b>Methodology</b>	Phenotypic Identification, Genetic Identification, Serotyping and Virulence Profiling, PCR for STEC and other pathotype-specific virulence genes
<b>Turnaround Time</b>	8 Weeks
<b>Interferences &amp; Limitations</b>	Virulence and serotype modification genes encoded by mobile genetic elements (bacteriophages, plasmids and pathogenicity islands) may be spontaneously lost during transit and storage. Conditions that induce a stress response in the bacterium can affect the stability of virulence factors.
<b>Additional Information</b>	Specify type of subtyping requested in 'Previous Laboratory Results' on back of form. Epidemiologic metadata, PulseNet cluster code, and PFGE pattern designation requested if available.  Turnaround times for routine isolates may be extended during major foodborne outbreak activities or due to limited availability of resources.
<b>CDC Points of Contact</b>	Nancy Strockbine (404) 639-4186 nas6@cdc.gov Devon Stripling (404) 639-2251 euo4@cdc.gov

**Test Order**  
*Escherichia* and *Shigella* Study  
 CDC-10115

Synonym(s)	None
<b>Pre-Approval Needed</b>	Strockbine, Nancy, (404) 639-4186, nas6@cdc.gov Stripling, Devon, (404) 639-2251, euo4@cdc.gov
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human, Animal, and Food/Environmental/Medical Devices/Biologics
Acceptable Sample/ Specimen Type for Testing	As directed by study protocol
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	Ship as directed by study protocol in compliance with Federal and local guidelines. Shiga toxin-positive bacteria should be shipped as Category A Infectious Substances.
Transport Medium	Not Applicable
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Ship overnight growth on nonselective slant/stab such as TSA, HIA, etc.; screw cap tubes preferred or as directed by the study protocol.
Methodology	
Turnaround Time	
Interferences & Limitations	Virulence and serotype modification genes encoded by mobile genetic elements (bacteriophages, plasmids and pathogenicity islands) may be spontaneously lost during transit and storage. Conditions that induce a stress response in the bacterium can affect the stability of virulence factors.
Additional Information	None
CDC Points of Contact	Nancy Strockbine (404) 639-4186 nas6@cdc.gov Devon Stripling (404) 639-2251 euo4@cdc.gov

**Test Order**  
*Escherichia coli* (STEC) serology (not serotyping)  
 CDC-10452

Synonym(s)	Enteric Pathogen
<b>Pre-Approval Needed</b>	Talkington, Deborah, (404) 639-3918, dft1@cdc.gov Pruckler, Jim, (404) 639-3816, jmp3@cdc.gov
<b>Supplemental Information Required</b>	Date of illness onset, date of serum collection, clinical diagnosis. Indicate if patient has HUS and onset date. If patient has undergone plasmaphoresis indicate date on submission form.
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Paired serum is preferred. Serum is always preferred but plasma is acceptable. Do not pool specimens.
Minimum Volume Required	100 uL (More Preferred)
Storage & Preservation of Specimen Prior to Shipping	Maintain serum at 4°C (preferred); frozen specimens acceptable.
Transport Medium	Separate serum from the clot and ship in a sterile labeled tube with the top tightly closed
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday–Thursday, overnight to avoid weekend deliveries. Please notify Deborah Talkington (dft1@cdc.gov) and Jim Pruckler (jmp3@cdc.gov) once specimens have been shipped to provide the tracking number.  Ship with cold packs in compliance with federal and local guidelines
Methodology	EIA
Turnaround Time	3 Months
Interferences & Limitations	None
Additional Information	Paired serum specimens always preferred.  Please send one tube per specimen submission form. Submit multiple forms if needed.
CDC Points of Contact	Deborah Talkington (404) 639-3918 dft1@cdc.gov Jim Pruckler (404) 639-3816 jmp3@cdc.gov

**Test Order**  
*Escherichia coli* and *Shigella* Subtyping  
 CDC-10116

Synonym(s) *E. coli* Typing, *Shigella* Typing

**Pre-Approval Needed** None

**Supplemental Information Required** Isolates should be identified to the species level by the sender. Provide any preliminary results available. Indicate subtyping method(s) requested on specimen submission form

**Supplemental Form** None

Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing Isolates

Minimum Volume Required Not Applicable

**Storage & Preservation of Specimen Prior to Shipping** Store isolates at ambient temperatures not to exceed 35°C or at 4°C. Isolates held for more than a month should be frozen

**Transport Medium** Ship cultures on nonselective nutrient or similar agar (TSA, HIA, etc.) in tubes with leak-proof screw cap closures. Agar plates are not acceptable.

**Specimen Labeling** Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday, overnight to avoid weekend deliveries

Ship at ambient temperature in compliance with Federal and local guidelines. Shiga toxin-positive bacteria should be shipped as Category A Infectious Substances.

**Methodology** Phenotypic Serotyping, Genetic Serotyping, Virulence Profiling, AST, PFGE, MLVA

**Turnaround Time** 8 Weeks

**Interferences & Limitations** Virulence and serotype modification genes encoded by mobile genetic elements (bacteriophages, plasmids and pathogenicity islands) may be spontaneously lost during transit and storage. Conditions that induce a stress response in the bacterium can affect the stability of virulence factors and may affect the expression of O and H antigens.

**Additional Information** Specify type of subtyping requested in 'Previous Laboratory Results' on back of form. Epidemiologic metadata, PulseNet cluster code, and PFGE pattern designation requested if available.

Turnaround times for routine isolates may be extended during major foodborne outbreak activities or due to limited availability of resources.

**CDC Points of Contact** Nancy Strockbine  
 (404) 639-4186  
 nas6@cdc.gov  
 Devon Stripling  
 (404) 639-2251  
 euo4@cdc.gov

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**Test Order**  
**Filariasis Bm 14 IgG4 ELISA**  
**CDC-10462**

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Synonym(s) *Brugia malayi*, *Wuchereria bancrofti*, Bancroftian filariasis, parasite

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**Pre-Approval Needed** None

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**Supplemental Information Required** Exposure and travel history, include other relevant risk factors; clinical symptoms, treatment and relevant lab results.

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Serum or Plasma

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Minimum Volume Required 0.5 mL

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Storage & Preservation of Specimen Prior to Shipping No specific requirements

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Transport Medium Not Applicable

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship Monday - Thursday, overnight to avoid weekend deliveries. Ship specimen at room temperature, not on dry ice, as an etiologic agent.

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Methodology EIA, ELISA, Antibody Detection

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Turnaround Time 18 Days

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Interferences & Limitations Substances known to interfere with immunoassays include: bilirubin, lipids, and hemoglobin

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Additional Information None

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CDC Points of Contact Isabel McAuliffe  
(404) 718-4100  
ibm4@cdc.gov  
DPDx  
(404) 718-4120  
dpdx@cdc.gov

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**Test Order**  
*Francisella tularensis* Culture and Identification  
 CDC-10313

Synonym(s)	Tularemia
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	Please include submitting agency, contact name, address, phone number, specimen identifier, patient name, specimen source and type, sex and date of birth, symptoms of onset, sample collection date, and clinical information including type and date of treatment patient has received.
<b>Supplemental Form</b>	None
Performed on Specimens From	Human and Animal
Acceptable Sample/ Specimen Type for Testing	Human: lymph node aspirate, sputum, bronchial/tracheal wash, pleural fluid, blood, ulcer swab, biopsy/autopsy specimens (sections of lymph node, lung, liver, spleen); Animal: Necropsy specimen (lymph node, lung, liver or spleen)
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	Store specimens containing suspected live bacteria at 2°–8°C to maintain viability. If processing is delayed, tissue samples can be directly frozen at –70°C. Store samples for culture of live bacteria without preservatives (formaldehyde, alcohol), at 2°–8°C (not frozen). Anticoagulants such as heparin, citrate and EDTA are acceptable because they do not inhibit the viability of bacteria.
Transport Medium	Respiratory specimens, lymph node aspirates, blood, tissue/biopsy/autopsy/necropsy specimens should all be transported at 4°C. Swabs must be in a Cary–Blair or Amies medium, not frozen. If tissue biopsy/autopsy/necropsy transport is delayed, tissue samples can be directly frozen at –70°C.
Specimen Labeling	Specimen identifier and patient name
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday–Thursday, overnight to avoid weekend deliveries. All packages must be addressed to:  Centers for Disease Control and Prevention Bacterial Diseases Branch Attn: John Young 3156 Rampart Road Fort Collins, CO 80521  Frozen specimen should be shipped on dry ice Refrigerated specimen should be shipped on ice packs
Methodology	Culture, Direct Fluorescent Antibody (DFA), Biochemical subtyping
Turnaround Time	3 Weeks
Interferences & Limitations	Samples for testing by culture should be taken prior to antibiotic treatment
Additional Information	None
CDC Points of Contact	Jeannine Petersen (970) 266–3524 nzp0@cdc.gov Marty Schriefer (970) 221–6479 mms7@cdc.gov

**Test Order**  
*Francisella tularensis* Serology  
CDC-10314

Synonym(s)	Tularemia
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	Please include submitting agency, contact name, address, phone number, specimen identifier, patient name, specimen source and type, sex and date of birth, symptoms of onset, sample collection date, and clinical information including type and date of treatment patient has received.
<b>Supplemental Form</b>	None
Performed on Specimens From	Human and Animal
Acceptable Sample/ Specimen Type for Testing	Serum
Minimum Volume Required	500 uL
Storage & Preservation of Specimen Prior to Shipping	Sera may be stored at 2°-8°C for up to 14 days. If testing is delayed for a longer period, serum samples may be frozen.
Transport Medium	Not Applicable
Specimen Labeling	Specimen identifier and patient name
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday–Thursday, overnight to avoid weekend deliveries. All packages must be addressed to:  Centers for Disease Control and Prevention Bacterial Diseases Branch Attn: John Young 3156 Rampart Road Fort Collins, CO 80521  Frozen specimen should be shipped on dry ice Refrigerated specimen should be shipped on ice packs
Methodology	Microagglutination
Turnaround Time	2 Weeks
Interferences & Limitations	Hemolyzed samples interfere with test results
Additional Information	None
CDC Points of Contact	Jeannine Petersen (970) 266-3524 nzp0@cdc.gov Marty Schriefer (970) 221-6479 mms7@cdc.gov

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**Test Order**  
*Francisella tularensis* Special Study  
CDC-10315

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Synonym(s) None

**Pre-Approval Needed** Petersen, Jeannine, (970) 266-3524, nzp0@cdc.gov  
Schriefer, Marty, (970) 221-6479, mms7@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human and Animal

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

CDC Points of Contact Jeannine Petersen  
(970) 266-3524  
nzp0@cdc.gov  
Marty Schriefer  
(970) 221-6479  
mms7@cdc.gov

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**Test Order**  
**Fungal Identification**  
**CDC-10179**

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Synonym(s) Fungal identification, mold identification, yeast identification

**Pre-Approval Needed** None

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing Pure culture isolate

Minimum Volume Required Not Applicable

Storage & Preservation of Specimen Prior to Shipping Isolates can be refrigerated or kept at an ambient temperature

Transport Medium Isolates should be on a suitable agar slant

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship Monday–Thursday, overnight to avoid weekend deliveries  
Specimen should be shipped at ambient temperature

Methodology Phenotypic Testing, DNA Sequencing

Turnaround Time 4 Weeks

Interferences & Limitations None

Additional Information None

CDC Points of Contact Mary Brandt  
(404) 639-0281  
mbb4@cdc.gov  
Shawn Lockhart  
(404) 639-2569  
gyi2@cdc.gov

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**Test Order**  
**Fungal Serology – *Basidiobolus***  
**CDC-10183**

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Synonym(s) Fungal serology; fungal complement fixation; fungal immunodiffusion

**Pre-Approval Needed** None

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human and Animal

Acceptable Sample/ Specimen Type for Testing Serum; CSF. Plasma is not accepted

Minimum Volume Required 0.5 mL

Storage & Preservation of Specimen Prior to Shipping Specimens should be kept either refrigerated or frozen

Transport Medium Not Applicable

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Ship Monday–Thursday, overnight to avoid weekend deliveries

Requirements Refrigerated specimen at 4°C should be shipped on cold packs  
Frozen specimen should be shipped on dry ice

Methodology Complement Fixation, Immunodiffusion

Turnaround Time 2 Weeks

Interferences & Limitations Hemolysis and lipidemia may interfere with the test results

Additional Information Serum should be prepared as soon as possible after drawing blood to prevent hemolysis

CDC Points of Contact Mary Brandt  
(404) 639-0281  
mbb4@cdc.gov  
Mark Lindsley  
(404) 639-4340  
mil6@cdc.gov

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**Test Order**  
**Fungal Serology – *Histoplasma, Blastomyces, Coccidioides***  
**CDC-10180**

Synonym(s)	Fungal serology, fungal complement fixation, fungal immunodiffusion	
<b>Pre-Approval Needed</b>	None	
<b>Supplemental Information Required</b>	None	
<b>Supplemental Form</b>	None	
Performed on Specimens From	Human and Animal	
Acceptable Sample/ Specimen Type for Testing	Serum; CSF. Plasma is not accepted	
Minimum Volume Required	0.5 mL	
Storage & Preservation of Specimen Prior to Shipping	Specimens should be kept either refrigerated or frozen	
Transport Medium	Not Applicable	
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.	
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday–Thursday, overnight to avoid weekend deliveries Refrigerated specimen at 4°C should be shipped on cold packs Frozen specimen should be shipped on dry ice	
Methodology	Complement Fixation, Immunodiffusion	
Turnaround Time	4 Weeks	
Interferences & Limitations	Hemolysis and lipidemia may interfere with the test results	
Additional Information	Serum should be prepared as soon as possible after drawing blood to prevent hemolysis	
CDC Points of Contact	Mary Brandt (404) 639-0281 mbb4@cdc.gov Mark Lindsley (404) 639-4340 mil6@cdc.gov	Shawn Lockhart (404) 639-2569 gyi2@cdc.gov

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**Test Order**  
**Fungal Serology – *Paracoccidioides***  
**CDC-10184**

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Synonym(s) Fungal serology; fungal complement fixation; fungal immunodiffusion

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**Pre-Approval Needed** None

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human and Animal

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Acceptable Sample/ Specimen Type for Testing Serum; CSF. Plasma is not accepted

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Minimum Volume Required 0.5 mL

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Storage & Preservation of Specimen Prior to Shipping Specimens should be kept either refrigerated or frozen

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Transport Medium Not Applicable

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Ship Monday–Thursday, overnight to avoid weekend deliveries

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Requirements Refrigerated specimen at 4°C should be shipped on cold packs  
Frozen specimen should be shipped on dry ice

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Methodology Complement Fixation, Immunodiffusion

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Turnaround Time 4 Weeks

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Interferences & Limitations Hemolysis and lipidemia may interfere with the test results

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Additional Information Serum should be prepared as soon as possible after drawing blood to prevent hemolysis

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CDC Points of Contact Mary Brandt  
(404) 639-0281  
mbb4@cdc.gov  
Mark Lindsley  
(404) 639-4340  
mil6@cdc.gov

Shawn Lockhart  
(404) 639-2569  
gyi2@cdc.gov

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**Test Order**  
**Fungal Serology – *Sporothrix***  
**CDC-10182**

Synonym(s)	Fungal serology, fungal complement fixation, fungal immunodiffusion, latex agglutination for <i>Sporothrix</i>	
<b>Pre-Approval Needed</b>	None	
<b>Supplemental Information Required</b>	None	
<b>Supplemental Form</b>	None	
Performed on Specimens From	Human and Animal	
Acceptable Sample/ Specimen Type for Testing	Serum; CSF. Plasma is not accepted	
Minimum Volume Required	0.5 mL	
Storage & Preservation of Specimen Prior to Shipping	Specimens should be kept either refrigerated or frozen	
Transport Medium	Not Applicable	
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.	
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday–Thursday, overnight to avoid weekend deliveries Refrigerated specimen at 4°C should be shipped on cold packs Frozen specimen should be shipped on dry ice	
Methodology	Complement Fixation, Immunodiffusion, Latex Agglutination	
Turnaround Time	2 Weeks	
Interferences & Limitations	Hemolysis and lipidemia may interfere with the test results	
Additional Information	Serum should be prepared as soon as possible after drawing blood to prevent hemolysis	
CDC Points of Contact	Mary Brandt (404) 639-0281 mbb4@cdc.gov Mark Lindsley (404) 639-4340 mil6@cdc.gov	Shawn Lockhart (404) 639-2569 gyi2@cdc.gov



**Test Order**  
**Fungal Study**  
**CDC-10181**

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Synonym(s) None

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**Pre-Approval Needed** Lockhart, Shawn, (404) 639-2569, gyi2@cdc.gov  
Brandt, Mary, (404) 639-0281, mbb4@cdc.gov

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human and Animal

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Acceptable Sample/ Specimen Type for Testing Not Applicable

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Minimum Volume Required Not Applicable

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Storage & Preservation of Specimen Prior to Shipping To be determined

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Transport Medium To be determined

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Specimen Labeling To be determined

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Shipping Instructions which Include Specimen Handling Requirements To be determined

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Methodology

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Turnaround Time

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Interferences & Limitations To be determined

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Additional Information None

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CDC Points of Contact Shawn Lockhart  
(404) 639-2569  
gyi2@cdc.gov  
Mary Brandt  
(404) 639-0281  
mbb4@cdc.gov

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**Test Order**  
**Gastroenteritis Virus Special Study**  
**CDC-10316**

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Synonym(s) None

**Pre-Approval Needed** Vinje, Jan, (404) 639-3721, ahx8@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

CDC Points of Contact Jan Vinje  
(404) 639-3721  
ahx8@cdc.gov  
Nicole Gregoricus  
(404) 639-1923  
frv6@cdc.gov

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**Test Order**  
**Genital Ulcer Disease (Syphilis, Chancroid, Herpes) Molecular**  
**Detection**  
**CDC-10174**

Synonym(s)	GUD
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Ulcer swabs, FFPE tissues or frozen tissues, and aspirates from ulcer or buboes
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	FFPE can be kept at room temperature and swabs and other specimens should be kept frozen
Transport Medium	Nucleic Acid Amplification Test (NAAT) commercial transport medium, PBS, Saline or TRIS buffer
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday - Thursday, overnight to avoid weekend deliveries. Ship FFPE at room temperature and frozen specimen should be shipped on dry ice, as an etiologic agent.
Methodology	PCR
Turnaround Time	2 Weeks
Interferences & Limitations	None
Additional Information	None
CDC Points of Contact	Cheng Chen (404) 639-3154 cyc1@cdc.gov Kai Chi (404) 639-0694 krc2@cdc.gov

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**Test Order**  
**Gram Negative Bacillus (Non-enteric/Nonfermenter) ID**  
**CDC-10135**

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Synonym(s) GNR, Gram Negative Rod

**Pre-Approval Needed** None

**Supplemental Information Required** Please notify laboratory prior to shipment if this is a critical care specimen

**Supplemental Form** None

Performed on Specimens From Human and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing Pure culture isolate on a suitable agar slant medium; Consultation required for other sample/specimen types

Minimum Volume Required Not Applicable

Storage & Preservation of Specimen Prior to Shipping Keep specimen refrigerated if unable to ship immediately

Transport Medium Not Applicable

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday–Thursday, overnight to avoid weekend deliveries

Methodology Primary Culture based on specimen type, MALDI–TOF, 16S sequence based identification

Turnaround Time 3 Weeks

Interferences & Limitations The 3 week turnaround time applies to all tests unless biochemical and/or phenotypic analysis are required, which could take up to 2 months for test results.

Additional Information If available, please provide patient history including if the patient has used a catheter and/or if the patient is immunocompromised.

CDC Points of Contact John McQuiston  
(404) 639–0270  
zje8@cdc.gov  
Anne Whitney  
(404) 639–1374  
amw0@cdc.gov

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**Test Order**  
**Gram Negative Coccus (Not GC or *meningococcus*) ID**  
**CDC-10138**

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Synonym(s) *Neisseria* Identification, GNC

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**Pre-Approval Needed** None

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**Supplemental Information Required** Please notify laboratory prior to shipment if this is a critical care specimen

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**Supplemental Form** None

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Performed on Specimens From Human and Food/Environmental/Medical Devices/Biologics

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Acceptable Sample/ Specimen Type for Testing Pure culture isolate on a suitable agar slant medium; Consultation required for other sample/specimen types

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Minimum Volume Required Not Applicable

---

Storage & Preservation of Specimen Prior to Shipping Keep specimen refrigerated if unable to ship immediately

---

Transport Medium Not Applicable

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday–Thursday, overnight to avoid weekend deliveries

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Methodology Primary Culture based on specimen type, MALDI–TOF, 16S sequence based identification

---

Turnaround Time 3 Weeks

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Interferences & Limitations The 3 week turnaround time applies to all tests unless biochemical and/or phenotypic analysis are required, which could take up to 2 months for test results.

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Additional Information If available, please provide patient history including if the patient has used a catheter and/or if the patient is immunocompromised.

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CDC Points of Contact John McQuiston  
(404) 639–0270  
zje8@cdc.gov  
Anne Whitney  
(404) 639–1374  
amw0@cdc.gov

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**Test Order**  
**Gram Positive Bacillus ID**  
**CDC-10137**

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Synonym(s) Gram Positive Rod Identification, GPB, GPR

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**Pre-Approval Needed** None

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**Supplemental Information Required** Please notify laboratory prior to shipment if this is a critical care specimen

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**Supplemental Form** None

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Performed on Specimens From Human and Food/Environmental/Medical Devices/Biologics

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Acceptable Sample/ Specimen Type for Testing Pure culture isolate on a suitable agar slant medium; Consultation required for other sample/specimen types

---

Minimum Volume Required Not Applicable

---

Storage & Preservation of Specimen Prior to Shipping Keep specimen refrigerated if unable to ship immediately

---

Transport Medium Not Applicable

---

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

---

Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday–Thursday, overnight to avoid weekend deliveries

---

Methodology Primary Culture based on specimen type, MALDI–TOF, 16S sequence based identification

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Turnaround Time 3 Weeks

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Interferences & Limitations The 3 week turnaround time applies to all tests unless biochemical and/or phenotypic analysis are required, which could take up to 2 months for test results.

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Additional Information If available, please provide patient history including if the patient has used a catheter and/or if the patient is immunocompromised.

---

CDC Points of Contact John McQuiston  
(404) 639–0270  
zje8@cdc.gov  
Anne Whitney  
(404) 639–1374  
amw0@cdc.gov

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**Test Order**  
***Haemophilus influenzae* Identification and Serotyping**  
**CDC-10221**

Synonym(s) *H. influenzae* ID and SAST, H. flu

**Pre-Approval Needed** None

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing Pure culture isolate, frozen stock, primary specimen such as CSF, whole blood, serum, and other sterile site specimen types upon consultation.

Minimum Volume Required 0.25 mL

Storage & Preservation of Specimen Prior to Shipping Store slants at an ambient temperature. Primary specimens or stocks should be kept frozen.

Transport Medium Chocolate agar slants are preferred (plates are not recommended) or frozen stock.

Specimen Labeling Tests subject to CLIA regulations require two patient identifiers on the specimen container and the test requisition. Label ABCs/Enhanced Surveillance specimens with the state ID & accession number.

Shipping Instructions which Include Specimen Handling Requirements Ship Monday–Thursday overnight to avoid weekend deliveries. May ship on Fridays with prior approval only. Frozen specimens should be shipped on dry ice.

Methodology Growth, Morphology, Biochemical Testing, Slide Agglutination Serotyping, Real-time PCR

Turnaround Time 30 Days

Interferences & Limitations Improperly temperature controlled specimens/isolates can give false negative results.

Additional Information None

<p><b>CDC Points of Contact</b></p> <p>Brian Harcourt  (404) 639-2842  beh0@cdc.gov  Susanna Schmink  (404) 639-5005  zma6@cdc.gov</p>	<p>Meningitis Laboratory  (404) 639-1380</p>
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**Test Order**  
*Haemophilus influenzae* Study  
CDC-10222

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Synonym(s) None

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**Pre-Approval Needed** Wang, Xin, (404) 639-5474, gqe8@cdc.gov  
Patel, Manisha, (404) 639-2422, dvn4@cdc.gov

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**Supplemental Information Required** Brief description of study or surveillance program.

Supplemental Form Required: CDC Meningitis Laboratory: Molecular Typing Request Submission Form (provided upon request by CDC Meningitis Laboratory).

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**Supplemental Form**

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Pure culture isolate or frozen stock.

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Minimum Volume Required N/A

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Storage & Preservation of Specimen Prior to Shipping Store slants at ambient temperature. Stocks should be kept frozen.

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Transport Medium Chocolate agar slants or frozen stocks.

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Specimen Labeling Tests subject to CLIA regulations require two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship Monday–Thursday overnight to avoid weekend deliveries. May ship on Fridays with prior approval only.

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Methodology Pulsed Field Gel Electrophoresis (PFGE), Multilocus Sequence Typing (MLST), other testing

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Turnaround Time

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Interferences & Limitations To be determined

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Additional Information To be determined

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CDC Points of Contact Xin Wang  
(404) 639-5474  
gqe8@cdc.gov  
Melissa Whaley  
(404) 639-3920  
dbq3@cdc.gov

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**Test Order**  
*Haemophilus* species (Not *H. influenzae*/*H. ducreyi*) ID  
 CDC-10141

Synonym(s)	None
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	Please notify laboratory prior to shipment if this is a critical care specimen
<b>Supplemental Form</b>	None
Performed on Specimens From	Human and Food/Environmental/Medical Devices/Biologics
Acceptable Sample/ Specimen Type for Testing	Pure culture isolate on a suitable agar slant medium; Consultation required for other sample/specimen types
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	Keep specimen refrigerated if unable to ship immediately
Transport Medium	Not Applicable
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Ship specimen Monday–Thursday, overnight to avoid weekend deliveries
Methodology	Biochemical analysis Primary Culture based on specimen type, MALDI-TOF, 16S sequence based identification
Turnaround Time	3 Weeks
Interferences & Limitations	The 3 week turnaround time applies to all tests unless biochemical and/or phenotypic analysis are required, which could take up to 2 months for test results.
Additional Information	If available, please provide patient history including if the patient has used a catheter and/or if the patient is immunocompromised.
CDC Points of Contact	John McQuiston (404) 639-0270 zje8@cdc.gov Anne Whitney (404) 639-1374 amw0@cdc.gov

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**Test Order**  
*Hantavirus* (No. American) Identification  
CDC-10319

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Synonym(s) Hanta, HPS, HFRS

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**Pre-Approval Needed** Stroehler, Ute, (404) 639-4704, [ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Knust, Barbara, (404) 639-1104, [bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Supplemental Information Required** See Supplemental Form

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**Supplemental Form** <http://www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf>

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Performed on Specimens From Human and Animal

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Acceptable Sample/ Specimen Type for Testing Frozen tissue, blood, and serum

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Minimum Volume Required 1 mL

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**Storage & Preservation of Specimen Prior to Shipping** Specimen must be placed in plastic screw capped vials, frozen to -70°C, and kept frozen until shipment. See link to supplemental submission form for specific information on various specimen types.

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**Transport Medium** Not Applicable

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**Specimen Labeling** Patient name, patient ID #, specimen type, date collected

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**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday overnight to avoid weekend deliveries. Specimen should be shipped frozen on dry ice. See supplemental submission forms for further details. Do not ship specimen without prior consultation and approval.

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**Methodology** Molecular Typing, Polymerase Chain Reaction (PCR)

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**Turnaround Time** 10 Days

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**Interferences & Limitations** Specimen must remain frozen; warming or freeze thawing reduces sensitivity. Heparin may cause interference with the molecular tests and should be avoided.

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**Additional Information** Critical specimens will take less than 4 days to turn around. See link to supplemental submission forms for detailed information.

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**CDC Points of Contact** Ute Stroehler  
(404) 639-4704  
[ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Barbara Knust  
(404) 639-1104  
[bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Test Order**  
***Hantavirus* (So. American) Identification**  
**CDC-10320**

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Synonym(s) Hanta, HPS, HFRS

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**Pre-Approval Needed** Stroehler, Ute, (404) 639-4704, [ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Knust, Barbara, (404) 639-1104, [bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Supplemental Information Required** See Supplemental Form

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**Supplemental Form** <http://www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf>

---

Performed on Specimens From Human and Animal

---

Acceptable Sample/ Specimen Type for Testing Frozen tissue, blood, serum

---

Minimum Volume Required 1 mL

---

**Storage & Preservation of Specimen Prior to Shipping** Specimen must be placed in plastic screw capped vials, frozen to -70°C, and kept frozen until shipment. See link to supplemental submission form for specific information on various specimen types.

---

**Transport Medium** Not Applicable

---

**Specimen Labeling** Patient name, patient ID #, specimen type, date collected

---

**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday overnight to avoid weekend deliveries. Specimen should be shipped frozen on dry ice. See supplemental submission forms for further details. Do not ship specimen without prior consultation and approval.

---

**Methodology** Molecular Testing, Polymerase Chain Reaction (PCR)

---

**Turnaround Time** 10 Days

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**Interferences & Limitations** Specimen must remain frozen; warming or freeze thawing reduces sensitivity. Heparin may cause interference with the molecular tests and should be avoided.

---

**Additional Information** Critical specimens will take less than 4 days to turn around. See link to supplemental submission forms for detailed information.

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**CDC Points of Contact** Ute Stroehler  
(404) 639-4704  
[ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Barbara Knust  
(404) 639-1104  
[bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Test Order**  
*Hantavirus* Serology  
CDC-10321

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Synonym(s) Hanta, HPS, HFRS, Hantaan

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**Pre-Approval Needed** Stroehler, Ute, (404) 639-4704, [ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Knust, Barbara, (404) 639-1104, [bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Supplemental Information Required** See Supplemental Form

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**Supplemental Form** <http://www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf>

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Performed on Specimens From Human and Animal

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Acceptable Sample/ Specimen Type for Testing Blood and serum

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Minimum Volume Required 1 mL

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**Storage & Preservation of Specimen Prior to Shipping** Specimen must be kept cold (at or below 4°C). If possible place specimen in plastic screw capped vials. See link to supplemental submission form for specific information on various specimen types.

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**Transport Medium** Not Applicable

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**Specimen Labeling** Patient name, patient ID #, specimen type, date collected

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**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday overnight to avoid weekend deliveries. Specimen should be shipped on cold packs or dry ice if frozen. See supplemental submission forms for further details. Do not ship specimen without prior consultation and approval.

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**Methodology** ELISA

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**Turnaround Time** 10 Days

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**Interferences & Limitations** None

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**Additional Information** Critical specimens will take less than 4 days to turn around. See link to supplemental submission forms for detailed information.

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**CDC Points of Contact** Ute Stroehler  
(404) 639-4704  
[ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Barbara Knust  
(404) 639-1104  
[bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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# Test Order

## Healthcare-associated Outbreak Identification and Typing

### CDC-10162

Synonym(s)	Healthcare Outbreak or Nosocomial Outbreak
<b>Pre-Approval Needed</b>	Noble-Wang, Judith, (404) 639-2321, <a href="mailto:cux2@cdc.gov">cux2@cdc.gov</a> O'Connell, Heather, (404) 639-4864, <a href="mailto:ftw2@cdc.gov">ftw2@cdc.gov</a>
<b>Supplemental Information Required</b>	Supplemental Line List required contact laboratory for more information
<b>Supplemental Form</b>	None
Performed on Specimens From	Human and Food/Environmental/Medical Devices/Biologics
Acceptable Sample/ Specimen Type for Testing	Pure culture isolates and primary environmental specimen (swabs, wipes, water and other fluids, medical devices). In addition, fluids and products used for patient care.
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	Keep specimen at a refrigerated temperature until ready for shipping
Transport Medium	Use an agar slant not a agar plate for isolates
Specimen Labeling	No patient identifiers. Please include specimen identifiers on Line List
Shipping Instructions which Include Specimen Handling Requirements	Ship isolates at ambient temperatures and ship environmental specimens on cold-packs. Ship overnight, Monday through Thursday, for delivery within 24 hours of collection.
Methodology	IgG Antibody detected by EIA
Turnaround Time	8 Weeks
Interferences & Limitations	Holding environmental samples at room temperature >1 hour after collection may decrease recovery. Neutralization of chlorine residual in potable water is necessary during collection.
Additional Information	For most bacteria the turnaround time will be around 3 weeks whereas nontuberculosis mycobacteria will take up to 8 weeks.  Criteria for submission: -If healthcare facility will be submitting samples directly to CDC then must receive prior approval from State Health Department. Provide State Health Department contact information -State Health Department is investigating a healthcare-associated outbreak -Consultation with CDC/DHQP Prevention and Response Branch on epidemiological investigation. Contact phone number: 404-639-4000 -Prior to submitting samples, CDC Consultation regarding epidemiological investigation revealed the potential role of the environment in transmission of infections.
CDC Points of Contact	Heather O'Connell (404) 639-4864 <a href="mailto:ftw2@cdc.gov">ftw2@cdc.gov</a> Judith Noble-Wang (404) 639-2321 <a href="mailto:cux2@cdc.gov">cux2@cdc.gov</a>

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**Test Order**  
*Helicobacter pylori* Special Study  
CDC-10117

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Synonym(s) None

**Pre-Approval Needed** Rudolph, Karen, (907) 729-3454, kmr2@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

CDC Points of Contact Karen Rudolph  
(907) 729-3454  
kmr2@cdc.gov

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**Test Order**  
**Hendra Serology**  
**CDC-10324**

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Synonym(s) None

**Pre-Approval Needed** Stroehler, Ute, (404) 639-4704, [ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Knust, Barbara, (404) 639-1104, [bkk0@cdc.gov](mailto:bkk0@cdc.gov)

**Supplemental Information Required** See Supplemental Form

**Supplemental Form** <http://www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf>

Performed on Specimens From Human and Animal

Acceptable Sample/ Specimen Type for Testing Blood and serum

Minimum Volume Required 1 mL

**Storage & Preservation of Specimen Prior to Shipping** Specimen must be kept cold (at or below 4°C). If possible place specimen in plastic screw capped vials. See link to supplemental submission form for specific information on various specimen types.

**Transport Medium** Not Applicable

**Specimen Labeling** Patient name, patient ID #, specimen type, date collected

**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday overnight to avoid weekend deliveries. Specimen should be shipped on cold packs or dry ice if frozen. See supplemental submission forms for further details. Do not ship specimen without prior consultation and approval.

**Methodology** ELISA

**Turnaround Time** 10 Days

**Interferences & Limitations** Specimen must remain frozen; warming or freeze thawing reduces sensitivity

**Additional Information** Critical specimens will take less than 4 days to turn around. See link to supplemental submission forms for detailed information.

**CDC Points of Contact** Ute Stroehler  
(404) 639-4704  
[ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Barbara Knust  
(404) 639-1104  
[bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Test Order**  
**Hepatitis A Serology, NAT and Genotyping**  
**CDC-10325**

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Synonym(s) HAV, Hepatitis A virus

**Pre-Approval Needed** Drobeniuc, Jan, (404) 639-3790, jqd6@cdc.gov  
Kamili, Saleem, (404) 639-4431, sek6@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing Serum, plasma, stool

Minimum Volume Required 1.5 mL

Storage & Preservation of Specimen Prior to Shipping Specimens should be stored frozen

Transport Medium Not Applicable

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday -Thursday overnight to avoid weekend deliveries  
Frozen specimen should be shipped on dry ice

Methodology Total anti-HAV by Chemiluminescence, IgM anti-HAV by Chemiluminescence, HAV RNA, HAV Genotyping by NAT P2B Sequencing

Turnaround Time 1 Week

Interferences & Limitations Hemolyzed specimen are not accepted

Additional Information NAT based assays and genotyping may take up to 3 weeks for turn around time

CDC Points of Contact Jan Drobeniuc  
(404) 639-3790  
jqd6@cdc.gov  
Saleem Kamili  
(404) 639-4431  
sek6@cdc.gov

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**Test Order**  
**Hepatitis B Serology, NAT and Genotyping**  
**CDC-10326**

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Synonym(s) HBV, Hepatitis B virus

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**Pre-Approval Needed** Drobeniuc, Jan, (404) 639-3790, jqd6@cdc.gov  
Kamili, Saleem, (404) 639-4431, sek6@cdc.gov

---

**Supplemental Information Required** None

---

**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Serum, plasma, stool

---

Minimum Volume Required 2 mL

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Storage & Preservation of Specimen Prior to Shipping Specimens should be stored frozen

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Transport Medium Not Applicable

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

---

Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday -Thursday overnight to avoid weekend deliveries  
Frozen specimen should be shipped on dry ice

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Methodology HBsAg by EIA, IgM anti-HBc by Chemiluminescence, Total anti-HBc by Chemiluminescence, Anti-HBs by Chemiluminescence, HBeAg by Chemiluminescence, Anti-Hbe by EIA, HBV DNA by TaqMan IVD, HBV Genotyping by NAT S Gene Sequencing

---

Turnaround Time 1 Week

---

Interferences & Limitations Hemolyzed specimen are not accepted

---

Additional Information NAT based assays and genotyping may take up to 3 weeks for turn around time

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CDC Points of Contact Jan Drobeniuc  
(404) 639-3790  
jqd6@cdc.gov  
Saleem Kamili  
(404) 639-4431  
sek6@cdc.gov

---

---

**Test Order**  
**Hepatitis B Surface Antigen Confirmatory Test**  
**CDC-10451**

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Synonym(s) HBV, Hepatitis B virus

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**Pre-Approval Needed** Drobenuic, Jan, (404) 639-3790, jqd6@cdc.gov  
Kamili, Saleem, (404) 639-4431, sek6@cdc.gov

---

**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Serum, Plasma (Serum Preferred)

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Minimum Volume Required 300uL

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Storage & Preservation of Specimen Prior to Shipping Specimens should be stored frozen at -20°C

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Transport Medium None

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Specimen Labeling Test subject to CLIA regulations require two patient identifiers on the specimen container and the test requisition

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Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday -Thursday overnight to avoid weekend deliveries  
Frozen specimen should be shipped on cold packs

---

Methodology Neutralization

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Turnaround Time 10 Days

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Interferences & Limitations Do not send whole blood or hemolyzed serum

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Additional Information None

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CDC Points of Contact Jan Drobenuic  
(404) 639-3790  
jqd6@cdc.gov  
Saleem Kamili  
(404) 639-4431  
sek6@cdc.gov

---

---

**Test Order**  
**Hepatitis C Serology, NAT and Genotyping**  
**CDC-10327**

---

Synonym(s) HCV, Hepatitis C virus

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**Pre-Approval Needed** Drobeniuc, Jan, (404) 639-3790, jqd6@cdc.gov  
Kamili, Saleem, (404) 639-4431, sek6@cdc.gov

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Plasma and serum

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Minimum Volume Required 2 mL

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Storage & Preservation of Specimen Prior to Shipping Specimens should be stored frozen

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Transport Medium Not Applicable

---

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday -Thursday overnight to avoid weekend deliveries  
Frozen specimen should be shipped on dry ice

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Methodology Anti-HCV by Chemiluminescence, HCV RNA by TaqMan IVD, HCV Genotyping by NAT NS5B Gene Sequencing

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Turnaround Time 1 Week

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Interferences & Limitations Hemolyzed specimen are not accepted

---

Additional Information NAT based assays and genotyping may take up to 3 weeks for turn around time

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CDC Points of Contact Jan Drobeniuc  
(404) 639-3790  
jqd6@cdc.gov  
Saleem Kamili  
(404) 639-4431  
sek6@cdc.gov

---

---

**Test Order**  
**Hepatitis D Serology, NAT and Genotyping**  
**CDC-10328**

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Synonym(s) HDV, Hepatitis D virus

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**Pre-Approval Needed** Drobeniuc, Jan, (404) 639-3790, jqd6@cdc.gov  
Kamili, Saleem, (404) 639-4431, sek6@cdc.gov

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Plasma and serum

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Minimum Volume Required 2 mL

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Storage & Preservation of Specimen Prior to Shipping Specimens should be stored frozen

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Transport Medium Not Applicable

---

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

---

Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday -Thursday overnight to avoid weekend deliveries  
Frozen specimen should be shipped on dry ice

---

Methodology Total anti-HDV by EIA, HDV RNA by Real Time qRT-PCR, HDV Genotyping by direct sequence analysis

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Turnaround Time 2 Weeks

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Interferences & Limitations Hemolyzed specimen are not accepted

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Additional Information NAT based assays and genotyping may take up to 3 weeks for turn around time

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CDC Points of Contact Jan Drobeniuc  
(404) 639-3790  
jqd6@cdc.gov  
Saleem Kamili  
(404) 639-4431  
sek6@cdc.gov

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**Test Order**  
**Hepatitis E Serology, NAT and Genotyping**  
**CDC-10329**

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Synonym(s) HEV, Hepatitis E virus

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**Pre-Approval Needed** Drobeniuc, Jan, (404) 639-3790, jqd6@cdc.gov  
Kamili, Saleem, (404) 639-4431, sek6@cdc.gov

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**Supplemental Information Required** See Supplemental Form

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**Supplemental Form** <http://www.cdc.gov/hepatitis/HEV/LabTestingRequests.htm>

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Performed on Specimens From Human and Food/Environmental/Medical Devices/Biologics

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Acceptable Sample/ Specimen Type for Testing Serum, plasma, and stool

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Minimum Volume Required 2 mL

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Storage & Preservation of Specimen Prior to Shipping Specimens should be stored frozen

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Transport Medium Not Applicable

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday -Thursday overnight to avoid weekend deliveries  
Frozen specimen should be shipped on dry ice

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Methodology IgM anti-HEV by EIA, IgG anti-HEV by EIA, HEV RNA by Real Time qRT-PCR, HEV Genotyping by direct sequence analysis

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Turnaround Time 2 Weeks

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Interferences & Limitations Hemolyzed specimen are not accepted

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Additional Information NAT based assays and genotyping may take up to 3 weeks for turn around time

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CDC Points of Contact Jan Drobeniuc  
(404) 639-3790  
jqd6@cdc.gov  
Saleem Kamili  
(404) 639-4431  
sek6@cdc.gov

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**Test Order**  
**Hepatitis Outbreak Investigation**  
**CDC-10330**

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**Synonym(s)** HAV, HBV, HCV, HDV, HEV, Hepatitis A virus, Hepatitis B virus, Hepatitis C virus, Hepatitis D virus, Hepatitis E virus

**Pre-Approval Needed** Drobeniuc, Jan, (404) 639-3790, jqd6@cdc.gov  
Kamili, Saleem, (404) 639-4431, sek6@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

**Performed on Specimens From** Human, Animal, and Food/Environmental/Medical Devices/Biologics

**Acceptable Sample/ Specimen Type for Testing** Not Applicable

**Minimum Volume Required** Not Applicable

**Storage & Preservation of Specimen Prior to Shipping** No Specific Requirements

**Transport Medium** Not Applicable

**Specimen Labeling** Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

**Shipping Instructions which Include Specimen Handling Requirements** None

**Methodology**

**Turnaround Time**

**Interferences & Limitations** None

**Additional Information** None

**CDC Points of Contact** Jan Drobeniuc  
(404) 639-3790  
jqd6@cdc.gov  
Saleem Kamili  
(404) 639-4431  
sek6@cdc.gov

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**Test Order**  
**Hepatitis Special Study**  
**CDC-10331**

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Synonym(s) None

**Pre-Approval Needed** Drobeniuc, Jan, (404) 639-3790, jqd6@cdc.gov  
Kamili, Saleem, (404) 639-4431, sek6@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements None

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

CDC Points of Contact Jan Drobeniuc  
(404) 639-3790  
jqd6@cdc.gov  
Saleem Kamili  
(404) 639-4431  
sek6@cdc.gov

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**Test Order**  
**Herpes Simplex Virus 1 Detection**  
**CDC-10258**

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Synonym(s) Oral herpes

**Pre-Approval Needed** None

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing Skin lesion, cerebrospinal fluid (CSF) or saliva

Minimum Volume Required 200 uL (saliva)

Storage & Preservation of Specimen Prior to Shipping Skin lesions should be kept dry and saliva can be kept either refrigerated or frozen.

Transport Medium Not Applicable

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday–Thursday, overnight on cold packs or dry ice. Skin lesions should be shipped dry. Ship as an etiologic agent. See standard shipping instructions for biologic agent

Methodology Polymerase Chain Reaction (PCR)

Turnaround Time 2 Days

Interferences & Limitations None

Additional Information None

CDC Points of Contact Scott Schmid  
(404) 639-0066  
dss1@cdc.gov  
Kay Radford  
(404) 639-2192  
kjr7@cdc.gov

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**Test Order**  
**Herpes Simplex Virus 1 Serology**  
**CDC-10259**

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Synonym(s) Oral herpes

**Pre-Approval Needed** None

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing Serum, plasma, or cerebrospinal fluid (CSF)

Minimum Volume Required 200 uL

Storage & Preservation of Specimen Prior to Shipping Keep specimen either refrigerated or frozen.

Transport Medium Not Applicable

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship overnight Monday–Thursday, with cold packs or dry ice as an etiologic agent.

Methodology IgG antibody detected by EIA

Turnaround Time 2 Days

Interferences & Limitations None

Additional Information None

CDC Points of Contact Scott Schmid  
(404) 639-0066  
dss1@cdc.gov  
Kay Radford  
(404) 639-2192  
kjr7@cdc.gov

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**Test Order**  
**Herpes Simplex Virus 2 Detection**  
**CDC-10260**

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Synonym(s) Genital herpes

**Pre-Approval Needed** None

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From None

Acceptable Sample/ Specimen Type for Testing Skin lesion, cerebrospinal fluid (CSF) or saliva

Minimum Volume Required 200 uL (saliva)

Storage & Preservation of Specimen Prior to Shipping Keep specimen either refrigerated or frozen. Skin lesions should be kept dry.

Transport Medium Not Applicable

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday–Thursday, overnight on cold packs or dry ice. Skin lesions should be shipped dry. Ship as an etiologic agent.

Methodology Polymerase Chain Reaction (PCR)

Turnaround Time 2 Days

Interferences & Limitations None

Additional Information None

CDC Points of Contact Scott Schmid  
(404) 639-0066  
dss1@cdc.gov  
Kay Radford  
(404) 639-2192  
kjr7@cdc.gov

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**Test Order**  
**Herpes Simplex Virus 2 Serology**  
**CDC-10261**

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Synonym(s) Genital herpes

**Pre-Approval Needed** None

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing Serum, plasma, or cerebrospinal fluid (CSF)

Minimum Volume Required 200 uL

Storage & Preservation of Specimen Prior to Shipping Keep specimen either refrigerated or frozen

Transport Medium Not Applicable

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship overnight Monday–Thursday, with cold packs or dry ice as an etiologic agent.

Methodology IgG antibody detected by EIA

Turnaround Time 2 Days

Interferences & Limitations None

Additional Information None

CDC Points of Contact Scott Schmid  
(404) 639-0066  
dss1@cdc.gov  
Kay Radford  
(404) 639-2192  
kjr7@cdc.gov

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**Test Order**  
**Herpesvirus Encephalitis Panel**  
**CDC-10262**

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Synonym(s) None

**Pre-Approval Needed** None

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing Cerebrospinal fluid (CSF), saliva, whole blood, or skin lesions

Minimum Volume Required 200 uL

Storage & Preservation of Specimen Prior to Shipping Keep specimen either refrigerated or frozen. Blood should be collected in EDTA or citrate tubes. Skin lesions should be kept dry.

Transport Medium Not Applicable

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship overnight Monday -Thursday, with cold packs or dry ice as an etiologic agent.

Methodology Polymerase Chain Reaction (PCR) for VZV, Polymerase Chain Reaction (PCR) for HSV1, Polymerase Chain Reaction (PCR) for HSV2, Polymerase Chain Reaction (PCR) for EBV, Polymerase Chain Reaction (PCR) for HHV6

Turnaround Time 2 Days

Interferences & Limitations None

Additional Information None

CDC Points of Contact Scott Schmid  
(404) 639-0066  
dss1@cdc.gov  
Kay Radford  
(404) 639-2192  
kjr7@cdc.gov

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**Test Order**  
**Herpesvirus Special Study**  
**CDC-10270**

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Synonym(s) None

**Pre-Approval Needed** Schmid, Scott, (404) 639-0066, dss1@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required Not Applicable

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

CDC Points of Contact Scott Schmid  
(404) 639-0066  
dss1@cdc.gov

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**Test Order**  
**HIV antigen/antibody Combo**  
**CDC-10485**

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Synonym(s) None

**Pre-Approval Needed** None

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing Serum or Plasma

Minimum Volume Required 1 mL

Storage & Preservation of Specimen Prior to Shipping 2 days at ambient temperature; 7 days at 2–8°C. Specimens should be stored at –20°C for long-term storage and should not have more than 4 freeze/thaw cycles.

Transport Medium

Specimen Labeling Specimens and accompanying submission forms require 2 unique identifiers. Identifiers that protect the identity of the individual are preferred

Shipping Instructions which Include Specimen Handling Requirements For best results, specimens should be shipped frozen on dry ice for overnight delivery to the HIV reference laboratory.

Methodology EIA

Turnaround Time 21 Days

Interferences & Limitations Do not heat inactivate specimens

Additional Information None

CDC Points of Contact Timothy Granade  
(404) 639-3850  
txg1@cdc.gov  
Michele Owen  
(404) 639-1046  
smo2@cdc.gov

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**Test Order**  
**HIV Molecular Surveillance Study (International Only)**  
**CDC-10332**

Synonym(s)	None
<b>Pre-Approval Needed</b>	Boeras (Primary POC), Debrah, (404) 639-3049, fhz2@cdc.gov Yang (Secondary), Chunfu, (404) 639-4975, cxy0@cdc.gov
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	To be determined
Minimum Volume Required	To be determined
Storage & Preservation of Specimen Prior to Shipping	To be determined
Transport Medium	To be determined
Specimen Labeling	All primary specimen containers must include 2 unique identifiers at the time of collection. The identifiers must be clearly labeled on each specimen and correspond to information on the requisition form.  Surveillance studies and some protocols require 1 unique identifier (the ILB recommends 2 identifiers) de-linked from the patient. Do not include the patient's name or any other personally identifiable information. Results are not reported back to patient.
Shipping Instructions which Include Specimen Handling Requirements	To be determined
Methodology	
Turnaround Time	
Interferences & Limitations	To be determined
Additional Information	To be determined
CDC Points of Contact	Debrah Boeras (Primary POC) (404) 639-3049 fhz2@cdc.gov Chunfu Yang (Secondary) (404) 639-4975 cxy0@cdc.gov

**Test Order**  
**HIV Serology NHANES**  
**CDC-10279**

Synonym(s)	HIV ELISA, HIV antibody
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Serum and/or plasma. The following anticoagulants are acceptable: EDTA, sodium citrate, CPD, CPDA-1, and ACD. SST and PPT are also acceptable.
Minimum Volume Required	1 mL
Storage & Preservation of Specimen Prior to Shipping	Specimens may be stored at 2–8°C for 7 days. Long-term storage should be at –20°C or colder and specimens should not have incurred more than 5 freeze-thaw cycles.
Transport Medium	Not Applicable
Specimen Labeling	Specimens and accompanying submission forms require 2 unique identifiers. Identifiers that protect the identity of the individual are preferred
Shipping Instructions which Include Specimen Handling Requirements	Ship specimen Monday –Thursday overnight to avoid weekend deliveries Frozen specimen should be shipped on dry ice Refrigerated specimen should be shipped on cold packs
Methodology	Enzyme-linked Immunosorbent Assay (ELISA), Western Blot, Rapid Test
Turnaround Time	21 Days
Interferences & Limitations	None
Additional Information	None
CDC Points of Contact	Tim Granade (404) 639-3850 txg1@cdc.gov Michele Owen (404) 639-1046 smo2@cdc.gov



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**Test Order**  
**HIV Serology Study (International Only)**  
**CDC-10333**

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Synonym(s) None

**Pre-Approval Needed** Parekh, Bharat, (404) 639-3647, bsp1@cdc.gov  
Kalou, Mireille, (404) 639-2794, chn7@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling All primary specimen containers must include 2 unique identifiers at the time of collection. The identifiers must be clearly labeled on each specimen and correspond to information on the requisition form.

Surveillance studies and some protocols require 1 unique identifier (the ILB recommends 2 identifiers) de-linked from the patient. Do not include the patient's name or any other personally identifiable information. Results are not reported back to patient.

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

CDC Points of Contact Bharat Parekh  
(404) 639-3647  
bsp1@cdc.gov  
Mireille Kalou  
(404) 639-2794  
chn7@cdc.gov

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**Test Order**  
**HIV Special Study**  
**CDC-10278**

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Synonym(s) None

**Pre-Approval Needed** Owen, Michele, (404) 639-1046, smo2@cdc.gov  
Granade, Tim, (404) 639-3850, txg1@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

**CDC Points of Contact** Michele Owen  
(404) 639-1046  
smo2@cdc.gov  
Tim Granade  
(404) 639-3850  
txg1@cdc.gov

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**Test Order**  
**HIV-1 Drug Resistance Special Study (International Only)**  
**CDC-10334**

Synonym(s) None

**Pre-Approval Needed** Yang, Chunfu, (404) 639-4975, cxy0@cdc.gov  
Diallo, Karidia, (404) 639-3568, edu9@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

**Specimen Labeling** All primary specimen containers must include 2 unique identifiers at the time of collection. The identifiers must be clearly labeled on each specimen and correspond to information on the requisition form.

Surveillance studies and some protocols require 1 unique identifier (the ILB recommends 2 identifiers) de-linked from the patient. Do not include the patient's name or any other personally identifiable information. Results are not reported back to patient.

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

**CDC Points of Contact** Chunfu Yang  
(404) 639-4975  
cxy0@cdc.gov  
Karidia Diallo  
(404) 639-3568  
edu9@cdc.gov

# Test Order

## HIV-1 Genotype Drug Resistance (International Only)

### CDC-10335

Synonym(s)	HIV DR, HIV, HIV Sequencing, HIV Susceptibility
<b>Pre-Approval Needed</b>	Yang, Chunfu, (404) 639-4975, cxy0@cdc.gov Diallo, Karidia, (404) 639-3568, edu9@cdc.gov
<b>Supplemental Information Required</b>	Specimens must be accompanied with complete requisition form(s).  Plasma or Serum: CDC Form 0.753: Application for Permit to Import or Transport Etiological Agents, Hosts, or Vectors of Human Disease and Requisition Form  Dried Blood Spots: Requisition Form
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Plasma, serum, and dried blood spots (DBS). Dried blood spots should be least 4 saturated 13mm circles (preferably 5) containing 100 µL of whole blood.
Minimum Volume Required	1 mL (Plasma or Serum)
Storage & Preservation of Specimen Prior to Shipping	For plasma or serum keep frozen at -65°C to -80°C for 6 months. Use the appropriate anticoagulant (EDTA).  Dried blood spots should be kept at an ambient temperature (15°-35°C) for testing performed within 14 days and frozen at -70°C or colder if testing is not performed within 14 days.
Transport Medium	Plasma or serum should be transported in a 1.5 - 2.0 mL polypropylene tube with screw cap and O-ring. Transport specimens in frozen conditions using dry ice or liquid nitrogen. Dried blood spots should each be wrapped with a folded sheet of glassine paper. Stack 5-10 glassine paper-wrapped cards into a gas-impermeable, sealable, plastic bag containing 5-10 desiccant packs to remove residual moisture along with one humidity indicator card. Ensure the specimen identification is clearly written on both the DBS card and on the plastic bag. Ensure the humidity indicator can be read without opening the bag. Gently apply pressure to the partially sealed bag to expel the air before sealing it completely. Place 5-10 of the above small bags into a large plastic bag.
Specimen Labeling	All primary specimen containers must include 2 unique identifiers at the time of collection. The identifiers must be clearly labeled on each specimen and correspond to information on the requisition form.  Surveillance studies and some protocols require 1 unique identifier (the ILB recommends 2 identifiers) de-linked from the patient. Do not include the patient's name or any other personally identifiable information. Results are not reported back to patient.
Shipping Instructions which Include Specimen Handling Requirements	For shipments that are in transit for up to 14 days, maintain at ambient temperature (20°-30°C) and for greater than 14 days, maintain temperature at -20°C or colder with dry ice.
Methodology	Identification of mutations within HIV-1 pol gene region, Sequencing
Turnaround Time	24 Weeks
Interferences & Limitations	Do not use heparin as an anticoagulant. Plasma and serum should not be used

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**Test Order**  
**HIV-1 Genotype Drug Resistance (International Only)**  
**CDC-10335**

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after more than 2 freeze-thaw cycles. Plasma or serum will be rejected if improperly labeled or unlabeled, or with discrepant documentation, insufficient volume, without documentation, unacceptable preservatives, and specimen that have leaked in transit or otherwise shown evidence of contamination.

Dried blood spots will be rejected if improperly labeled or unlabeled, without documentation or with discrepant documentation, without humidity indicators and desiccants, demonstrating any indication of humidity in the zip lock bags, insufficient volume for testing, improperly collected, containing blood clots or clumps, with a halo around the blood spot indicating contamination, if specimen are congruent or show evidence of commingling and collected onto inappropriate filter paper.

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**Additional Information** The In-house assay may not detect minor viral species that constitute less than 20% of the circulating virus population. Consultation with an expert in HIV drug resistance is encouraged to facilitate interpretation of genotype test results, and to evaluate which mutations and/or combinations of mutations are associated with drug resistance.

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**CDC Points of Contact** Chunfu Yang  
(404) 639-4975  
cxy0@cdc.gov  
Karidia Diallo  
(404) 639-3568  
edu9@cdc.gov

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**Test Order**  
**HIV-1 Nucleic Acid Amplification (Qualitative)**  
**CDC-10275**

Synonym(s)	HIV NAAT
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Serum, plasma or whole blood. Specimens may be collected EDTA, ACD sodium citrate, PPT, or serum tubes. Follow sample tube manufacturer's instructions
Minimum Volume Required	1 mL
Storage & Preservation of Specimen Prior to Shipping	Specimen stability is affected by elevated temperature. Whole blood, plasma or serum may be stored for up to 72 hours from time of draw at <= 25°C; temperatures not to exceed 30°C are acceptable for no more than 24 hours. Specimens may be stored an additional five days at 2 to 8°C following centrifugation. Plasma separated from the cells may be stored for longer periods of time at <= 20°C before testing. Do not freeze whole blood. Long-term storage of serum has not been evaluated.
Transport Medium	Not Applicable
Specimen Labeling	Specimens and accompanying submission forms require 2 unique identifiers. Identifiers that protect the identity of the individual are preferred
Shipping Instructions which Include Specimen Handling Requirements	Ship specimen Monday -Thursday overnight to avoid weekend deliveries. Keep specimen at room temperature. If frozen, specimen should be shipped on dry ice.
Methodology	Nucleic acid amplification
Turnaround Time	21 Days
Interferences & Limitations	Collections in heparin coated tubes are unacceptable due to heparin interference with nucleic acid amplification
Additional Information	For RNA testing, separate the plasma by centrifugation and freeze (-70°C is optimal, -20°C acceptable) as soon as possible after separation (min volume of 1mL of plasma is required, 5 mLs is optimal). For DNA amplification, (required for HIV-2), freeze the cell pellet after plasma separation (-70°C is optimal, -20°C acceptable). Indicate the original volume of blood used to generate the pellet on the shipping form. If blood separation is not possible, tubes may be shipped overnight at ambient temperature.
CDC Points of Contact	Michele Owen (404) 639-1046 smo2@cdc.gov Tim Granade (404) 639-3850 txg1@cdc.gov

**Test Order**  
**HIV-1 Nucleic Acid Amplification (Viral Load)**  
**CDC-10276**

Synonym(s)	HIV RNA-PCR, HIV RT-PCR, HIV Roche Viral load, HIV Cobas, HIV Abbot Viral load, HIV NAAT
<b>Pre-Approval Needed</b>	Granade, Tim, (404) 639-3850, txg1@cdc.gov Owen, Michele, (404) 639-1046, smo2@cdc.gov
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Plasma collected in ACD or EDTA anticoagulants. Follow manufacturer's instructions for proper collection.
Minimum Volume Required	1 mL
Storage & Preservation of Specimen Prior to Shipping	Fresh whole blood may be held at 15-30°C for up to 6 hours or at 2-8°C for up to 24 hours. After centrifugation, plasma may be stored at 15-30°C for up to 24 hours and at 2-8°C for up to 5 days. Plasma may be frozen at -20°C for up to 60 days; longer storage should be at -70°C or colder. Freeze-thaw cycles should be avoided and should not exceed 3 cycles.
Transport Medium	Not Applicable
Specimen Labeling	Specimens and accompanying submission forms require 2 unique identifiers. Identifiers that protect the identity of the individual are preferred
Shipping Instructions which Include Specimen Handling Requirements	Ship specimen Monday -Thursday overnight to avoid weekend deliveries. Keep specimen at room temperature. If frozen, specimen should be shipped on dry ice.
Methodology	Real time polymerase chain reaction (RT-PCR)
Turnaround Time	21 Days
Interferences & Limitations	Collections in heparin coated tubes are unacceptable due to heparin interference with PCR amplification.
Additional Information	For RNA testing, separate the plasma by centrifugation and freeze (-70°C is optimal, -20°C acceptable) as soon as possible after separation (min volume of 1mL of plasma is required, 5 mL is optimal).
CDC Points of Contact	Tim Granade (404) 639-3850 txg1@cdc.gov Michele Owen (404) 639-1046 smo2@cdc.gov

# Test Order

## HIV-1 PCR (International Only) Qualitative

### CDC-10336

Synonym(s)	HIV, EID, PMTCT, Early infant diagnostic, DNA
<b>Pre-Approval Needed</b>	Boeras(Primary), Debrah, (404) 639-3049, fhz2@cdc.gov Yang (Secondary), Chunfu, (404) 639-4975, cxy0@cdc.gov
<b>Supplemental Information Required</b>	Specimens must be accompanied with complete requisition form(s)
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Dried Blood Spots (DBS). At least 4 saturated 13mm circles (preferably 5) containing 50-100 µL of whole blood including capillary blood obtained by finger/toe/heel stick which is dropped directly onto the DBS card.
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	The appropriate anticoagulant for DBS whole blood collection is EDTA.  Dried blood spots should be kept at an ambient temperature (15°-35°C) for testing performed within 14 days and frozen at -70°C if testing is not performed within 14 days.
Transport Medium	Transport specimen in a gas impermeable plastic bag with desiccant and humidity indicator card. Each DBS card needs to be packaged separately.
Specimen Labeling	All primary specimen containers must include 2 unique identifiers at the time of collection. The identifiers must be clearly labeled on each specimen and correspond to information on the requisition form.  Surveillance studies and some protocols require 1 unique identifier (the ILB recommends 2 identifiers) de-linked from the patient. Do not include the patient's name or any other personally identifiable information. Results are not reported back to patient.
Shipping Instructions which Include Specimen Handling Requirements	For shipments that are in transit for up to 14 days, maintain at ambient temperature (15°-35°C) and shipments that are in transit for greater than 14 days, maintain temperature at -20°C or colder with dry ice.
Methodology	Qualitative PCR
Turnaround Time	28 Days
Interferences & Limitations	Do not use heparin as an anticoagulant. Specimen will be rejected if improperly labeled or unlabeled, without documentation or with discrepant documentation, without humidity indicators and desiccants, demonstrating any indication of humidity in the zip lock bags, insufficient volume for testing, improperly collected, containing blood clots or clumps, with a halo around the blood spot indicating contamination, if specimen are congruent or show evidence of commingling and collected onto inappropriate filter paper.
Additional Information	A test result of "HIV-1 Not Detected" or "Target not detected", does not rule out necessarily HIV-1 DNA for the Amplicor test or HIV-1 RNA and DNA for the COBAS AmpliPrep platform. Either nucleic acid (HIV-1 DNA/RNA) concentrations below the limit of detection of the assays, the presence of PCR inhibitors in the patient specimen or improper specimen handling can lead to false negative results. PCR may not detect infection in the first weeks of infant's life (< 6 weeks) or within 6 weeks of weaning. HIV-1 may not be detected immediately after exposure. The diagnosis of HIV-1 infection is based on clinical presentation and results from additional diagnostic tests such as DNA PCR. Diagnosis should



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**Test Order**  
HIV-1 PCR (International Only) Qualitative  
CDC-10336

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not be based solely on a single HIV-1 test. False positive test results may be caused by PCR contamination.  
NOTE: If a specific testing platform is required, requests must be submitted and reviewed by the team lead.

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CDC Points of Contact Debrah Boeras (Primary)  
(404) 639-3049  
fhz2@cdc.gov  
Chunfu Yang (Secondary)  
(404) 639-4975  
cxy0@cdc.gov

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# Test Order

## HIV-1 PCR (International Only) Quantitative Viral Load

### CDC-10337

Synonym(s)	HIV, VL, RNA
<b>Pre-Approval Needed</b>	Boeras (Primary), Debrah, (404) 639-3049, fhz2@cdc.gov Yang (Secondary), Chunfu, (404) 639-4975, cxy0@cdc.gov
<b>Supplemental Information Required</b>	Specimens must be accompanied with complete requisition form(s). CDC Form 0.753: Application for Permit to Import or Transport Etiological Agents, Hosts, or Vectors of Human Disease and Requisition Form
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Plasma
Minimum Volume Required	0.2 mL
Storage & Preservation of Specimen Prior to Shipping	The appropriate anticoagulant for whole blood collection is EDTA. Specimen should be kept at ambient temperature (20°-35°C) within 14 days after collection, but frozen at -70°C if testing is to be performed after 14 days.
Transport Medium	Transport specimen in a sterile 1.5-2.0 mL polypropylene tube, screw cap with O-ring
Specimen Labeling	All primary specimen containers must include 2 unique identifiers at the time of collection. The identifiers must be clearly labeled on each specimen and correspond to information on the requisition form.  Surveillance studies and some protocols require 1 unique identifier (the ILB recommends 2 identifiers) de-linked from the patient. Do not include the patient's name or any other personally identifiable information. Results are not reported back to patient.
Shipping Instructions which Include Specimen Handling Requirements	For shipments that are in transit for up to 5 days, maintain at (2-8°C) and shipments in transit for greater than 5 days, maintain temperature at -20°C or colder with dry ice.
Methodology	Quantitative PCR
Turnaround Time	28 Days
Interferences & Limitations	Do not use heparin as an anticoagulant. Do not use specimens after more than 5 freeze-thaw cycles for the Roche assays and 3 freeze-thaw cycles for the Abbott m2000 assay. Specimen will be rejected if improperly labeled or unlabeled, or with discrepant documentation, insufficient volume, without documentation, unacceptable preservatives, and specimen that have leaked in transit or otherwise shown evidence of contamination.
Additional Information	An interpretation of "Target Not Detected", "HIV-1 RNA Not Detected", and "Not Detected" does not rule out the presence of PCR inhibitors or HIV-1 RNA concentrations below the level of detection of the assay. Care should be taken in the interpretation of any single viral load determination. The clinical significance of changes in HIV-1 RNA measurements has not been fully established; however, a change of 0.5 log copies/mL may be significant. The linear range of each assay is as follows: COBAS® AmpliPrep/COBAS® Taqman® v2.0 is 20-10,000,000 copies/mL(1.30log-7.00log)

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**Test Order**  
**HIV-1 PCR (International Only) Quantitative Viral Load**  
**CDC-10337**

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Amplacor® HIV-1 Monitor v1.5 is 400-750,000 copies/mL(2.60log-5.88log)  
Abbott Real Time HIV-1 assay is 40-10,000,000 copies/mL(1.60-7.00log)  
The COBAS®AmpliPrep/COBAS® Taqman® HIV-1 v2.0 test exhibits a higher level of sensitivity when compared to the Amplacor® HIV-1 Monitor v1.5 test and the Abbott Real Time HIV-1 test for the m2000 system.  
NOTE: If a specific testing platform is required, requests must be submitted and reviewed by the Team Lead.

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**CDC Points of Contact** Debrah Boeras (Primary)  
(404) 639-3049  
fhz2@cdc.gov  
Chunfu Yang (Secondary)  
(404) 639-4975  
cxy0@cdc.gov

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# Test Order

## HIV-1 /2 Antibody (International Only) EIA and Western Blot

### CDC-10338

Synonym(s) HIV, EIA, WB, ELISA

**Pre-Approval Needed** Parekh, Bharat, (404) 639-3647, bsp1@cdc.gov  
Kalou, Mireille, (404) 639-2794, chn7@cdc.gov

**Supplemental Information Required** Specimens must be accompanied with complete requisition form(s).  
  
Plasma or serum:  
CDC Form 0.753: Application for Permit to Import or Transport Etiological Agents, Hosts, or Vectors of Human Disease and Requisition Form  
  
Dried Blood Spots:  
Requisition Form

**Supplemental Form** None

Performed on Specimens From Human

**Acceptable Sample/ Specimen Type for Testing** Plasma, serum and dried blood spots. Dried Blood Spots should be at least 4 saturated 13mm filter paper circles (preferably 5) containing 75 µL of whole blood.

**Minimum Volume Required** 0.5 mL (plasma and serum)

**Storage & Preservation of Specimen Prior to Shipping** Keep plasma and serum refrigerated at 2°-8°C if testing is performed within 7 days. If testing is performed after 7 days of collection, the specimen should be kept frozen at -20°C or colder.

Dried blood spots should be stored at an ambient temperature (20°-30°C) if testing is performed within 14 days. Specimen should be frozen at -20°C or colder if testing is not performed within 14 days.

Plasma: The appropriate anticoagulants for whole blood collection are either EDTA, Sodium heparin or Lithium heparin.

Dried Blood Spots: For DBS prepared from whole blood collected into tubes, the appropriate anticoagulant for DBS whole blood collection is EDTA. Finger pricks without anti-coagulant dropped directly onto filter paper is also acceptable.

**Transport Medium** Transport plasma and/or serum in plastic screw-cap vial with O-ring. Dried blood spots should be in gas impermeable plastic bag with desiccant and humidity indicator card and packaged separately.

**Specimen Labeling** All primary specimen containers must include 2 unique identifiers at the time of collection. The identifiers must be clearly labeled on each specimen and correspond to information on the requisition form.

Surveillance studies and some protocols require 1 unique identifier (the ILB recommends 2 identifiers) de-linked from the patient. Do not include the patient's name or any other personally identifiable information. Results are not reported back to patient.

**Shipping Instructions which Include Specimen Handling Requirements** For shipments that are in transit for up to 7 days, maintain temperature at 2-8°C. For shipments that are in transit for greater than 7 days, maintain temperature at -20°C or colder with dry ice.

For shipments that are in transit for up to 14 days, maintain at ambient temperature (20-30°C). For shipments that are in transit for greater than 14

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**Test Order**  
**HIV-1 /2 Antibody (International Only) EIA and Western Blot**  
**CDC-10338**

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days, maintain temperature at -20°C or colder with dry ice.

**Methodology** Enzyme Immunoassay, Enzyme-linked Immunosorbent Blot Technique (Western Blot)

**Turnaround Time** 90 Days

**Interferences & Limitations** Do not use plasma and serum after more than 5 freeze-thaw cycles. Plasma or serum will be rejected if improperly labeled or unlabeled, without documentation or with discrepant documentation, insufficient volume, unacceptable preservatives, and specimen that have leaked in transit or otherwise shown evidence of contamination.

Dried blood spots will be rejected if improperly labeled or unlabeled, without documentation or with discrepant documentation, without humidity indicators and desiccants, demonstrating any indication of humidity in the zip lock bags, insufficient volume for testing, improperly collected, containing blood clots or clumps, with a halo around the blood spot indicating contamination, if specimen are congruent or show evidence of commingling and collected onto inappropriate filter paper.

**Additional Information** Positive results are confirmed by the highly specific method (i.e. Western Blot). Western Blot with an EIA-positivity has combined specificity of greater than 99.9%.

Testing for EIA and Western Blot is performed in batches and the turnaround times are the following:

Batch with less than 200 specimens - within 50 days

Batch with 200-600 - within 70 days

Batch with greater than 600 specimens - within 90 days

**CDC Points of Contact** Bharat Parekh  
(404) 639-3647  
bsp1@cdc.gov  
Mireille Kalou  
(404) 639-2794  
chn7@cdc.gov

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# Test Order

## HIV-1 / 2 Antibody (International Only) Rapid Test

### CDC-10339

Synonym(s)	HIV, RT
<b>Pre-Approval Needed</b>	Parekh, Bharat, (404) 639-3647, bsp1@cdc.gov Kalou, Mireille, (404) 639-2794, chn7@cdc.gov
<b>Supplemental Information Required</b>	Specimens must be accompanied with complete requisition form(s).  CDC Form 0.753: Application for Permit to Import or Transport Etiological Agents, Hosts, or Vectors of Human Disease and Requisition Form
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Plasma and serum
Minimum Volume Required	0.5 mL
Storage & Preservation of Specimen Prior to Shipping	The appropriate anticoagulants for whole blood collection are EDTA or Sodium heparin. Keep specimen at ambient temperature at 15°-35°C if testing will be performed within 48 hours of collection. If testing is to be performed within 7 days keep specimen refrigerated at 2°-8°C. If testing is to be performed after 7 days, keep specimen frozen at -20°C or colder.
Transport Medium	Specimen should be transported in a plastic screw-cap vial
Specimen Labeling	All primary specimen containers must include 2 unique identifiers at the time of collection. The identifiers must be clearly labeled on each specimen and correspond to information on the requisition form.  Surveillance studies and some protocols require 1 unique identifier (the ILB recommends 2 identifiers) de-linked from the patient. Do not include the patient's name or any other personally identifiable information. Results are not reported back to patient.
Shipping Instructions which Include Specimen Handling Requirements	For shipments that are in transit for up to 7 days, maintain temperature at 2-8°C and for shipments that are in transit for greater than 7 days, maintain temperature at -20°C or colder with dry ice.
Methodology	Immuno-concentration
Turnaround Time	90 Days
Interferences & Limitations	Do not use specimens after more than 5 freeze-thaw cycles. Specimen will be rejected if improperly labeled or unlabeled, without documentation or with discrepant documentation, insufficient volume, unacceptable preservatives, and specimen that have leaked in transit or otherwise shown evidence of contamination.
Additional Information	Turn around times are dependent on batch specimen:  Batch with less than 200 specimens - within 50 days Batch with 200-600 - within 70 days Batch with greater than 600 specimens - within 90 days
CDC Points of Contact	Bharat Parekh (404) 639-3647 bsp1@cdc.gov Mireille Kalou (404) 639-2794

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**Test Order**  
HIV-1 /2 Antibody (International Only) Rapid Test  
CDC-10339

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chn7@cdc.gov

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**Test Order**  
**HIV-1/2 Laboratory Algorithm**  
**CDC-10272**

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Synonym(s) HIV ELISA, HIV antibody

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**Pre-Approval Needed** None

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Serum and/or plasma. The following anticoagulants are acceptable: EDTA, sodium citrate, CPD, CPDA-1, and ACD. SST and PPT are also acceptable.

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Minimum Volume Required 1 mL

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Storage & Preservation of Specimen Prior to Shipping Specimens may be stored at 2-8°C for 7 days. Long-term storage should be at -20°C or colder and specimens should not have incurred more than 5 freeze-thaw cycles.

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Transport Medium Not Applicable

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Specimen Labeling Specimens and accompanying submission forms require 2 unique identifiers. Identifiers that protect the identity of the individual are preferred

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Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday -Thursday overnight to avoid weekend deliveries

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Frozen specimen should be shipped on dry ice  
Refrigerated specimen should be shipped on cold packs

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Methodology HIV antigen/antibody combo ELISA or HIV antibody ELISA, HIV-1/2 differentiation assay, Rapid Test, HIV-1 Nucleic acid amplification (qualitative)

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Turnaround Time 21 Days

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Interferences & Limitations None

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Additional Information None

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CDC Points of Contact Tim Granade  
(404) 639-3850  
txg1@cdc.gov  
Michele Owen  
(404) 639-1046  
smo2@cdc.gov

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**Test Order**  
**HIV-2 Nucleic Acid Amplification (Qualitative)**  
**CDC-10429**

Synonym(s)	HIV NAAT
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Serum and plasma
Minimum Volume Required	1 mL
Storage & Preservation of Specimen Prior to Shipping	Specimen should be properly stored in ethylenediaminetetraacetic acid (EDTA) or Acid Citrate Dextrose (ACD) tubes. Serum and plasma can be stored at room temperature. For plasma only collections, Plasma Preparation Tubes (PPT) are suitable.
Transport Medium	Not Applicable
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Ship specimen Monday -Thursday overnight to avoid weekend deliveries. Keep specimen at room temperature. If frozen, specimen should be shipped on dry ice.
Methodology	Polymerase Chain Reaction (PCR)
Turnaround Time	21 Days
Interferences & Limitations	Collections in heparin coated tubes are unacceptable due to heparin interference with PCR amplification.
Additional Information	For RNA testing, separate the plasma by centrifugation and freeze (-70°C is optimal, -20°C acceptable) as soon as possible after separation (min volume of 1 mL of plasma is required, 5 mL is optimal). For DNA amplification, (required for HIV-2), freeze the cell pellet after plasma separation (-70°C is optimal, -20°C acceptable). Indicate the original volume of blood used to generate the pellet on the shipping form. If blood separation is not possible, tubes may be shipped overnight at ambient temperature.
CDC Points of Contact	Michele Owen (404) 639-1046 smo2@cdc.gov Tim Granade (404) 639-3850 txg1@cdc.gov

**Test Order**  
**HIV-2 Serology**  
**CDC-10273**

Synonym(s)	HIV ELISA, HIV antibody
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Serum and/or plasma. The following anticoagulants are acceptable: EDTA, sodium citrate, CPD, CPDA-1, and ACD. SST and PPT are also acceptable.
Minimum Volume Required	0.5 mL
Storage & Preservation of Specimen Prior to Shipping	Keep specimen either refrigerated or frozen. Plasma should be properly stored in ethylenediaminetetraacetic acid (EDTA) or Acid Citrate Dextrose (ACD) tubes.
Transport Medium	Not Applicable
Specimen Labeling	Specimens and accompanying submission forms require 2 unique identifiers. Identifiers that protect the identity of the individual are preferred
Shipping Instructions which Include Specimen Handling Requirements	Ship specimen Monday -Thursday overnight to avoid weekend deliveries Frozen specimen should be shipped on dry ice Refrigerated specimen should be shipped on cold packs
Methodology	HIV-1/2 Differentiation Assay, HIV-2 Western Blot
Turnaround Time	21 Days
Interferences & Limitations	None
Additional Information	None
CDC Points of Contact	Tim Granade (404) 639-3850 txg1@cdc.gov Michele Owen (404) 639-1046 smo2@cdc.gov

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**Test Order**  
**HPV Special Study**  
**CDC-10131**

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Synonym(s) None

**Pre-Approval Needed** Unger, Elizabeth, (404) 639-3533, eru0@cdc.gov  
Panicker, Gitika, (404) 639-2269, dhv1@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology Polymerase Chain Reaction (PCR), Serology

Turnaround Time

Interferences & Limitations To be determined

Additional Information

CDC Points of Contact Elizabeth Unger  
(404) 639-3533  
eru0@cdc.gov  
Gitika Panicker  
(404) 639-2269  
dhv1@cdc.gov

Martin Steinau  
(404) 639-0561  
azz9@cdc.gov

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**Test Order**  
**Human Herpes Virus 6 (HHV6) Detection and Subtyping**  
**CDC-10266**

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Synonym(s) HHV6

**Pre-Approval Needed** None

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing Saliva, cerebrospinal fluid (CSF) or blood

Minimum Volume Required 200 uL

Storage & Preservation of Specimen Prior to Shipping Keep specimen either refrigerated or frozen. Blood should be collected in EDTA or citrate tubes.

Transport Medium None

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship overnight Monday–Thursday, with cold packs or dry ice as an etiologic agent.

Methodology Polymerase Chain Reaction (PCR)

Turnaround Time 2 Days

Interferences & Limitations None

Additional Information None

CDC Points of Contact Scott Schmid  
(404) 639-0066  
dss1@cdc.gov  
Kay Radford  
(404) 639-2192  
kjr7@cdc.gov

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**Test Order**  
**Human Herpes Virus 7 (HHV7) Detection**  
**CDC-10267**

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Synonym(s) HHV7

**Pre-Approval Needed** None

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing Saliva, cerebrospinal fluid (CSF) or blood

Minimum Volume Required 200 uL

Storage & Preservation of Specimen Prior to Shipping Keep specimen either refrigerated or frozen. Blood should be collected in EDTA or citrate tubes.

Transport Medium Not applicable

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship overnight Monday–Thursday, with cold packs or dry ice as an etiologic agent.

Methodology Polymerase Chain Reaction (PCR)

Turnaround Time 2 Days

Interferences & Limitations None

Additional Information None

CDC Points of Contact Scott Schmid  
(404) 639-0066  
dss1@cdc.gov  
Kay Radford  
(404) 639-2192  
kjr7@cdc.gov

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**Test Order**  
**Human Herpes Virus 8 (HHV8) Detection**  
**CDC-10268**

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Synonym(s) Kaposi's sarcoma-associated herpesvirus, KSHV, HHV8

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**Pre-Approval Needed** Dollard, Sheila, (404) 639-2178, [sgd5@cdc.gov](mailto:sgd5@cdc.gov)  
Schmid, Scott, (404) 639-0066, [dss1@cdc.gov](mailto:dss1@cdc.gov)

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Blood or saliva

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Minimum Volume Required 200 uL

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Storage & Preservation of Specimen Prior to Shipping Keep specimen either refrigerated or frozen. Blood should be collected in EDTA or citrate tubes.

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Transport Medium Not Applicable

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Specimen Labeling Provide a specimen ID. Do not send specimen labeled with patient's name.

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Shipping Instructions which Include Specimen Handling Requirements Ship overnight Monday-Thursday, with cold packs or dry ice as an etiologic agent.

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Methodology Polymerase Chain Reaction (PCR)

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Turnaround Time 1 Week

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Interferences & Limitations None

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Additional Information None

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CDC Points of Contact Sheila Dollard  
(404) 639-2178  
[sgd5@cdc.gov](mailto:sgd5@cdc.gov)  
Scott Schmid  
(404) 639-0066  
[dss1@cdc.gov](mailto:dss1@cdc.gov)

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**Test Order**  
**Human Herpes Virus 8 (HHV8) Serology**  
**CDC-10269**

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Synonym(s) Kaposi's sarcoma-associated herpesvirus, KSHV, HHV8

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**Pre-Approval Needed** Dollard, Sheila, (404) 639-2178, [sgd5@cdc.gov](mailto:sgd5@cdc.gov)  
Schmid, Scott, (404) 639-0066, [dss1@cdc.gov](mailto:dss1@cdc.gov)

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Serum or plasma

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Minimum Volume Required 200 uL

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Storage & Preservation of Specimen Prior to Shipping Keep specimen either refrigerated or frozen.

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Transport Medium Not Applicable

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Specimen Labeling Provide a specimen ID. Do not send specimen labeled with patient's name.

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Shipping Instructions which Include Specimen Handling Requirements Ship overnight Monday-Thursday, with cold packs or dry ice as an etiologic agent.

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Methodology IgG antibody detected by IFA

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Turnaround Time 7 Days

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Interferences & Limitations None

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Additional Information None

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CDC Points of Contact Sheila Dollard  
(404) 639-2178  
[sgd5@cdc.gov](mailto:sgd5@cdc.gov)  
Scott Schmid  
(404) 639-0066  
[dss1@cdc.gov](mailto:dss1@cdc.gov)

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# Test Order

## Influenza Antiviral Resistance Diagnosis

### CDC-10423

Synonym(s)	Flu, Influenza Drug resistance, Neuraminidase inhibitor, Influenza Resistance testing	
Pre-Approval Needed	None	
Supplemental Information Required	Requires additional WHO submission form that can be obtained with your password	
Supplemental Form	<a href="http://www.nltn.org/Influenza-Speicmen-Submission-Form.xls">http://www.nltn.org/Influenza-Speicmen-Submission-Form.xls</a>	
Performed on Specimens From	Human	
Acceptable Sample/ Specimen Type for Testing	Must type/subtype prior to submission. Virus isolates, RNA, respiratory clinical specimens (nasopharyngeal swabs, nasal swabs, throat swabs, nasal aspirates, nasal washes, lower respiratory tract specimens), and others upon consultation with the laboratory.	
Minimum Volume Required	0.5 mL	
Storage & Preservation of Specimen Prior to Shipping	Swab specimens should be collected using only swabs with a synthetic tip, such as nylon or Dacron®, and an aluminum or plastic shaft. Ensure that, when transporting human respiratory specimens, all applicable regulations for the transport of etiologic agents are met. Specimens received cold should be stored refrigerated (2–8°C) for up to 72 hours before processing. Store any residual specimens at ≤ -70°C. Although optimal performance is met when testing fresh specimens within 72 hours of collection, performance has been demonstrated with frozen specimens. If testing of a fresh specimen is not possible within 72 hours storage at 2°–8°C, the specimen may be frozen at ≤ -70°C and tested at a later time. Specimens received frozen should be stored at ≤ -70°C until processing. Store any residual specimens at ≤ -70°C.	
Transport Medium	Swabs must be in viral transport medium	
Specimen Labeling	Specimen ID must match the ID on the form	
Shipping Instructions which Include Specimen Handling Requirements	<p>Ship Monday–Thursday overnight to avoid weekend deliveries. Prior to shipping, notify CDC Influenza Division that you are sending specimens. Refer to the International Air Transport Association (IATA – <a href="http://www.iata.org">www.iata.org</a>) for requirements for shipment of human or potentially infectious biological specimens.</p> <p>Ship extracted RNA and frozen specimen on dry ice. Refrigerated specimens should be shipped on cold packs.</p>	
Methodology	Pyrosequencing	
Turnaround Time	3 Days	
Interferences & Limitations	<p>Low viral load (Ct values above 29 are not recommended for submission) or genetic variance can affect test results.</p> <p>Calcium alginate swabs are unacceptable and cotton swabs with wooden shafts are not recommended because it can cause a false–negative result.</p>	
Additional Information	Turn around time may be greater than 3 days during holidays. Testing is not performed on the weekends or on federal holidays.	
CDC Points of Contact	Larisa Gubareva (404) 639–3204 lqg3@cdc.gov Juan De La Cruz (404) 639–0159 kjq7@cdc.gov	Julie Villanueva (404) 639–3851 jfv3@cdc.gov



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**Test Order**  
Influenza Antiviral Resistance Diagnosis  
CDC-10423

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# Test Order

## Influenza Molecular Diagnosis

### CDC-10421

Synonym(s)	Influenza Real Time PCR, Influenza Diagnostics, Flu	
<b>Pre-Approval Needed</b>	None	
<b>Supplemental Information Required</b>	Requires additional WHO submission form that can be obtained with your password	
<b>Supplemental Form</b>	<a href="http://www.nltn.org/IM-014Rev0D_2012_Specimen_Submission_Form.xls">http://www.nltn.org/IM-014Rev0D_2012_Specimen_Submission_Form.xls</a>	
Performed on Specimens From	Human	
Acceptable Sample/ Specimen Type for Testing	Virus isolates, RNA, respiratory clinical specimens (i.e. Nasopharyngeal swabs, nasal swabs, throat swabs, nasal aspirates, nasal washes, lower respiratory tract specimens), and others upon consultation with the laboratory.	
Minimum Volume Required	1 mL	
Storage & Preservation of Specimen Prior to Shipping	Swab specimens should be collected using only swabs with a synthetic tip, such as nylon or Dacron®, and an aluminum or plastic shaft. Ensure that, when transporting human respiratory specimens, all applicable regulations for the transport of etiologic agents are met. Specimens received cold should be stored refrigerated (2°-8°C) for up to 72 hours before processing. Store any residual specimens at ≤ -70°C. Although optimal performance is met when testing fresh specimens within 72 hours of collection, performance has been demonstrated with frozen specimens. If testing of a fresh specimen is not possible within 72 hours storage at 2-8°C, the specimen may be frozen at ≤ -70°C and tested at a later time. Specimens received frozen should be stored at ≤ -70°C until processing. Store any residual specimens at ≤ -70°C.	
Transport Medium	Swabs must be in viral transport medium	
Specimen Labeling	Specimen ID must match the ID on the form	
Shipping Instructions which Include Specimen Handling Requirements	<p>Ship Monday–Thursday, overnight to avoid weekend deliveries. Urgent specimen can be shipped any time with prior approval from the laboratory. Prior to shipping, notify CDC Influenza Division that you are sending specimen. Refer to the International Air Transport Association (IATA – <a href="http://www.iata.org">www.iata.org</a>) for requirements for shipment of human or potentially infectious biological specimens.</p> <p>Ship extracted RNA and frozen specimen on dry ice. Refrigerated specimen should be shipped on cold packs.</p>	
Methodology	Real Time PCR, Genetic Sequence Identification	
Turnaround Time	7 Days	
Interferences & Limitations	Low virus numbers or co-infections can affect test results. Calcium alginate swabs are unacceptable and cotton swabs with wooden shafts are not recommended because it can cause a false–negative result.	
Additional Information	Specimens requiring additional testing and specimens submitted for surveillance studies will take longer than seven days for results.	
CDC Points of Contact	Stephen Lindstrom (404) 639–1587 sql5@cdc.gov LaShondra Berman (404) 639–1686 zhj5@cdc.gov	Julie Villanueva (404) 639–3851 jfv3@cdc.gov

# Test Order

## Influenza Serology

### CDC-10424

Synonym(s)	Influenza Hemagglutination inhibition assay, Influenza microneutralization assay	
<b>Pre-Approval Needed</b>	Levine, Min, (404) 639-3504, mwl2@cdc.gov Katz, Jackie, (404) 639-4966, jmk9@cdc.gov	
<b>Supplemental Information Required</b>	Supplemental form will be supplied upon consultation with laboratory	
<b>Supplemental Form</b>	None	
Performed on Specimens From	Human	
Acceptable Sample/ Specimen Type for Testing	Paired Serum; Acute (less than 7 days post symptoms onset) and convalescent (at least 14 days after acute serum collection)	
Minimum Volume Required	.5 mL	
Storage & Preservation of Specimen Prior to Shipping	Should be collected and immediately frozen. Specifics around storage and preservation are supplied on the supplemental form and upon consultation with laboratory.	
Transport Medium	Not Applicable	
Specimen Labeling	Please include patient identification number, patients age, date of collection and symptoms onset date. Do not include names.	
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday-Thursday, overnight to avoid weekend deliveries Frozen specimen should be shipped on dry ice  Obtain approval prior to shipping	
Methodology	Hemagglutination inhibition assay, Microneutralization assay	
Turnaround Time	6 Weeks	
Interferences & Limitations	Whole blood cannot be used for testing. Lipemic or hemolyzed sera will affect test results.	
Additional Information	None	
CDC Points of Contact	Min Levine (404) 639-3504 mwl2@cdc.gov Jackie Katz (404) 639-4966 jmk9@cdc.gov	Heather Tatum  gpg7@cdc.gov

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**Test Order**  
**Influenza Special Study**  
**CDC-10425**

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Synonym(s) None

**Pre-Approval Needed** Villanueva, Jullie, (404) 639-3851, jfv3@cdc.gov  
Lindstrom, Stephen, (404) 639-1587, sql5@cdc.gov

**Supplemental Information Required** Requires additional WHO submission form that can be obtained with your password

**Supplemental Form** [http://www.nltn.org/IM-014Rev0D\\_2012\\_Specimen\\_Submission\\_Form.xls](http://www.nltn.org/IM-014Rev0D_2012_Specimen_Submission_Form.xls)

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

**CDC Points of Contact** Jullie Villanueva  
(404) 639-3851  
jfv3@cdc.gov  
Stephen Lindstrom  
(404) 639-1587  
sql5@cdc.gov

Xu Xiyan  
(404) 639-1657  
xxx1@cdc.gov  
Larisa Gubareva  
(404) 639-3204  
lqg3@cdc.gov

# Test Order

## Influenza Surveillance

### CDC-10422

Synonym(s)	Flu, Influenza Antigen Characterization	
Pre-Approval Needed	None	
Supplemental Information Required	Requires additional WHO submission form that can be obtained with your password	
Supplemental Form	<a href="http://www.nltn.org/IM-014Rev0D_2012_Specimen_Submission_Form.xls">http://www.nltn.org/IM-014Rev0D_2012_Specimen_Submission_Form.xls</a>	
Performed on Specimens From	Human	
Acceptable Sample/ Specimen Type for Testing	Respiratory specimens (nasopharyngeal swabs, nasal swabs, throat swabs, nasal aspirates, nasal washes, dual nasopharyngeal/throat swabs, bronchoalveolar lavage, sputum, tracheal aspirate, etc.), virus cultures, and others upon consultation with the laboratory.	
Minimum Volume Required	1 mL	
Storage & Preservation of Specimen Prior to Shipping	Swab specimens should be collected using only swabs with a synthetic tip, such as nylon or Dacron®, and an aluminum or plastic shaft. Ensure that, when transporting human respiratory specimens, all applicable regulations for the transport of etiologic agents are met. Specimens received cold should be stored refrigerated (2–8°C) for up to 72 hours before processing. Store any residual specimens at ≤ -70°C. Although optimal performance is met when testing fresh specimens within 72 hours of collection, performance has been demonstrated with frozen specimens. If testing of a fresh specimen is not possible within 72 hours storage at 2°–8°C, the specimen may be frozen at ≤ -70°C and tested at a later time. Specimens received frozen should be stored at ≤ -70°C until processing. Store any residual specimens at ≤ -70°C.	
Transport Medium	Swabs must be in viral transport medium	
Specimen Labeling	Specimen ID must match the ID on the form	
Shipping Instructions which Include Specimen Handling Requirements	<p>Ship Monday–Thursday, overnight to avoid weekend deliveries. Urgent specimen can be shipped at any time with prior approval from the laboratory. Refer to the International Air Transport Association (IATA – <a href="http://www.iata.org">www.iata.org</a>) for requirements for shipment of human or potentially infectious biological specimens.</p> <p>Ship extracted RNA and frozen specimen on dry ice. Refrigerated specimen should be shipped on cold packs.</p>	
Methodology	Hemagglutination Inhibition (HI) test, Virus Culture	
Turnaround Time	4 Weeks	
Interferences & Limitations	Low virus numbers or co-infections can affect test results. Calcium alginate swabs are unacceptable and cotton swabs with wooden shafts are not recommended because it can cause a false-negative result.	
Additional Information	Turn around time may take up to a month if the virus needs to be cultured. Turn around time for isolates may be less than 1 month.	
CDC Points of Contact	Xiyan Xu (404) 639-1657 xxx1@cdc.gov Wendy Sessions (404) 639-3211 gra6@cdc.gov	Julie Villanueva (404) 639-3851 jfv3@cdc.gov

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**Test Order**  
**Junin Serology**  
**CDC-10340**

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Synonym(s) Argentine Hemorrhagic Fever, AHF, *arenavirus*

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**Pre-Approval Needed** Stroehler, Ute, (404) 639-4704, [ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Knust, Barbara, (404) 639-1104, [bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Supplemental Information Required** See Supplemental Form

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**Supplemental Form** <http://www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf>

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Performed on Specimens From Human and Animal

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Acceptable Sample/ Specimen Type for Testing Blood and serum

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Minimum Volume Required 1 mL

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**Storage & Preservation of Specimen Prior to Shipping** Specimen must be kept cold (at or below 4°C). If possible place specimen in plastic screw capped vials. See link to supplemental submission form for specific information on various specimen types.

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**Transport Medium** Not Applicable

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**Specimen Labeling** Patient name, patient ID #, specimen type, date collected

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**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday overnight to avoid weekend deliveries. Specimen should be shipped on cold packs or dry ice if frozen. See supplemental submission forms for further details. Do not ship specimen without prior consultation and approval.

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**Methodology** ELISA

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**Turnaround Time** 10 Days

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**Interferences & Limitations** Specimen must remain frozen; warming or freeze thawing reduces sensitivity.

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**Additional Information** Critical specimens will take less than 4 days to turn around. See link to supplemental submission forms for detailed information.

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**CDC Points of Contact** Ute Stroehler  
(404) 639-4704  
[ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Barbara Knust  
(404) 639-1104  
[bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Test Order**  
**Kyasanur Forest Disease Serology**  
**CDC-10341**

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Synonym(s) KFD

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**Pre-Approval Needed** Stroehler, Ute, (404) 639-4704, [ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Knust, Barbara, (404) 639-1104, [bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Supplemental Information Required** See Supplemental Form

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**Supplemental Form** <http://www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf>

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Performed on Specimens From Human and Animal

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Acceptable Sample/ Specimen Type for Testing Blood and serum

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Minimum Volume Required 1 mL

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**Storage & Preservation of Specimen Prior to Shipping** Specimen must be kept cold (at or below 4°C). If possible place specimen in plastic screw capped vials. See link to supplemental submission form for specific information on various specimen types.

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**Transport Medium** Not Applicable

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**Specimen Labeling** Patient name, patient ID #, specimen type, date collected

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**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday overnight to avoid weekend deliveries. Specimen should be shipped on cold packs or dry ice if frozen. See supplemental submission forms for further details. Do not ship specimen without prior consultation and approval.

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**Methodology** ELISA

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**Turnaround Time** 10 Days

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**Interferences & Limitations** Specimen must remain frozen; warming or freeze thawing reduces sensitivity

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**Additional Information** Critical specimens will take less than 4 days to turn around. See link to supplemental submission forms for detailed information.

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**CDC Points of Contact** Ute Stroehler  
(404) 639-4704  
[ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Barbara Knust  
(404) 639-1104  
[bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Test Order**  
**Laguna Negra Serology**  
**CDC-10342**

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Synonym(s) HPS, hanta

**Pre-Approval Needed** Stroehler, Ute, (404) 639-4704, [ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Knust, Barbara, (404) 639-1104, [bkk0@cdc.gov](mailto:bkk0@cdc.gov)

**Supplemental Information Required** See Supplemental Form

**Supplemental Form** <http://www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf>

Performed on Specimens From Human and Animal

Acceptable Sample/ Specimen Type for Testing Blood and serum

Minimum Volume Required 1 mL

**Storage & Preservation of Specimen Prior to Shipping** Specimen must be kept cold (at or below 4°C). If possible place specimen in plastic screw capped vials. See link to supplemental submission form for specific information on various specimen types.

**Transport Medium** Not Applicable

**Specimen Labeling** Patient name, patient ID #, specimen type, date collected

**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday overnight to avoid weekend deliveries. Specimen should be shipped on cold packs or dry ice if frozen. See supplemental submission forms for further details. Do not ship specimen without prior consultation and approval.

**Methodology** ELISA

**Turnaround Time** 10 Days

**Interferences & Limitations** Specimen must remain frozen; warming or freeze thawing reduces sensitivity

**Additional Information** Critical specimens will take less than 4 days to turn around. See link to supplemental submission forms for detailed information.

**CDC Points of Contact** Ute Stroehler  
(404) 639-4704  
[ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Barbara Knust  
(404) 639-1104  
[bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Test Order**  
**Lassa Fever Identification**  
**CDC-10343**

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Synonym(s) *Arenavirus*

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**Pre-Approval Needed** Stroehler, Ute, (404) 639-4704, [ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Knust, Barbara, (404) 639-1104, [bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Supplemental Information Required** See Supplemental Form

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**Supplemental Form** <http://www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf>

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Performed on Specimens From Human and Animal

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Acceptable Sample/ Specimen Type for Testing Frozen tissue, blood, and serum

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Minimum Volume Required 1 mL

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**Storage & Preservation of Specimen Prior to Shipping** Specimen must be placed in plastic screw capped vials, frozen to -70°C, and kept frozen until shipment. See link to supplemental submission form for specific information on various specimen types.

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**Transport Medium** Not Applicable

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**Specimen Labeling** Patient name, patient ID #, specimen type, date collected

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**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday overnight to avoid weekend deliveries. Specimen should be shipped frozen on dry ice. See supplemental submission forms for further details. Do not ship specimen without prior consultation and approval.

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**Methodology** Molecular Typing, Polymerase Chain Reaction (PCR)

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**Turnaround Time** 10 Days

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**Interferences & Limitations** Specimen must remain frozen; warming or freeze thawing reduces sensitivity. Heparin may cause interference with the molecular tests and should be avoided.

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**Additional Information** Critical specimens will take less than 4 days to turn around. See link to supplemental submission forms for detailed information.

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**CDC Points of Contact** Ute Stroehler  
(404) 639-4704  
[ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Barbara Knust  
(404) 639-1104  
[bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Test Order**  
**Lassa Fever Serology**  
**CDC-10344**

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Synonym(s) *Arenavirus*

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**Pre-Approval Needed** Stroehler, Ute, (404) 639-4704, [ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Knust, Barbara, (404) 639-1104, [bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Supplemental Information Required** See Supplemental Form

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**Supplemental Form** <http://www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf>

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Performed on Specimens From Human and Animal

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Acceptable Sample/ Specimen Type for Testing Blood and serum

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Minimum Volume Required 1 mL

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**Storage & Preservation of Specimen Prior to Shipping** Specimen must be kept cold (at or below 4°C). If possible place specimen in plastic screw capped vials. See link to supplemental submission form for specific information on various specimen types.

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**Transport Medium** Not Applicable

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**Specimen Labeling** Patient name, patient ID #, specimen type, date collected

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**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday overnight to avoid weekend deliveries. Specimen should be shipped on cold packs or dry ice if frozen. See supplemental submission forms for further details. Do not ship specimen without prior consultation and approval.

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**Methodology** ELISA

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**Turnaround Time** 10 Days

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**Interferences & Limitations** Specimen must remain frozen; warming or freeze thawing reduces sensitivity

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**Additional Information** Critical specimens will take less than 4 days to turn around. See link to supplemental submission forms for detailed information.

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**CDC Points of Contact** Ute Stroehler  
(404) 639-4704  
[ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Barbara Knust  
(404) 639-1104  
[bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Test Order**  
***Legionella* species Identification and Typing**  
**CDC-10159**

Synonym(s)	Legionnaires' disease or LD, Legionellosis, Pontiac fever
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human and Food/Environmental/Medical Devices/Biologics
Acceptable Sample/ Specimen Type for Testing	Isolates or culture. For Human origin the acceptable specimen are sputum, bronchoalveolar lavage (BAL), lung tissue, and endotracheal tube (ETT). For specimen of environmental origin only isolates are accepted.
Minimum Volume Required	Contingent upon specimen type. Please call for consultation
Storage & Preservation of Specimen Prior to Shipping	Clinical specimen should be frozen immediately. Isolates should be on appropriate slants (Buffered Charcoal Yeast Extract (BCYE)).
Transport Medium	BCYE or equivalent slants for isolates
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday–Thursday overnight to avoid weekend deliveries Frozen specimen should be sent on dry ice
Methodology	Culture, Serogrouping, Sequencing, Real Time PCR
Turnaround Time	4 Weeks
Interferences & Limitations	Specimen should be acquired prior to antibiotic treatment. Improper specimen storage and handling may result in inconclusive or inaccurate results.
Additional Information	If only PCR is needed then turn around time will be shorter than 4 weeks
CDC Points of Contact	Jonas Winchell (404) 639-4921 jwinchell@cdc.gov Natalia Kozak (404) 639-2305 htv2@cdc.gov

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**Test Order**  
***Legionella* species Molecular Detection**  
**CDC-10160**

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Synonym(s) Legionnaires' disease or LD, Legionellosis, Pontiac fever, Atypical pneumonia

**Pre-Approval Needed** None

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing Any lower respiratory tract specimen including bronchoalveolar lavage (BAL), endotracheal tube (ETT), lung biopsy or tissue, and sputum; isolates and purified nucleic acid.

Minimum Volume Required Contingent upon specimen type. Please call for consultation

Storage & Preservation of Specimen Prior to Shipping Specimen should be kept frozen

Transport Medium Not Applicable

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship Monday–Thursday overnight to avoid weekend deliveries  
Frozen specimen should be sent on dry ice

Methodology Real Time PCR, Sequencing

Turnaround Time 7 Days

Interferences & Limitations Specimen should be acquired prior to antibiotic treatment. Improper specimen storage and handling may result in inconclusive or inaccurate results.

Additional Information None

CDC Points of Contact Jonas Winchell  
(404) 639-4921  
jwinchell@cdc.gov  
Natalia Kozak  
(404) 639-2305  
htv2@cdc.gov

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**Test Order**  
*Legionella* species Study  
CDC-10161

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Synonym(s) None

**Pre-Approval Needed** Winchell, Jonas, (404) 639-4921, [Jwinchell@cdc.gov](mailto:Jwinchell@cdc.gov)  
Kozak, Natalia, (404) 639-2305, [htv2@cdc.gov](mailto:htv2@cdc.gov)

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

CDC Points of Contact Jonas Winchell  
(404) 639-4921  
[Jwinchell@cdc.gov](mailto:Jwinchell@cdc.gov)  
Natalia Kozak  
(404) 639-2305  
[htv2@cdc.gov](mailto:htv2@cdc.gov)

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**Test Order**  
*Leishmania* species Identification  
CDC-10238

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Synonym(s) Parasite

**Pre-Approval Needed** None

**Supplemental Information Required** Must contact CDC prior to sample collection at [bnz0@cdc.gov](mailto:bnz0@cdc.gov), and CDC will provide the culture medium (typically Novy-MacNeal-Nicolle (NNN) medium).

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing Tissue, blood, bone marrow

Minimum Volume Required Not Applicable

Storage & Preservation of Specimen Prior to Shipping No Specific Requirements

**Transport Medium** Culture medium (typically Novy-MacNeal-Nicolle (NNN) medium). Keep media refrigerated until it is used (stable for 2-4 weeks) and bring it to room temperature right before inoculation. Once inoculated, keep the culture at room temperature and send to CDC as soon as possible by overnight mail.

**Specimen Labeling** Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday - Thursday, overnight to avoid weekend deliveries. Culture should be kept at room temperature and mailed as soon as possible, as an etiologic agent. Blood and bone marrow should be shipped on wet ice (cold pack).

**Methodology** PCR and DNA sequencing, Culture

**Turnaround Time** 6 Weeks

**Interferences & Limitations** Formalin fixed specimens are not suitable for culture

**Additional Information** None

**CDC Points of Contact** Marcos de Almeida  
(404) 718-4175  
[bnz0@cdc.gov](mailto:bnz0@cdc.gov)  
Yvonne Qvarnstrom  
(404) 718-4123  
[bvp2@cdc.gov](mailto:bvp2@cdc.gov)

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**Test Order**  
**Leishmaniasis Serology**  
**CDC-10463**

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**Synonym(s)** Leishmaniasis Serology, Visceral leishmaniasis, Kala azar; *Leishmania donovoni*, *Leishmania major*, *Leishmania*, parasite

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**Pre-Approval Needed** None

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**Supplemental Information Required** Exposure and travel history, include other relevant risk factors; clinical symptoms, treatment and relevant lab results.

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**Supplemental Form** None

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**Performed on Specimens From** Human

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**Acceptable Sample/ Specimen Type for Testing** Serum and Plasma

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**Minimum Volume Required** 0.5 mL

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**Storage & Preservation of Specimen Prior to Shipping** No specific requirements

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**Transport Medium** Not Applicable

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**Specimen Labeling** Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday - Thursday, overnight to avoid weekend deliveries. Ship specimen at room temperature, not on dry ice, as an etiologic agent.

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**Methodology** Antibody detection

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**Turnaround Time** 18 Days

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**Interferences & Limitations** Substances known to interfere with immunoassays include: bilirubin, lipids, and hemoglobin

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**Additional Information** None

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**CDC Points of Contact** Marcos de Almeida  
(404) 718-4175  
bnz0@cdc.gov  
Yvonne Qvarnstrom  
(404) 718-4123  
bvp2@cdc.gov

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**Test Order**  
*Leptospira* species Identification and Genotyping  
CDC-10199

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Synonym(s) Leptospirosis

**Pre-Approval Needed** Galloway, Renee, (404) 639-5461, zul0@cdc.gov  
Stoddard, Robyn, (40) 463-9205, frd8@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human and Animal

Acceptable Sample/ Specimen Type for Testing Isolate and media inoculated with clinical specimens (blood, tissue and urine)

Minimum Volume Required Not Applicable

Storage & Preservation of Specimen Prior to Shipping Cultures should be stored at room temperature

Transport Medium Isolates need to be shipped on Ellinghausen-McCullough-Johnson-Harris (EMJH) semisolid media

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday -Thursday overnight to avoid weekend deliveries

Isolates should be shipped at room temperature. All other specimens shipped at 4°C.

Methodology Multilocus sequence typing (MLST), Pulsed field gel electrophoresis (PFGE), Microscopy, Polymerase Chain Reaction (PCR)

Turnaround Time 2 Weeks

Interferences & Limitations None

Additional Information Turnaround time will vary depending on if an isolate is sent for identification or a specimen is sent for isolation. Primary isolation from clinical specimens takes up to 6 months.

CDC Points of Contact Renee Galloway  
(404) 639-5461  
zul0@cdc.gov  
Robyn Stoddard  
(404) 639-2053  
frd8@cdc.gov

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**Test Order**  
*Leptospira* species Molecular Detection  
CDC-10200

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Synonym(s) Leptospirosis

**Pre-Approval Needed** None

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human and Animal

Acceptable Sample/ Specimen Type for Testing Clinical specimens (blood and urine). Blood specimens should be collected in EDTA or Sodium Citrate tubes

Minimum Volume Required 250 uL

Storage & Preservation of Specimen Prior to Shipping Keep frozen at -20°C

Transport Medium Blood specimens transported in EDTA or Sodium Citrate tubes

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday -Thursday overnight to avoid weekend deliveries  
Specimens should be shipped frozen at -20°C

Methodology Polymerase Chain Reaction (PCR)

Turnaround Time 2 Days

Interferences & Limitations Blood specimens collected in heparin are not acceptable

Additional Information None

CDC Points of Contact Robyn Stoddard  
(404) 639-2053  
frd8@cdc.gov  
Renee Galloway  
(404) 639-5461  
zul0@cdc.gov

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**Test Order**  
*Leptospira* species Serology  
 CDC-10201

Synonym(s)	Leptospirosis
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human and Animal
Acceptable Sample/ Specimen Type for Testing	Serum for MAT (acute and convalescent preferred for MAT). Serum or whole blood for ImmunoDOT (human only)
Minimum Volume Required	100 uL
Storage & Preservation of Specimen Prior to Shipping	Store serum at 4°C before shipping
Transport Medium	Not Applicable
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Ship specimen Monday –Thursday overnight to avoid weekend deliveries Serum should be shipped at 4°C
Methodology	MAT–micro agglutination, ImmunoDOT
Turnaround Time	1 Week
Interferences & Limitations	Acute and convalescent preferred for MAT MAT can be performed on human or animal sera but ImmunoDOT is for human sera only
Additional Information	ImmunoDOT (IgM detection) can be reported within 1 week while MAT takes up to 2 weeks for confirmation
CDC Points of Contact	Renee Galloway (404) 639-5461 zul0@cdc.gov Robyn Stoddard (404) 639-2053 frd8@cdc.gov

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**Test Order**  
*Leptospira* species Study  
CDC-10202

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Synonym(s) None

**Pre-Approval Needed** Galloway, Renee, (404) 639-5461, zul0@cdc.gov  
Stoddard, Robyn, (404) 639-2053, frd8@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

CDC Points of Contact Renee Galloway  
(404) 639-5461  
zul0@cdc.gov  
Robyn Stoddard  
(404) 639-2053  
frd8@cdc.gov

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**Test Order**  
**Listeria Identification**  
**CDC-10128**

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Synonym(s) *Listeria*

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**Pre-Approval Needed** None

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**Supplemental Information Required** Prior approval is not required for human specimens but is required for all other specimen types.

Provide any preliminary results that are available.

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**Supplemental Form** None

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Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

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Acceptable Sample/ Specimen Type for Testing Isolates

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Minimum Volume Required Not Applicable

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Storage & Preservation of Specimen Prior to Shipping No Specific Requirements

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Transport Medium Ship growth on nonselective slant/stab such as TSA, HIA, etc.; screw cap tubes preferred.

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship Monday–Thursday, overnight to avoid weekend deliveries

Ship at ambient temperature in compliance with Federal and local guidelines

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Methodology Phenotypic Identification, Genetic Identification

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Turnaround Time 4 Weeks

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Interferences & Limitations None

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Additional Information Turnaround times for routine isolates may be extended during major foodborne outbreak activities or due to limited availability of resources.

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CDC Points of Contact Cheryl Tarr  
(404) 639-2011  
crt6@cdc.gov  
Zuzana Kucerova  
(404) 718-4143  
zik0@cdc.gov

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**Test Order**  
*Listeria monocytogenes* Identification and Subtyping  
 CDC-10129

Synonym(s) *Listeria* Typing

**Pre-Approval Needed** None

**Supplemental Information Required** Prior approval is not required for human specimens, but is required for all other specimen types.

Provide any preliminary results available. Indicate subtyping method(s) requested on specimen submission form.

**Supplemental Form** None

Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing Isolates

Minimum Volume Required Not Applicable

Storage & Preservation of Specimen Prior to Shipping No Specific Requirements

Transport Medium Ship growth on nonselective slant/stab such as TSA, HIA, etc.; screw cap tubes preferred.

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship Monday–Thursday, overnight to avoid weekend deliveries

Ship at ambient temperature in compliance with Federal and local guidelines

Methodology Phenotypic Identification, Genetic Identification, PFGE, MLVA

Turnaround Time 8 Weeks

Interferences & Limitations None

Additional Information Turnaround times for routine isolates may be extended during major foodborne outbreak activities due to limited availability of resources.

CDC Points of Contact Cheryl Tarr  
 (404) 639-2011  
 crt6@cdc.gov  
 Zuzana Kucerova  
 (404) 718-4143  
 zik0@cdc.gov

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**Test Order**  
*Listeria* Study  
CDC-10130

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Synonym(s) None

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**Pre-Approval Needed** Tarr, Cheryl, (404) 639-2011, crt6@cdc.gov  
Kucerova, Zuzana, (404) 718-4143, zik0@cdc.gov

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**Supplemental Information  
Required** None

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**Supplemental Form** None

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Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

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Acceptable Sample/ Specimen Type for Testing To be determined

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Minimum Volume Required To be determined

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Storage & Preservation of Specimen Prior to Shipping To be determined

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Transport Medium To be determined

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Specimen Labeling To be determined

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Shipping Instructions which Include Specimen Handling Requirements To be determined

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Methodology

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Turnaround Time

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Interferences & Limitations To be determined

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Additional Information To be determined

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CDC Points of Contact Cheryl Tarr  
(404) 639-2011  
crt6@cdc.gov  
Zuzana Kucerova  
(404) 718-4143  
zik0@cdc.gov

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**Test Order**  
**LRN Biothreat Multi-Agent Screening – Environmental**  
**CDC-10430**

<b>Synonym(s)</b>	Screening for <i>Bacillus anthracis</i> , <i>Brucella spp.</i> , <i>Burkholderia mallei</i> , <i>Burkholderia pseudomallei</i> , <i>Francisella tularensis</i> , <i>Yersinia pestis</i> , Orthopoxvirus, and ricin toxin.
<b>Pre-Approval Needed</b>	Bowzard, Brad, (404) 639-3626, jbowzard@cdc.gov Sue, David, (404) 639-4027, dsue@cdc.gov
<b>Supplemental Information Required</b>	Please contact Dr. Brad Bowzard at 404 639-3626 or jbowzard@cdc.gov, for the required supplemental form and packaging and shipping requirements.
<b>Supplemental Form</b>	None
<b>Performed on Specimens From</b>	Food/Environmental/Medical Devices/Biologics
<b>Acceptable Sample/ Specimen Type for Testing</b>	Bulk sampling of visible materials (e.g., powders, liquids, etc.) and/or sampling from contaminated surfaces (e.g., with polyester swabs).
<b>Minimum Volume Required</b>	Dependent on Specimen Type
<b>Storage &amp; Preservation of Specimen Prior to Shipping</b>	Dry swabs or powders can be stored and shipped at room temperature. Liquid samples should be held and shipped at 4°C.
<b>Transport Medium</b>	None
<b>Specimen Labeling</b>	No special requirements
<b>Shipping Instructions which Include Specimen Handling Requirements</b>	Ship Monday–Thursday, overnight to avoid weekend deliveries, if possible. If weekend delivery is necessary, please contact laboratory upon shipment.
<b>Methodology</b>	Real Time PCR, Culture Isolation, Time-Resolved Fluorescence
<b>Turnaround Time</b>	
<b>Interferences &amp; Limitations</b>	Dependent on sample time
<b>Additional Information</b>	Turnaround time is dependent on test and sample type.
<b>CDC Points of Contact</b>	Brad Bowzard (404) 639-3626 jbowzard@cdc.gov David Sue (404) 639-4027 dsue@cdc.gov

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**Test Order**  
**LRN Biothreat Multi-Agent Surface Samples – Environmental**  
**CDC-10495**

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**Synonym(s)** *Bacillus anthracis* spore environmental swab and wipe processing procedures; 3M™ Sponge Stick®, macrofoam swabs, surface samples

**Pre-Approval Needed** Bowzard, Brad, (404) 639-3626, jbowzard@cdc.gov  
Sue, David, (404) 639-4027, dsue@cdc.gov

**Supplemental Information Required** Please contact Dr. Brad Bowzard at 404 639-3626 or jbowzard@cdc.gov for the required supplemental form and packaging and shipping requirements.

**Supplemental Form** None

**Performed on Specimens From** Food/Environmental/Medical Devices/Biologics

**Acceptable Sample/ Specimen Type for Testing** Sampling from surfaces with no visible contamination using Macrofoam swab or 3M™ Sponge Stick®; currently only applies for *B. anthracis*.

**Minimum Volume Required** For appropriate interpretation of results, defined sampling areas for each device must be followed: Macrofoam swab = 26cm<sup>2</sup>, 3M™ Sponge Stick® = 645 cm<sup>2</sup>.

**Storage & Preservation of Specimen Prior to Shipping** Devices should be held at 4 degrees and shipped on ice within 24 hours of collection.

**Transport Medium** None

**Specimen Labeling** No special requirements

**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday, overnight to avoid weekend deliveries, if possible. If weekend delivery is necessary, please contact laboratory upon shipment.

**Methodology** Culture with RT-PCR confirmation of colonies

**Turnaround Time** 4 Days

**Interferences & Limitations** Large quantities of dust and/or other organisms may reduce limits of detection.

**Additional Information** Testing should be initiated within 24 hours of receipt. Turn around time ranges from 1–4 days.

**CDC Points of Contact** Brad Bowzard  
(404) 639-3626  
jbowzard@cdc.gov  
David Sue  
(404) 639-4027  
dsue@cdc.gov

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**Test Order**  
**Lymphocytic Choriomeningitis (LCM) Identification**  
**CDC-10345**

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Synonym(s) LCM, *Arenavirus*

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**Pre-Approval Needed** Stroehler, Ute, (404) 639-4704, [ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Knust, Barbara, (404) 639-1104, [bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Supplemental Information Required** See Supplemental Form

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**Supplemental Form** <http://www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf>

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Performed on Specimens From Human and Animal

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Acceptable Sample/ Specimen Type for Testing Frozen tissue, blood, serum, and CSF

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Minimum Volume Required 1 mL

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**Storage & Preservation of Specimen Prior to Shipping** Specimen must be placed in plastic screw capped vials, frozen to -70°C, and kept frozen until shipment. See link to supplemental submission form for specific information on various specimen types.

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**Transport Medium** Not Applicable

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**Specimen Labeling** Patient name, patient ID #, specimen type, date collected

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**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday overnight to avoid weekend deliveries. Specimen should be shipped frozen on dry ice. See supplemental submission forms for further details. Do not ship specimen without prior consultation and approval.

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**Methodology** Molecular Typing, Polymerase Chain Reaction (PCR)

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**Turnaround Time** 10 Days

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**Interferences & Limitations** Specimen must remain frozen; warming or freeze thawing reduces sensitivity. Heparin may cause interference with the molecular tests and should be avoided.

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**Additional Information** Critical specimens will take less than 4 days to turn around. See link to supplemental submission forms for detailed information.

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**CDC Points of Contact** Ute Stroehler  
(404) 639-4704  
[ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Barbara Knust  
(404) 639-1104  
[bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Test Order**  
**Lymphocytic Choriomeningitis (LCM) Serology**  
**CDC-10346**

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Synonym(s) LCM, *Arenavirus*

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**Pre-Approval Needed** Stroehler, Ute, (404) 639-4704, [ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Knust, Barbara, (404) 639-1104, [bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Supplemental Information Required** See Supplemental Form

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**Supplemental Form** <http://www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf>

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Performed on Specimens From Human and Animal

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Acceptable Sample/ Specimen Type for Testing CSF, blood and serum

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Minimum Volume Required 1 mL

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**Storage & Preservation of Specimen Prior to Shipping** Specimen must be kept cold (at or below 4°C). If possible place specimen in plastic screw capped vials. See link to supplemental submission form for specific information on various specimen types.

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**Transport Medium** Not Applicable

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**Specimen Labeling** Patient name, patient ID #, specimen type, date collected

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**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday overnight to avoid weekend deliveries. Specimen should be shipped on cold packs or dry ice if frozen. See supplemental submission forms for further details. Do not ship specimen without prior consultation and approval.

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**Methodology** ELISA

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**Turnaround Time** 10 Days

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**Interferences & Limitations** Specimen must remain frozen; warming or freeze thawing reduces sensitivity

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**Additional Information** Critical specimens will take less than 4 days to turn around. See link to supplemental submission forms for detailed information.

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**CDC Points of Contact** Ute Stroehler  
(404) 639-4704  
[ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Barbara Knust  
(404) 639-1104  
[bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Test Order**  
**Machupo Identification**  
**CDC-10347**

Synonym(s)	Bolivian Hemorrhagic Fever, BHF, <i>Arenavirus</i>
<b>Pre-Approval Needed</b>	Stroeher, Ute, (404) 639-4704, <a href="mailto:ixy8@cdc.gov">ixy8@cdc.gov</a> Knust, Barbara, (404) 639-1104, <a href="mailto:bkk0@cdc.gov">bkk0@cdc.gov</a>
<b>Supplemental Information Required</b>	See Supplemental Form
<b>Supplemental Form</b>	<a href="http://www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf">http://www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf</a>
Performed on Specimens From	Human and Animal
Acceptable Sample/ Specimen Type for Testing	Frozen tissue, blood and serum
Minimum Volume Required	1 mL
Storage & Preservation of Specimen Prior to Shipping	Specimen must be placed in plastic screw capped vials, frozen to -70°C, and kept frozen until shipment. See link to supplemental submission form for specific information on various specimen types.
Transport Medium	Not Applicable
Specimen Labeling	Patient name, patient ID #, specimen type, date collected
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday–Thursday overnight to avoid weekend deliveries. Specimen should be shipped frozen on dry ice. See supplemental submission forms for further details. Do not ship specimen without prior consultation and approval.
Methodology	Molecular Typing, Polymerase Chain Reaction (PCR)
Turnaround Time	10 Days
Interferences & Limitations	Specimen must remain frozen; warming or freeze thawing reduces sensitivity. Heparin may cause interference with the molecular tests and should be avoided.
Additional Information	Critical specimens will take less than 4 days to turn around. See link to supplemental submission forms for detailed information.
CDC Points of Contact	Ute Stroeher (404) 639-4704 <a href="mailto:ixy8@cdc.gov">ixy8@cdc.gov</a> Barbara Knust (404) 639-1104 <a href="mailto:bkk0@cdc.gov">bkk0@cdc.gov</a>

**Test Order**  
**Machupo Serology**  
**CDC-10348**

Synonym(s)	Bolivian Hemorrhagic Fever, BHF, <i>Arenavirus</i>
<b>Pre-Approval Needed</b>	Stroeher, Ute, (404) 639-4704, <a href="mailto:ixy8@cdc.gov">ixy8@cdc.gov</a> Knust, Barbara, (404) 639-1104, <a href="mailto:bkk0@cdc.gov">bkk0@cdc.gov</a>
<b>Supplemental Information Required</b>	See Supplemental Form
<b>Supplemental Form</b>	<a href="http://www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf">http://www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf</a>
Performed on Specimens From	Human and Animal
Acceptable Sample/ Specimen Type for Testing	Blood and serum
Minimum Volume Required	1 mL
Storage & Preservation of Specimen Prior to Shipping	Specimen must be kept cold (at or below 4°C). If possible place specimen in plastic screw capped vials. See link to supplemental submission form for specific information on various specimen types.
Transport Medium	Not Applicable
Specimen Labeling	Patient name, patient ID #, specimen type, date collected
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday–Thursday overnight to avoid weekend deliveries. Specimen should be shipped on cold packs or dry ice if frozen. See supplemental submission forms for further details. Do not ship specimen without prior consultation and approval.
Methodology	ELISA
Turnaround Time	10 Days
Interferences & Limitations	Specimen must remain frozen; warming or freeze thawing reduces sensitivity
Additional Information	Critical specimens will take less than 4 days to turn around. See link to supplemental submission forms for detailed information.
CDC Points of Contact	Ute Stroeher (404) 639-4704 <a href="mailto:ixy8@cdc.gov">ixy8@cdc.gov</a> Barbara Knust (404) 639-1104 <a href="mailto:bkk0@cdc.gov">bkk0@cdc.gov</a>

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**Test Order**  
**Malaria Indirect Fluorescent Antibody Test**  
**CDC-10464**

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Synonym(s) *Plasmodium falciparum*, *Plasmodium vivax*, *Plasmodium malariae*, parasite

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**Pre-Approval Needed** None

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**Supplemental Information Required** Travel history REQUIRED, include other relevant risk factors; clinical symptoms, treatment and relevant lab results.

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Serum and Plasma

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Minimum Volume Required 0.5 mL

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Storage & Preservation of Specimen Prior to Shipping No specific requirements

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Transport Medium Not Applicable

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Specimen Labeling Test subject to CLIA regulations require two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship Monday - Thursday, overnight to avoid weekend deliveries. Ship specimen at room temperature, not on dry ice, as an etiologic agent.

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Methodology Indirect Fluorescent Antibody Assay, Antibody Detection

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Turnaround Time 18 Days

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Interferences & Limitations Substances known to interfere with immunoassays include: bilirubin, lipids, and hemoglobin

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Additional Information None

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CDC Points of Contact Isabel McAuliffe  
(404) 718-4100  
ibm4@cdc.gov  
DPDx  
(404) 718-4120  
dpdx@cdc.gov

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**Test Order**  
**Malaria Molecular Identification**  
**CDC-10480**

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Synonym(s) *Plasmodium falciparum*, *Plasmodium vivax*, *Plasmodium malariae*, *Plasmodium ovale*, parasite

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**Pre-Approval Needed** None

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**Supplemental Information Required** Please include the blood smear slides in the shipment

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Blood; Please include the blood smear slides in the shipment

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Minimum Volume Required 200 uL

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Storage & Preservation of Specimen Prior to Shipping Collect a 1-5 ml blood sample in Vacutainer® EDTA tubes prior to anti-parasitic therapy and store at 4°C.

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Transport Medium Not Applicable

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Specimen Labeling Test subject to CLIA regulations require two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship Monday - Thursday, overnight to avoid weekend deliveries. Ship specimen on wet ice (cold pack) as an etiologic agent.

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Methodology Conventional PCR, Real-Time PCR

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Turnaround Time 21 Days

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Interferences & Limitations None

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Additional Information None

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CDC Points of Contact Yvonne Qvarnstrom  
(404) 718-4123  
bvp2@cdc.gov  
Maniphet Xayavong  
(404) 718-4125  
max1@cdc.gov

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**Test Order**  
**Malaria Surveillance**  
**CDC-10235**

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Synonym(s) Malaria Drug Resistance typing, parasite

**Pre-Approval Needed** None

**Supplemental Information Required** Supplemental form not needed

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing Blood collected in EDTA tubes

Minimum Volume Required 1.0 mL

Storage & Preservation of Specimen Prior to Shipping Blood should be collected in EDTA tubes

Transport Medium Not Applicable

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship Monday - Thursday, overnight to avoid weekend deliveries. Do not ship specimen frozen.

Methodology Polymerase Chain Reaction (PCR), DNA Sequencing, In-vitro culture

Turnaround Time

Interferences & Limitations None

Additional Information Turnaround time is determined by the surveillance project, no individual patient reports are issued

Please provide information on travel history and history of anti-malarial usage

CDC Points of Contact John Barnwell  
(404) 718-4420  
wzb3@cdc.gov  
Lucianna Flannery  
(404) 718-4404  
vva3@cdc.gov

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**Test Order**  
**Marburg Identification**  
**CDC-10349**

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Synonym(s) None

**Pre-Approval Needed** Stroehler, Ute, (404) 639-4704, [ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Knust, Barbara, (404) 639-1104, [bkk0@cdc.gov](mailto:bkk0@cdc.gov)

**Supplemental Information Required** See Supplemental Form

**Supplemental Form** <http://www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf>

Performed on Specimens From Human and Animal

Acceptable Sample/ Specimen Type for Testing Frozen tissue, blood and serum

Minimum Volume Required 1 mL

**Storage & Preservation of Specimen Prior to Shipping** Specimen must be placed in plastic screw capped vials, frozen to -70°C, and kept frozen until shipment. See link to supplemental submission form for specific information on various specimen types.

**Transport Medium** Not Applicable

**Specimen Labeling** Patient name, patient ID #, specimen type, date collected

**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday overnight to avoid weekend deliveries. Specimen should be shipped frozen on dry ice. See supplemental submission forms for further details. Do not ship specimen without prior consultation and approval.

**Methodology** Molecular Typing, Polymerase Chain Reaction (PCR)

**Turnaround Time** 10 Days

**Interferences & Limitations** Specimen must remain frozen; warming or freeze thawing reduces sensitivity. Heparin may cause interference with the molecular tests and should be avoided.

**Additional Information** Critical specimens will take less than 4 days to turn around. See link to supplemental submission forms for detailed information.

**CDC Points of Contact** Ute Stroehler  
(404) 639-4704  
[ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Barbara Knust  
(404) 639-1104  
[bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Test Order**  
**Marburg Serology**  
**CDC-10350**

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Synonym(s) None

**Pre-Approval Needed** Stroehler, Ute, (404) 639-4704, [ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Knust, Barbara, (404) 639-1104, [bkk0@cdc.gov](mailto:bkk0@cdc.gov)

**Supplemental Information Required** See Supplemental Form

**Supplemental Form** <http://www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf>

Performed on Specimens From Human and Animal

Acceptable Sample/ Specimen Type for Testing Blood and serum

Minimum Volume Required 1 mL

**Storage & Preservation of Specimen Prior to Shipping** Specimen must be kept cold (at or below 4°C). If possible place specimen in plastic screw capped vials. See link to supplemental submission form for specific information on various specimen types.

**Transport Medium** Not Applicable

**Specimen Labeling** Patient name, patient ID #, specimen type, date collected

**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday overnight to avoid weekend deliveries. Specimen should be shipped on cold packs or dry ice if frozen. See supplemental submission forms for further details. Do not ship specimen without prior consultation and approval.

**Methodology** ELISA

**Turnaround Time** 10 Days

**Interferences & Limitations** Specimen must remain frozen; warming or freeze thawing reduces sensitivity

**Additional Information** Critical specimens will take less than 4 days to turn around. See link to supplemental submission forms for detailed information.

**CDC Points of Contact** Ute Stroehler  
(404) 639-4704  
[ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Barbara Knust  
(404) 639-1104  
[bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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# Test Order

## Measles and Rubella Detection and Genotyping

### CDC-10243

Synonym(s)	Measles, Rubeola, Rubella, German measles; three day measles
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Throat swab in viral medium, Nasopharyngeal aspirate or swab, urine, cataracts, lens aspirate, oral fluid, cerebrospinal fluid (CSF), dry blood spots, and tissue samples
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	Measles: <a href="http://www.cdc.gov/measles/lab-tools/">http://www.cdc.gov/measles/lab-tools/</a> Rubella: <a href="http://www.cdc.gov/rubella/lab/lab-protocols.htm">http://www.cdc.gov/rubella/lab/lab-protocols.htm</a>  Also see: <a href="http://www.cdc.gov/vaccines/pubs/surv-manual/index.html">http://www.cdc.gov/vaccines/pubs/surv-manual/index.html</a> <a href="http://www.cdc.gov/measles/lab-tools/index.html">http://www.cdc.gov/measles/lab-tools/index.html</a>
Transport Medium	Viral transport medium for swabs and appropriate culture medium. Make sure tubes are all in leak proof containers.
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.  Clearly label specimen type.
Shipping Instructions which Include Specimen Handling Requirements	The laboratory requests that the sender contacts the laboratory by email or phone before shipping.  For shipping address see: <a href="http://www.cdc.gov/measles/lab-tools/">http://www.cdc.gov/measles/lab-tools/</a>  Ship specimen Monday -Thursday overnight to avoid weekend deliveries  Frozen specimen should be shipped on dry ice Refrigerated specimen should be shipped on cold packs
Methodology	Real time RT-PCR, Genotyping by nucleic acid sequencing, Template production by RT-PCR, Viral culture
Turnaround Time	7 Days
Interferences & Limitations	Measles: <a href="http://www.cdc.gov/measles/lab-tools/">http://www.cdc.gov/measles/lab-tools/</a> Rubella: <a href="http://www.cdc.gov/rubella/lab/lab-protocols.htm">http://www.cdc.gov/rubella/lab/lab-protocols.htm</a>  Also see, <a href="http://www.cdc.gov/vaccines/pubs/surv-manual/index.html">http://www.cdc.gov/vaccines/pubs/surv-manual/index.html</a> <a href="http://www.cdc.gov/measles/lab-tools/index.html">http://www.cdc.gov/measles/lab-tools/index.html</a>
Additional Information	Please include vaccination history, age, date of symptom onset and sample collection
CDC Points of Contact	Paul Rota (404) 639-4181 par1@cdc.gov Joe Icenogle (404) 639-4557 jci1@cdc.gov

**Test Order**  
**Measles and Rubella Serology**  
**CDC-10247**

Synonym(s)	Measles, Rubeola, Rubella, German measles, three day measles
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Serum and others upon consultation with laboratory
Minimum Volume Required	200 uL
Storage & Preservation of Specimen Prior to Shipping	Serum should be kept refrigerated or frozen
Transport Medium	Not Applicable
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.  Clearly label specimen type.
Shipping Instructions which Include Specimen Handling Requirements	Ship specimen Monday –Thursday overnight to avoid weekend deliveries.  Refrigerated or frozen specimen should be shipped on cold packs. laboratory will instruct on how to ship for other specimen types.
Methodology	Commercial capture IgM, Commercial indirect IgG
Turnaround Time	7 Days
Interferences & Limitations	IgM positive may not occur until 5 days post-rash onset
Additional Information	IgM and IgG assays are qualitative assays. For outbreaks or immuno-compromised patients please contact laboratory prior to shipment.
CDC Points of Contact	Bill Bellini (404) 639-4183 wjb2@cdc.gov Joe Icenogle (404) 639-4557 jci1@cdc.gov

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**Test Order**  
**Measles Avidity**  
**CDC-10248**

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Synonym(s) None

**Pre-Approval Needed** Bellini, Bill, (404) 639-4183, wjb2@cdc.gov  
Mercader, Sara, (404) 639-4568, sjm7@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing Serum

Minimum Volume Required 300 uL

Storage & Preservation of Specimen Prior to Shipping Serum should be kept refrigerated, not frozen

Transport Medium Not Applicable

Specimen Labeling Provide a unique identifier on the specimen container and the test requisition

Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday -Thursday overnight to avoid weekend deliveries  
Refrigerated specimen should be shipped on cold packs

Methodology Measles avidity

Turnaround Time 7 Days

Interferences & Limitations None

Additional Information <http://www.cdc.gov/vaccines/pubs/surv-manual/index.html>

CDC Points of Contact Bill Bellini  
(404) 639-4183  
wjb2@cdc.gov  
Sara Mercader  
(404) 639-4568  
sjm7@cdc.gov

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**Test Order**  
**Measles Detection and Genotyping**  
**CDC-10240**

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Synonym(s) Rubeola

**Pre-Approval Needed** None

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing Throat swab in viral transport medium, nasopharyngeal aspirate or swab, urine, oral fluid, cerebrospinal fluid (CSF), dry blood spots, and tissue samples

Minimum Volume Required Not Applicable

Storage & Preservation of Specimen Prior to Shipping See: <http://www.cdc.gov/measles/lab-tools/rt-pcr.html> for detailed information on storage and preservation of specimen

Transport Medium Viral transport medium for swabs. Make sure tubes are all leak proof containers.

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Clearly label specimen type.

Shipping Instructions which Include Specimen Handling Requirements The laboratory requests that the sender contacts the laboratory by email or phone before shipping

See instructions and shipping address: <http://www.cdc.gov/measles/lab-tools/>

Ship specimen Monday –Thursday overnight to avoid weekend deliveries

Frozen specimen should be shipped on dry ice  
Refrigerated specimen should be shipped on cold packs

Methodology Viral culture, Genotyping by Nucleic acid sequencing, Real time RT-PCR, Template production by RT-PCR

Turnaround Time 7 Days

Interferences & Limitations See: <http://www.cdc.gov/measles/lab-tools/> for information on the interferences and limitations of this test

Additional Information Please include vaccination history, age, date of rash onset and date of sample collection

For additional information, please see measles surveillance manual:  
<http://www.cdc.gov/vaccines/pubs/surv-manual/chpt07-measles.html>

CDC Points of Contact Paul Rota  
(404) 639-4181  
par1@cdc.gov  
Rebecca McNall  
(404) 639-4541  
dgo2@cdc.gov

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**Test Order**  
**Measles Neutralization Antibody (Not for Immune Status)**  
**CDC-10250**

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Synonym(s) PRN test, Plaque-reduction neutralization

**Pre-Approval Needed** Bellini, Bill, (404) 639-4183, wjb2@cdc.gov  
Sowers, Sun, (404) 639-1360, sib9@cdc.gov

**Supplemental Information Required** See Supplemental Form

**Supplemental Form** <http://www.cdc.gov/vaccines/pubs/surv-manual/index.html>

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing Serum

Minimum Volume Required 300 uL

Storage & Preservation of Specimen Prior to Shipping Serum should be kept refrigerated, not frozen

Transport Medium Not Applicable

Specimen Labeling Provide a unique identifier on the specimen container and the test requisition

Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday -Thursday overnight to avoid weekend deliveries  
Refrigerated specimen should be shipped on cold packs

Methodology Neutralization assay - quantitative serological assay

Turnaround Time 4 Weeks

Interferences & Limitations None

Additional Information None

CDC Points of Contact Bill Bellini  
(404) 639-4183  
wjb2@cdc.gov  
Sun Sowers  
(404) 639-1360  
sib9@cdc.gov

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**Test Order**  
**Measles Serology**  
**CDC-10244**

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Synonym(s) Rubeola

**Pre-Approval Needed** None

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing Serum and others upon consultation

Minimum Volume Required 300 uL (50 uL)

Storage & Preservation of Specimen Prior to Shipping Serum should be kept refrigerated, not frozen

Transport Medium Not Applicable

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday -Thursday overnight to avoid weekend deliveries  
Refrigerated specimen should be shipped on cold packs  
Laboratory will instruct on how to ship for other specimen types

Methodology CDC capture IgM, Commercial indirect IgG

Turnaround Time 7 Days

Interferences & Limitations IgM positive may not occur until 4 days post-rash onset

Additional Information IgM and IgG assays are qualitative assays

For outbreaks or immuno-compromised patients please contact laboratory prior to shipment

Please include vaccination history, age, date of onset and sample collection

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**CDC Points of Contact** Bill Bellini  
(404) 639-4183  
wjb2@cdc.gov  
Nobia Williams  
(404) 639-1049  
new8@cdc.gov

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**Test Order**  
**Measles Special Study**  
**CDC-10251**

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Synonym(s) Rubeola

**Pre-Approval Needed** Bellini, Bill, (404) 639-4183, wjb2@cdc.gov  
Rota, Paul, (404) 639-4181, par1@cdc.gov

**Supplemental Information  
Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

CDC Points of Contact Bill Bellini  
(404) 639-4183  
wjb2@cdc.gov  
Paul Rota  
(404) 639-4181  
par1@cdc.gov

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# Test Order

## MERS-CoV PCR

### CDC-10488

Synonym(s) MERS-CoV PCR, Middle East Respiratory Syndrome Coronavirus PCR

**Pre-Approval Needed** Erdman, Dean, (404) 639-3727, dde1@cdc.gov

**Supplemental Information Required** See Supplemental Form

**Supplemental Form** <http://www.cdc.gov/coronavirus/mers/downloads/MERS-investigation-short-form.pdf>  
#<http://www.cdc.gov/coronavirus/mers/downloads/MERS-investigation-short-form.pdf>  
#

Performed on Specimens From Human

**Acceptable Sample/ Specimen Type for Testing** Nasopharyngeal wash/aspirates, nasopharyngeal swabs, oropharyngeal swabs, bronchoalveolar lavage, tracheal aspirate, pleural fluid tap, sputum, stool, serum, EDTA blood (plasma), and post-mortem tissue. For more information go to: <http://www.cdc.gov/coronavirus/mers/guidelines-clinical-specimens.html>; <http://www.cdc.gov/coronavirus/mers/guidelines-lab-biosafety.html>

**Minimum Volume Required** 0.25 mL

**Storage & Preservation of Specimen Prior to Shipping** Refrigerate or freeze tubes after specimens are placed in them. If specimens will be examined within 48 hours after collection, they can be refrigerated. If specimens must be held longer than 48 hours, freeze them as soon as possible after collection. Although storage in an ultra-low freezer (-70°C) is preferable, storage in a home-type freezer (if properly set at -20°C) is acceptable for short periods.

<http://www.cdc.gov/coronavirus/mers/guidelines-clinical-specimens.html>  
<http://www.cdc.gov/coronavirus/mers/guidelines-lab-biosafety.html>

**Transport Medium** Swabs may be shipped in commercial viral transport media

**Specimen Labeling** Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

**Shipping Instructions which Include Specimen Handling Requirements** Contact Dean Erdman (dde1@cdc.gov, 404-639-3727) for shipping address. See the following link for additional shipping information:

<http://www.cdc.gov/coronavirus/mers/guidelines-clinical-specimens.html>

**Methodology** Polymerase Chain Reaction (PCR), Sequencing

**Turnaround Time** 2 Days

**Interferences & Limitations** **Virus isolation in cell culture and initial characterization of viral agents recovered in cultures of MERS-CoV specimens are NOT recommended at this time. However, if done, these activities must be performed in a BSL-3 facility using BSL-3 work practices.**

Use only sterile Dacron or rayon swabs with plastic shafts or if available, flocked swabs. Do NOT use calcium alginate swabs or swabs with wooden sticks, as they may contain substances that inactivate some viruses and inhibit some molecular assays.

**Additional Information** <http://www.cdc.gov/coronavirus/mers/index.html>,  
<http://www.cdc.gov/coronavirus/mers/guidelines-clinical-specimens.html>,  
<http://www.cdc.gov/coronavirus/mers/guidelines-lab-biosafety.html>

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**Test Order**  
MERS-CoV PCR  
CDC-10488

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CDC Points of Contact Dean Erdman  
(404) 639-3727  
dde1@cdc.gov  
Shifaq Kamili  
(404) 639-2799  
sgk5@cdc.gov

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**Test Order**  
**MERS-CoV Serology**  
**CDC-10489**

Synonym(s)	Middle East Respiratory Syndrome Coronavirus (MERS-CoV) ELISA, Middle East Respiratory Syndrome Coronavirus (MERS-CoV) EIA
Pre-Approval Needed	Tatti, Kathleen, (404) 639-3797, ket2@cdc.gov Erdman, Dean, (404) 639-3727, dde1@cdc.gov
Supplemental Information Required	See Supplemental Form
Supplemental Form	<a href="http://www.cdc.gov/coronavirus/mers/downloads/MERS-investigation-short-form.pdf">http://www.cdc.gov/coronavirus/mers/downloads/MERS-investigation-short-form.pdf</a> # <a href="http://www.cdc.gov/coronavirus/mers/downloads/MERS-investigation-short-form.pdf">http://www.cdc.gov/coronavirus/mers/downloads/MERS-investigation-short-form.pdf</a> #
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Serum (single specimen collected >14 days after symptom onset; paired acute and convalescent). For more information go to <a href="http://www.cdc.gov/coronavirus/mers/guidelines-clinical-specimens.html">http://www.cdc.gov/coronavirus/mers/guidelines-clinical-specimens.html</a>
Minimum Volume Required	200µL
Storage & Preservation of Specimen Prior to Shipping	Collect whole blood in a serum separator tube. Allow the blood to clot, centrifuge briefly, and collect all the resulting sera in vials with external caps and internal O-ring seals. If there is no O-ring seal, then seal tightly with the available cap and secure with Parafilm. Do not collect specimen in heparin tubes. Store serum at 4°C. Serum may be frozen, if needed. <a href="http://www.cdc.gov/coronavirus/mers/guidelines-clinical-specimens.html">http://www.cdc.gov/coronavirus/mers/guidelines-clinical-specimens.html</a> , <a href="http://www.cdc.gov/coronavirus/mers/guidelines-lab-biosafety.html">http://www.cdc.gov/coronavirus/mers/guidelines-lab-biosafety.html</a>
Transport Medium	None
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Contact Kathleen Tatti (404-639-3797, ket2@cdc.gov) or Dean Erdman (404-639-3727, dde1@cdc.gov) for shipping address.  See the following link for additional shipping information: <a href="http://www.cdc.gov/coronavirus/mers/guidelines-clinical-specimens.html">http://www.cdc.gov/coronavirus/mers/guidelines-clinical-specimens.html</a>
Methodology	ELISA
Turnaround Time	3 Days
Interferences & Limitations	<b>Virus isolation in cell culture and initial characterization of viral agents recovered in cultures of MERS-CoV specimens are NOT recommended at this time. However, if done, these activities must be performed in a BSL-3 facility using BSL-3 work practices.</b>  Do not collect specimen in heparin tubes.
Additional Information	<a href="http://www.cdc.gov/coronavirus/mers/index.html">http://www.cdc.gov/coronavirus/mers/index.html</a> , <a href="http://www.cdc.gov/coronavirus/mers/guidelines-clinical-specimens.html">http://www.cdc.gov/coronavirus/mers/guidelines-clinical-specimens.html</a> , <a href="http://www.cdc.gov/coronavirus/mers/guidelines-lab-biosafety.html">http://www.cdc.gov/coronavirus/mers/guidelines-lab-biosafety.html</a>
CDC Points of Contact	Kathleen Tatti (404) 639-3797 ket2@cdc.gov

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**Test Order**  
MERS-CoV Serology  
CDC-10489

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Dean Erdman  
(404) 639-3727  
dde1@cdc.gov

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**Test Order**  
**Microsporidia Molecular Identification**  
**CDC-10481**

**Synonym(s)** *Anncaliia*, *Encephalitozoon cuniculi*, *Encephalitozoon hellem*, *Encephalitozoon intestinalis*, *Septata intestinalis*, *Tubulinosema*, *Enterocytozoon bieneusi*, *Nosema*, *Pleistophora*, *Trachipleistophora*, *Vittaforma corneae*, *Nosema corneum*, parasite

**Pre-Approval Needed** None

**Supplemental Information Required** None

**Supplemental Form** None

**Performed on Specimens From** Human, Animal, and Food/Environmental/Medical Devices/Biologics

**Acceptable Sample/ Specimen Type for Testing** Tissue, urine, stool (unpreserved or in a PCR-compatible preservative e.g. EcoFix, UniFix, ZN-PVA, TotalFix, ethanol, potassium dichromate). Other specimen types can be accepted after consultation and pre-approval.

**Minimum Volume Required** See Additional Information

**Storage & Preservation of Specimen Prior to Shipping** Storage and preservation is specimen specific

**Transport Medium** Not Applicable

**Specimen Labeling** Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday - Thursday, overnight to avoid weekend deliveries. Ship unpreserved specimen on wet ice (cold pack) as an etiologic agent. Preserved/fixed specimens can be shipped at room temperature.

**Methodology** Conventional PCR

**Turnaround Time** 21 Days

**Interferences & Limitations** Stool specimens fixed in formalin-containing preservatives or LV-PVA are not suitable for molecular studies.

**Additional Information** Minimum Volume Required: 0.5 g of stool or 1ml of urine or 25 mg tissue

**CDC Points of Contact** Yvonne Qvarnstrom  
(404) 718-4123  
bvp2@cdc.gov  
Marcos de Almeida  
(404) 718-4126  
bnz0@cdc.gov

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**Test Order**  
*Moraxella* species ID  
CDC-10140

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Synonym(s) *Moraxella*, GNDC

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**Pre-Approval Needed** None

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**Supplemental Information Required** Please notify laboratory prior to shipment if this is a critical care specimen

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**Supplemental Form** None

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Performed on Specimens From Human and Food/Environmental/Medical Devices/Biologics

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Acceptable Sample/ Specimen Type for Testing Pure culture isolate on a suitable agar slant medium; consultation required for other sample/specimen types

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Minimum Volume Required Not Applicable

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Storage & Preservation of Specimen Prior to Shipping Keep specimen refrigerated if unable to ship immediately

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Transport Medium Not Applicable

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday–Thursday, overnight to avoid weekend deliveries

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Methodology Primary Culture based on specimen type, MALDI–TOF, 16S sequence based identification

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Turnaround Time 3 Weeks

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Interferences & Limitations The 3 week turnaround time applies to all tests unless biochemical and/or phenotypic analysis are required, which could take up to 2 months for test results.

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Additional Information If available, please provide patient history including if the patient has used a catheter and/or if the patient is immunocompromised.

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CDC Points of Contact John McQuiston  
(404) 639–0270  
zje8@cdc.gov  
Anne Whitney  
(404) 639–1374  
amw0@cdc.gov

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**Test Order**  
**MPIR – Study**  
**CDC-10428**

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Synonym(s) Anthrax TNA

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**Pre-Approval Needed** Quinn, Conrad, (404) 639-2858, caq7@cdc.gov  
Schiffer, Jarad, (404) 639-0894, aku3@cdc.gov

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human and Animal

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Acceptable Sample/ Specimen Type for Testing Paired acute and convalescent sera

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Minimum Volume Required 200 uL

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Storage & Preservation of Specimen Prior to Shipping Serum should be separated from whole blood and kept at -80°C

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Transport Medium Not Applicable

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition including patient ID, date of collection, submitter information, and specimen ID number.

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Shipping Instructions which Include Specimen Handling Requirements Ship Monday - Thursday, overnight to avoid weekend deliveries. Contact laboratory prior to shipment.

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Ship paired sera together and all frozen specimen should be shipped on dry ice

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Methodology Cell Based Serological Assay

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Turnaround Time 2 Weeks

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Interferences & Limitations Prefer non-hemolyzed specimen and non-lipemic specimen. If they are hemolyzed or lipemic, the specimen will not be tested. Plasma specimen are not accepted. Do not store or send specimen in tubes with preservatives or cell growth inhibitors.

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Additional Information None

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CDC Points of Contact Conrad Quinn  
(404) 639-2858  
caq7@cdc.gov  
Jarad Schiffer  
(404) 639-0894  
aku3@cdc.gov

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**Test Order**  
**Mumps Detection and Genotyping**  
**CDC-10241**

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Synonym(s) None

**Pre-Approval Needed** None

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing Buccal swab, nasal swab, throat swab, urine, oral fluid and cerebrospinal fluid (CSF)

Minimum Volume Required Not Applicable

Storage & Preservation of Specimen Prior to Shipping See: <http://www.cdc.gov/mumps/lab/specimen-collect.html> for detailed information on the storage and preservation of the specimen

Transport Medium <http://www.cdc.gov/mumps/lab/>

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Clearly label specimen type.

Shipping Instructions which Include Specimen Handling Requirements The laboratory requests that the sender contacts the laboratory by email or phone before shipping

See shipping instructions: <http://www.cdc.gov/mumps/lab/>

Ship specimen Monday –Thursday overnight to avoid weekend deliveries

Frozen specimen should be shipped on dry ice  
Refrigerated specimen should be shipped on cold packs

Methodology Real time RT-PCR, Template production by RT-PCR, Viral culture, Genotyping by Nucleic acid sequencing

Turnaround Time 7 Days

Interferences & Limitations See: <http://www.cdc.gov/mumps/lab/> for information on the interferences and limitations of this test

Additional Information Please include vaccination history, age, date of symptom onset and date of sample collection

For additional information about mumps surveillance please see:  
<http://www.cdc.gov/vaccines/pubs/surv-manual/chpt09-mumps.html>

CDC Points of Contact Paul Rota  
(404) 639-4181  
par1@cdc.gov  
Rebecca McNall  
(404) 639-4541  
dgo2@cdc.gov

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**Test Order**  
**Mumps Neutralization Antibody (Not for Immune Status)**  
**CDC-10351**

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Synonym(s) PRN test, Plaque-reduction neutralization

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**Pre-Approval Needed** Bellini, Bill, (404) 639-4183, wjb2@cdc.gov  
Hickman, Carole, (404) 639-3339, cjh3@cdc.gov

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Paired serum

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Minimum Volume Required 300 uL

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Storage & Preservation of Specimen Prior to Shipping Serum should be kept refrigerated, not frozen.

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Transport Medium Not Applicable

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Specimen Labeling Provide a unique identifier on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday -Thursday overnight to avoid weekend deliveries  
Refrigerated specimen should be shipped on cold packs

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Methodology Neutralization assay - quantitative serological assay

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Turnaround Time 4 Weeks

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Interferences & Limitations None

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Additional Information None

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CDC Points of Contact Bill Bellini  
(404) 639-4183  
wjb2@cdc.gov  
Carole Hickman  
(404) 639-3339  
cjh3@cdc.gov

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**Test Order**  
**Mumps Serology**  
**CDC-10245**

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Synonym(s) None

**Pre-Approval Needed** None

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing Serum

Minimum Volume Required 300 uL

Storage & Preservation of Specimen Prior to Shipping Serum should be kept refrigerated, not frozen

Transport Medium Not Applicable

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday –Thursday overnight to avoid weekend deliveries

Refrigerated specimen should be shipped on cold packs

Methodology CDC IgM Capture, Commercial indirect IgG

Turnaround Time 7 Days

Interferences & Limitations Rheumatoid factor, Parainfluenza viruses 1, 2, and 3, Epstein–Barr virus, adenovirus, and Human Herpes Virus 6 have all been noted to interfere with mumps serologic assays.

Additional Information IgM and IgG assays are qualitative assays

Please include vaccination history, age, date of onset and sample collection

CDC Points of Contact Bill Bellini  
(404) 639-4183  
wjb2@cdc.gov  
Carole Hickman  
(404) 639-3339  
cjh3@cdc.gov

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**Test Order**  
**Mumps Special Study**  
**CDC-10252**

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Synonym(s) None

**Pre-Approval Needed** Bellini, Bill, (404) 639-4183, wjb2@cdc.gov  
Hickman, Carole, (404) 639-3339, cjh3@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

**CDC Points of Contact** Bill Bellini  
(404) 639-4183  
wjb2@cdc.gov  
Carole Hickman  
(404) 639-3339  
cjh3@cdc.gov

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**Test Order**  
***Mycobacterium* – Non-tuberculosis Mycobacteria Identification**  
**CDC-10225**

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Synonym(s) Non-TB Mycobacteria, Mycobacteria

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**Pre-Approval Needed** None

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

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Acceptable Sample/ Specimen Type for Testing Isolates demonstrated to not be part of the *Mycobacterium tuberculosis* complex  
Isolates from the following specimens will be accepted for testing:  
Sterile sites (e.g., blood, CSF, body fluids)  
Abscess, exudate or skin lesion  
Wounds or surgical sites (see Additional Information)  
BAL/ bronch wash  
Sputum (see Additional Information)  
Gastric lavage (pediatric)  
Animal and environmental isolates with prior consultation

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Minimum Volume Required Not Applicable

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Storage & Preservation of Specimen Prior to Shipping Keep specimen at room temperature

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Transport Medium Lowenstein-Jensen or Middlebrook 7H10/7H11 agar

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday -Thursday overnight to avoid weekend deliveries at room temperature as an etiologic agent.

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Methodology 16S Sequencing, MALDI-TOF, Phenotypic Testing

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Turnaround Time 28 Days

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Interferences & Limitations None

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Additional Information Isolates from wounds or surgical sites must have documentation that NTM was abundant on primary culture (3+ to 4+) or was the only organism isolated. Isolates from sputum must have documentation that the NTM was from two or more sputum cultures (collected on different days), was the only mycobacterial species present, and have abundant growth on primary culture.

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CDC Points of Contact David Lonsway  
(404) 639-2825  
Dlonsway@cdc.gov  
Nadege Toney  
(404) 639-1282  
ngc6@cdc.gov

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**Test Order**  
***Mycobacterium* TB Complex – Drug Susceptibility Testing**  
**CDC-10185**

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Synonym(s) MTB DST, TB, Tuberculosis

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**Pre-Approval Needed** None

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Pure isolate on solid medium or in broth culture

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Minimum Volume Required Not applicable

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Storage & Preservation of Specimen Prior to Shipping No Specific Requirements

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Transport Medium *Mycobacterium tuberculosis* (MTB) Growth Medium

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship Monday – Thursday, overnight to avoid weekend deliveries. Broth should not be shipped frozen.

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Methodology Agar proportion, Pyrazinamide (PZA) by MGIT 960

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Turnaround Time 32 Days

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Interferences & Limitations None

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Additional Information None

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CDC Points of Contact Beverly Metchock  
(404) 639-2455  
TBLab@cdc.gov

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**Test Order**  
*Mycobacterium* TB Complex – Identification  
CDC-10187

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Synonym(s) TB, Tuberculosis

**Pre-Approval Needed** None

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing Pure culture isolate

Minimum Volume Required Not Applicable

Storage & Preservation of Specimen Prior to Shipping No Specific Requirements

Transport Medium *Mycobacterium tuberculosis* (MTB) Growth Medium

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship Monday – Thursday, overnight to avoid weekend deliveries.

Methodology Genetic based testing

Turnaround Time 14 Days

Interferences & Limitations None

Additional Information None

CDC Points of Contact Beverly Metchock  
(404) 639-2455  
TBLab@cdc.gov

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**Test Order**  
***Mycobacterium* TB Complex – Identification and Drug  
Susceptibility Testing**  
**CDC-10188**

Synonym(s)	TB, Tuberculosis
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Pure isolate on solid medium or in broth culture
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	No Specific Requirements
Transport Medium	<i>Mycobacterium tuberculosis</i> (MTB) Growth Medium
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday – Thursday, overnight to avoid weekend deliveries. Broth should not be shipped frozen.
Methodology	Genetic based testing, Pyrazinamide (PZA) by MGIT 960, Agar Proportion
Turnaround Time	32 Days
Interferences & Limitations	None
Additional Information	None
CDC Points of Contact	Beverly Metchock (404) 639-2455 TBLab@cdc.gov

**Test Order**  
***Mycobacterium* TB Complex – Identification and Pyrazinamide  
 Susceptibility Testing**  
 CDC-10190

Synonym(s)	TB, Tuberculosis
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Pure isolate on solid medium or in broth culture
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	No Specific Requirements
Transport Medium	<i>Mycobacterium tuberculosis</i> (MTB) Growth Medium
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday – Thursday, overnight to avoid weekend deliveries. Broth should not be shipped frozen.
Methodology	Pyrazinamide (PZA) by MGIT 960, Genetic based testing
Turnaround Time	32 Days
Interferences & Limitations	None
Additional Information	None
CDC Points of Contact	Beverly Metchock (404) 639-2455 TBLab@cdc.gov



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**Test Order**  
***Mycobacterium* TB Complex – Molecular Detection of Drug  
Resistance (MDDR)**  
**CDC-10186**

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Synonym(s) MDDR, TB, Tuberculosis

**Pre-Approval Needed** Metchock, Beverly, (404) 639-2455, TBLab@cdc.gov  
Driscoll, Jeff, (404) 639-2455, TBLab@cdc.gov

**Supplemental Information  
Required** See Supplemental Form

**Supplemental Form** <http://www.cdc.gov/tb/topic/laboratory/MDDRsubmissionform.pdf>

Performed on Specimens From Human

**Acceptable Sample/ Specimen  
Type for Testing** Nucleic Acid Amplification positive (NAA+) sputum sediment or pure culture  
isolate on solid medium or in broth culture

**Minimum Volume Required** 0.5 mL (sediment)

**Storage & Preservation of  
Specimen Prior to Shipping** No Specific Requirements

**Transport Medium** *Mycobacterium tuberculosis* (MTB) Growth Medium

**Specimen Labeling** Test subject to CLIA regulations and requires two patient identifiers on the  
specimen container and the test requisition.

**Shipping Instructions which  
Include Specimen Handling  
Requirements** Ship Monday – Thursday, overnight to avoid weekend deliveries. Sediments and  
broth cultures should not be shipped frozen.

**Methodology** Pyrosequencing, Sanger sequencing, Agar Proportion DST, MGIT 960  
Pyrazinamide (PZA)

**Turnaround Time** 3 Days

**Interferences & Limitations** None

**Additional Information** None

**CDC Points of Contact** Beverly Metchock  
(404) 639-2455  
TBLab@cdc.gov  
Jeff Driscoll  
(404) 639-2455  
TBLab@cdc.gov

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**Test Order**  
***Mycobacterium* TB Complex – Pyrazinamide Susceptibility Testing**  
**CDC-10189**

Synonym(s)	PZA DST, TB, Tuberculosis
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Pure isolate on solid medium or in broth culture
Minimum Volume Required	Not applicable
Storage & Preservation of Specimen Prior to Shipping	No Specific Requirements
Transport Medium	<i>Mycobacterium tuberculosis</i> (MTB) Growth Medium
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday – Thursday, overnight to avoid weekend deliveries. Broth should not be shipped frozen.
Methodology	Pyrazinamide (PZA) by MGIT 960
Turnaround Time	14 Days
Interferences & Limitations	None
Additional Information	None
CDC Points of Contact	Beverly Metchock (404) 639-2455 TBLab@cdc.gov

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**Test Order**  
*Mycobacterium* TB Complex – Special Study  
CDC-10191

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Synonym(s) None

**Pre-Approval Needed** Metchock, Beverly, (404) 639-2455, TBLab@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

CDC Points of Contact Beverly Metchock  
(404) 639-2455  
TBLab@cdc.gov

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**Test Order**  
***Mycobacterium* TB Complex (International Only) Identification  
and Drug Susceptibility Testing**  
**CDC-10352**

Synonym(s)	Culture, DST, AST, MTB, MTB complex, TB, MDR TB, ID, Tuberculosis
<b>Pre-Approval Needed</b>	Alexander, Heather, (404) 639-5331, drz5@cdc.gov DeGruy, Kyle, (404) 639-0875, gsz4@cdc.gov
<b>Supplemental Information Required</b>	Supplemental form will be provided upon consultation  Fill out the ILB-100-F08C TB Requisition Form  CDC Form 0.753: Application for Permit to Import or Transport Etiological Agents, Hosts, or Vectors of Human Disease. It is a requirement to complete this form.
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Suspected <i>Mycobacterium tuberculosis</i> Complex isolates in Middlebrook 7H9 liquid media or MGIT (7H9) broth inoculated with culture isolate
Minimum Volume Required	0.3 mL
Storage & Preservation of Specimen Prior to Shipping	<i>Mycobacterium tuberculosis</i> Complex in Sterile 2.0 mL screw cap cryovial with O-ring. Specimen should be kept frozen at -70°C indefinitely, but specimen may be stored at -20°C for three months.
Transport Medium	Middlebrook or MGIT (7H9) broth should be inoculated with a culture isolate of a suspected <i>Mycobacterium tuberculosis</i> Complex and transported in a sterile 2.0 mL screw cap cryovial with O-ring.
Specimen Labeling	All primary specimen containers must include 2 unique identifiers at the time of collection. The identifiers must be clearly labeled on each specimen and correspond to information on the requisition form.  Surveillance studies and some protocols require 1 unique identifier (the ILB recommends 2 identifiers) de-linked from the patient. Do not include the patient's name or any other personally identifiable information. Results are not reported back to patient.
Shipping Instructions which Include Specimen Handling Requirements	Keep specimen frozen at -70°C or lower by using dry ice.  Refer to <i>Mycobacterium tuberculosis</i> Isolate Preparation & Shipments on page 7 of International Laboratory Branch Test Directory or contact laboratory prior to submission.
Methodology	Phenotypic and genotypic ID with reflex to drug susceptibility
Turnaround Time	150 Days
Interferences & Limitations	Nonviable isolates sent for phenotypic DST and contaminated or mixed isolates sent for phenotypic DST will interfere with the test.  Specimen can be rejected if improperly labeled or unlabeled, insufficient volume for testing, without documentation or with discrepant documentation, and have leaked in transit or otherwise show evidence of contamination.
Additional Information	Turn around time is dependent on batch orders:  Batches with less than 100 specimens within 150 days Batches with greater than 100, contact Heather Alexander, drz5@cdc.gov.

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**Test Order**  
***Mycobacterium* TB Complex (International Only) Identification  
and Drug Susceptibility Testing**  
**CDC-10352**

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Drug Susceptibility Testing on *Mycobacterium tuberculosis* complex performed for first line drugs streptomycin, isoniazid, rifampicin, ethambutol, and pyrazinamide on the BD BACTEC™MGIT™ 960 system and for isoniazid and rifampicin on molecular line probe assay. Drug Susceptibility Testing on *Mycobacterium tuberculosis* complex performed for second line drugs with the modified method of proportion for streptomycin, isoniazid, rifampicin, ethambutol, rifabutin, PAS, ciprofloxacin, ofloxacin, kanamycin, ethionamide, capreomycin, and amikacin. Genotype MTBDRsl tests second line drugs are ofloxacin, ciprofloxacin, moxifloxacin, amikacin, kanamycin, capreomycin, viomycin and ethambutol.

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CDC Points of Contact Heather Alexander  
(404) 639-5331  
drz5@cdc.gov  
Kyle DeGruy  
(404) 639-0875  
gsz4@cdc.gov

Zilma Rey  
(404) 639-2345  
yzr0@cdc.gov

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**Test Order**  
*Mycobacterium* TB Complex (International Only) Special Study  
 CDC-10353

Synonym(s) None

**Pre-Approval Needed** Alexander, Heather, (404) 639-5331, drz5@cdc.gov  
 DeGruy, Kyle, (404) 639-0875, gsz4@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

**Specimen Labeling** All primary specimen containers must include 2 unique identifiers at the time of collection. The identifiers must be clearly labeled on each specimen and correspond to information on the requisition form.

Surveillance studies and some protocols require 1 unique identifier (the ILB recommends 2 identifiers) de-linked from the patient. Do not include the patient's name or any other personally identifiable information. Results are not reported back to patient.

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information

**CDC Points of Contact** Heather Alexander  
 (404) 639-5331  
 drz5@cdc.gov  
 Kyle DeGruy  
 (404) 639-0875  
 gsz4@cdc.gov

Zilma Rey  
 (404) 639-2345  
 yzr0@cdc.gov

**Test Order**  
***Mycoplasma pneumoniae* Molecular Detection**  
**CDC-10155**

Synonym(s)	Walking pneumonia, Atypical pneumonia, Community Acquired Pneumoniae (CAP)
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Nasopharyngeal (NP) and/or Oropharyngeal (OP) swabs, and any lower respiratory tract specimen including bronchoalveolar lavage (BAL) and sputum; tissue, cerebral spinal fluid , isolates and purified nucleic acid; Others upon consultation with laboratory.
Minimum Volume Required	Contingent upon specimen type. Please call for consultation
Storage & Preservation of Specimen Prior to Shipping	Specimens can be kept refrigerated if shipped in less than 72 hours of collection; otherwise specimen should be kept frozen. Store swabs in universal transport medium.
Transport Medium	Universal transport medium
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday–Thursday overnight to avoid weekend deliveries Refrigerated specimen should be sent on ice packs Frozen specimen should be sent on dry ice
Methodology	Real Time PCR
Turnaround Time	7 Days
Interferences & Limitations	Do not use cotton swabs with wooden shafts. Specimen should be acquired prior to antibiotic treatment. Improper specimen storage and handling may result in inconclusive or inaccurate results.
Additional Information	None
CDC Points of Contact	Jonas Winchell (404) 639-4921 jwinchell@cdc.gov Maureen Diaz (404) 639-4534 mdiaz1@cdc.gov

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**Test Order**  
*Mycoplasma* species Study  
CDC-10156

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Synonym(s) None

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**Pre-Approval Needed** Wang, Xin, (404) 639-5474, gqe8@cdc.gov  
Patel, Manisha, (404) 639-2422, dvn4@cdc.gov

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing To be determined

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Minimum Volume Required To be determined

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Storage & Preservation of Specimen Prior to Shipping To be determined

---

Transport Medium To be determined

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Specimen Labeling To be determined

---

Shipping Instructions which Include Specimen Handling Requirements To be determined

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Methodology

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Turnaround Time

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Interferences & Limitations To be determined

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Additional Information To be determined

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CDC Points of Contact Xin Wang  
(404) 639-5474  
gqe8@cdc.gov  
Melissa Whaley  
(404) 639-3920  
dbq3@cdc.gov

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**Test Order**  
***Naegleria* Molecular Detection**  
**CDC-10482**

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Synonym(s) Free-living amoeba, parasite

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**Pre-Approval Needed** None

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing For *Naegleria fowleri* molecular detection, CSF is the preferred specimen type. For *Acanthamoeba* and *Balamuthia* molecular detection, tissue is the preferred specimen type; however, these amoebae can occasionally be detected in cerebrospinal fluid (CSF).

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Minimum Volume Required 500 uL

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Storage & Preservation of Specimen Prior to Shipping Storage and preservation is specimen specific

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Transport Medium Not Applicable

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition. In addition to two patient identifiers (sex, date of birth, name, etc.), provide specimen type and date of collection.

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Shipping Instructions which Include Specimen Handling Requirements Ship Monday - Thursday, overnight to avoid weekend deliveries. Ship specimen at room temperature, not on dry ice, as an etiologic agent.

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Methodology Conventional PCR, Real-Time PCR

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Turnaround Time 7 Days

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Interferences & Limitations Formalin fixed specimens are not suitable for molecular studies

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Additional Information None

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CDC Points of Contact Jennifer Cope  
(404) 718-4878  
bjt9@cdc.gov  
Ibne Ali  
(404) 718-4157  
xzn5@cdc.gov

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**Test Order**  
**NARMS Susceptibility Testing**  
**CDC-10107**

Synonym(s) National Antimicrobial Resistance Monitoring System, NARMS surveillance

**Pre-Approval Needed** None

**Supplemental Information Required** Submitter must be a NARMS participating laboratory. Specimens accepted according to current National Antimicrobial Resistance Monitoring System (NARMS) sampling scheme. NARMS log sheet or entry into NARMS web interface.

**Supplemental Form** <https://wwwn.cdc.gov/NARMS/UserLogin.aspx>

Performed on Specimens From Human

**Acceptable Sample/ Specimen Type for Testing** Isolates. Specimens accepted according to NARMS guidelines

**Minimum Volume Required** Not Applicable

**Storage & Preservation of Specimen Prior to Shipping** No Specific Requirements

**Transport Medium** Please refer to guidance for specific organism

**Specimen Labeling** State or local public health laboratory number

**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday, overnight to avoid weekend deliveries.  
Please refer to guidance for specific organism.

**Methodology** Broth Microdilution Antimicrobial Susceptibility (AST), E-Test Susceptibility Testing

**Turnaround Time** 8 Weeks

**Interferences & Limitations** None

**Additional Information** The turn around time depends on the nature of subtyping performed; and, results are typically reported directly to the surveillance databases.

<b>CDC Points of Contact</b>	Kevin Joyce (404) 639-1944 kdj7@cdc.gov	Regan Rickert (404) 639-3479 gqv9@cdc.gov
	Patricia Jones (404) 639-3334 entericbacteria@cdc.gov	Michael Korth (404) 639-2099 mqk8@cdc.gov

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**Test Order**  
***Neisseria* (STD) Identification**  
**CDC-10101**

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Synonym(s) *Neisseria, GC*

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**Pre-Approval Needed** None

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Genital, pharyngeal, and/or rectal swabs. In addition, bacterial culture or isolate on appropriate culture media

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Minimum Volume Required Not Applicable

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Storage & Preservation of Specimen Prior to Shipping Specimen needs to be stored in a manner that will maintain viability of gonorrhea

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Transport Medium Any acceptable medium for gonorrhea transport

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship Monday - Thursday, overnight to avoid weekend deliveries. Frozen specimen should be shipped on dry ice and refrigerated specimen should be shipped on cold packs, as an etiologic agent.

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Methodology Phenotypic identification

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Turnaround Time 1 Week

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Interferences & Limitations Anything that can affect viability of gonorrhea will adversely affect the test results

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Additional Information Please provide information on any antibiotics the patient may have been treated with

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CDC Points of Contact John Papp  
(404) 639-3785  
jwp6@cdc.gov  
Kevin Pettus  
(404) 639-4338  
kbp9@cdc.gov

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**Test Order**  
*Neisseria gonorrhoeae* Study  
CDC-10103

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Synonym(s) None

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**Pre-Approval Needed** Papp, John, (404) 639-3785, jwp6@cdc.gov  
Pettus, Kevin, (404) 639-4338, kbp9@cdc.gov

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing To be determined

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Minimum Volume Required To be determined

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Storage & Preservation of Specimen Prior to Shipping To be determined

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Transport Medium To be determined

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Specimen Labeling To be determined

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Shipping Instructions which Include Specimen Handling Requirements To be determined

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Methodology

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Turnaround Time

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Interferences & Limitations To be determined

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Additional Information To be determined

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CDC Points of Contact John Papp  
(404) 639-3785  
jwp6@cdc.gov  
Kevin Pettus  
(404) 639-4338  
kbp9@cdc.gov

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**Test Order**  
*Neisseria gonorrhoeae* Susceptibility Testing  
CDC-10102

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Synonym(s) *Neisseria* AST, GC Susceptibility

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**Pre-Approval Needed** None

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**Supplemental Information Required** Required: Patient demographics and recent travel history.

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**Supplemental Form** <http://www.cdc.gov/std/gisp/CDC73.60AGonococcal.pdf>

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Performed on Specimens From Human

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**Acceptable Sample/ Specimen Type for Testing** Genital, pharyngeal, and/or rectal swabs. In addition, bacterial culture or isolate on appropriate growth media

---

**Minimum Volume Required** Not Applicable

---

**Storage & Preservation of Specimen Prior to Shipping** Specimen needs to be stored in a manner that will maintain viability of gonorrhea

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**Transport Medium** Any acceptable medium for gonorrhea transport

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**Specimen Labeling** Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday - Thursday, overnight to avoid weekend deliveries. Frozen specimen should be shipped on dry ice and refrigerated specimen should be shipped on cold packs, as an etiologic agent.

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**Methodology** Agar Plate Dilution, E-test, Disk Diffusion

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**Turnaround Time** 4 Weeks

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**Interferences & Limitations** Anything that can affect viability of gonorrhea will adversely affect the test results

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**Additional Information** Please provide information on any antibiotics the patient may have been treated with

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**CDC Points of Contact** John Papp  
(404) 639-3785  
jwp6@cdc.gov  
Kevin Pettus  
(404) 639-4338  
kbp9@cdc.gov

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**Test Order**  
***Neisseria meningitidis* Identification and Serogrouping**  
**CDC-10219**

Synonym(s)	<i>N. meningitidis</i> ID and SASG	
<b>Pre-Approval Needed</b>	None	
<b>Supplemental Information Required</b>	None	
<b>Supplemental Form</b>	None	
Performed on Specimens From	Human	
Acceptable Sample/ Specimen Type for Testing	Pure culture isolate, frozen stock, primary specimen such as CSF, whole blood, serum, and other sterile site specimen types upon consultation.	
Minimum Volume Required	0.25 mL	
Storage & Preservation of Specimen Prior to Shipping	Store slants at ambient temperature. Primary specimens and stocks should be frozen.	
Transport Medium	Chocolate agar slants are preferred (plates not recommended) or frozen stock.	
Specimen Labeling	Tests subject to CLIA regulations require two patient identifiers on the specimen container and the test requisition. Label ABCs/Enhanced Surveillance specimens with the state ID & accession number.	
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday–Thursday overnight to avoid weekend deliveries. May ship Friday's with prior approval only.  Frozen specimen should be shipped on dry ice	
Methodology	Growth, Morphology, Biochemical Testing, Slide Agglutination Serogrouping, Real-time PCR	
Turnaround Time	30 Days	
Interferences & Limitations	Improperly temperature controlled specimens/isolates can give false negative results.	
Additional Information	None	
CDC Points of Contact	Brian Harcourt (404) 639-2842 beh0@cdc.gov Susanna Schmink (404) 639-5005 zma6@cdc.gov	Meningitis Laboratory (404) 639-1380

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**Test Order**  
*Neisseria meningitidis* Study  
CDC-10220

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Synonym(s) None

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**Pre-Approval Needed** Wang, Xin, (404) 639-5474, gqe8@cdc.gov  
Patel, Manisha, (404) 639-2422, dvn4@cdc.gov

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**Supplemental Information Required** Brief description of study or surveillance program.  
  
Supplemental Form Required: CDC Meningitis Laboratory: Molecular Typing Request Submission Form (provided upon request by CDC Meningitis Laboratory).

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**Supplemental Form**

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Pure culture isolate or frozen stock.

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Minimum Volume Required N/A

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Storage & Preservation of Specimen Prior to Shipping Store slants at ambient temperature. Stocks should be kept frozen.

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Transport Medium Chocolate agar slants or frozen stocks.

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Specimen Labeling Tests subject to CLIA regulations require two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship Monday–Thursday overnight to avoid weekend deliveries. May ship on Fridays with prior approval only.

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Methodology Pulsed Field Gel Electrophoresis (PFGE), Multilocus Sequence Typing (MLST), molecular typing of the outer membrane protein genes porB and fetA, molecular typing of the vaccine candidates porA, nhbA, nadA, and fHbp, other testing

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**Turnaround Time**

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Interferences & Limitations To be determined

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Additional Information To be determined

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CDC Points of Contact Xin Wang  
(404) 639-5474  
gqe8@cdc.gov  
Melissa Whaley  
(404) 639-3920  
dbq3@cdc.gov

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**Test Order**  
*Neisseria* species (Not GC or *meningococcus*) ID  
CDC-10139

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Synonym(s) *Neisseria*, GNDC

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**Pre-Approval Needed** None

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**Supplemental Information Required** Please notify laboratory prior to shipment if this is a critical care specimen

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**Supplemental Form** None

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Performed on Specimens From Human and Food/Environmental/Medical Devices/Biologics

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Acceptable Sample/ Specimen Type for Testing Pure culture isolate on a suitable agar slant medium; Consultation required for other sample/specimen types

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Minimum Volume Required Not Applicable

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Storage & Preservation of Specimen Prior to Shipping Keep specimen refrigerated if unable to ship immediately

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Transport Medium Not Applicable

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday–Thursday, overnight to avoid weekend deliveries

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Methodology Primary Culture based on specimen type, MALDI–TOF, 16S sequence based identification

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Turnaround Time 3 Weeks

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Interferences & Limitations The 3 week turnaround time applies to all tests unless biochemical and/or phenotypic analysis are required, which could take up to 2 months for test results.

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Additional Information If available, please provide patient history including if the patient has used a catheter and/or if the patient is immunocompromised.

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CDC Points of Contact John McQuiston  
(404) 639–0270  
zje8@cdc.gov  
Anne Whitney  
(404) 639–1374  
amw0@cdc.gov

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**Test Order**  
**Nipah Virus Identification**  
**CDC-10354**

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Synonym(s) None

**Pre-Approval Needed** Stroehler, Ute, (404) 639-4704, [ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Knust, Barbara, (404) 639-1104, [bkk0@cdc.gov](mailto:bkk0@cdc.gov)

**Supplemental Information Required** See Supplemental Form

**Supplemental Form** <http://www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf>

Performed on Specimens From Human and Animal

Acceptable Sample/ Specimen Type for Testing Frozen tissue, blood and serum

Minimum Volume Required 1 mL

**Storage & Preservation of Specimen Prior to Shipping** Specimen must be placed in plastic screw capped vials, frozen to -70°C, and kept frozen until shipment. See link to supplemental submission form for specific information on various specimen types.

**Transport Medium** Not Applicable

**Specimen Labeling** Patient name, patient ID #, specimen type, date collected

**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday overnight to avoid weekend deliveries. Specimen should be shipped frozen on dry ice. See supplemental submission forms for further details. Do not ship specimen without prior consultation and approval.

**Methodology** Molecular Typing, Polymerase Chain Reaction (PCR)

**Turnaround Time** 10 Days

**Interferences & Limitations** Specimen must remain frozen; warming or freeze thawing reduces sensitivity. Heparin may cause interference with the molecular tests and should be avoided.

**Additional Information** Critical specimens will take less than 4 days to turn around. See link to supplemental submission forms for detailed information.

**CDC Points of Contact** Ute Stroehler  
(404) 639-4704  
[ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Barbara Knust  
(404) 639-1104  
[bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Test Order**  
**Nipah Virus Serology**  
**CDC-10355**

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Synonym(s) None

**Pre-Approval Needed** Stroehler, Ute, (404) 639-4704, [ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Knust, Barbara, (404) 639-1104, [bkk0@cdc.gov](mailto:bkk0@cdc.gov)

**Supplemental Information Required** See Supplemental Form

**Supplemental Form** <http://www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf>

Performed on Specimens From Human and Animal

Acceptable Sample/ Specimen Type for Testing Blood and serum

Minimum Volume Required 1 mL

**Storage & Preservation of Specimen Prior to Shipping** Specimen must be kept cold (at or below 4°C). If possible place specimen in plastic screw capped vials. See link to supplemental submission form for specific information on various specimen types.

**Transport Medium** Not Applicable

**Specimen Labeling** Patient name, patient ID #, specimen type, date collected

**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday overnight to avoid weekend deliveries. Specimen should be shipped on cold packs or dry ice if frozen. See supplemental submission forms for further details. Do not ship specimen without prior consultation and approval.

**Methodology** ELISA

**Turnaround Time** 10 Days

**Interferences & Limitations** Specimen must remain frozen; warming or freeze thawing reduces sensitivity

**Additional Information** Critical specimens will take less than 4 days to turn around. See link to supplemental submission forms for detailed information.

**CDC Points of Contact** Ute Stroehler  
(404) 639-4704  
[ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Barbara Knust  
(404) 639-1104  
[bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Test Order**  
*Nocardia* species ID  
CDC-10150

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Synonym(s) None

**Pre-Approval Needed** None

**Supplemental Information Required** Please notify laboratory prior to shipment if this is a critical care specimen

**Supplemental Form** None

Performed on Specimens From Human and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing Pure culture isolate on a suitable agar slant medium; consultation required for other sample/specimen types

Minimum Volume Required Not Applicable

Storage & Preservation of Specimen Prior to Shipping Keep specimen refrigerated if unable to ship immediately

Transport Medium Not Applicable

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday–Thursday, overnight to avoid weekend deliveries

Methodology Primary Culture based on specimen type, MALDI–TOF, 16S sequence based identification

Turnaround Time 3 Weeks

Interferences & Limitations The 3 week turnaround time applies to all tests unless biochemical and/or phenotypic analysis are required, which could take up to 2 months for test results.

Additional Information If available, please provide patient history including if the patient has used a catheter and/or if the patient is immunocompromised.

CDC Points of Contact John McQuiston  
(404) 639–0270  
zje8@cdc.gov  
Anne Whitney  
(404) 639–1374  
amw0@cdc.gov

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**Test Order**  
*Nocardia* species ID and AST  
CDC-10151

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Synonym(s) None

**Pre-Approval Needed** None

**Supplemental Information Required** Please notify laboratory prior to shipment if this is a critical care specimen

**Supplemental Form** None

Performed on Specimens From Human and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing Pure culture isolate on a suitable agar slant medium; consultation required for other sample/specimen types

Minimum Volume Required Not Applicable

Storage & Preservation of Specimen Prior to Shipping Keep specimen refrigerated if unable to ship immediately

Transport Medium Suitable agar slant medium

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday–Thursday, overnight to avoid weekend deliveries

Methodology Primary Culture based on specimen type, MALDI–TOF, 16S sequence based identification, AST by broth microdilution

Turnaround Time 3 Weeks

Interferences & Limitations The 3 week turnaround time applies to all tests unless biochemical and/or phenotypic analysis are required, which could take up to 2 months for test results.

Additional Information If available, please provide patient history including if the patient has used a catheter and/or if the patient is immunocompromised.

CDC Points of Contact John McQuiston  
(404) 639–0270  
zje8@cdc.gov  
Anne Whitney  
(404) 639–1374  
amw0@cdc.gov

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**Test Order**  
**Norovirus Genotyping**  
**CDC-10356**

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Synonym(s) Norovirus

**Pre-Approval Needed** Vinje, Jan, (404) 639-3721, ahx8@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing Stool, environmental swab

Minimum Volume Required 0.25 g or 0.25 mL

Storage & Preservation of Specimen Prior to Shipping Specimen must be stored at 2°-8°C

Transport Medium Not Applicable

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday -Thursday, overnight to avoid weekend deliveries  
Refrigerated specimen should be shipped on cold packs

Methodology Polymerase Chain Reaction (PCR), Sequencing

Turnaround Time 4 Weeks

Interferences & Limitations None

Additional Information None

CDC Points of Contact Jan Vinje  
(404) 639-3721  
ahx8@cdc.gov  
Nicole Gregoricus  
(404) 639-1923  
frv6@cdc.gov

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**Test Order**  
**Norovirus Molecular Detection**  
**CDC-10357**

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Synonym(s) Norovirus

**Pre-Approval Needed** Vinje, Jan, (404) 639-3721, ahx8@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing Stool, environmental swab

Minimum Volume Required 0.25 g or 0.25 mL

Storage & Preservation of Specimen Prior to Shipping Specimen should be stored at 2°-8°C

Transport Medium Not Applicable

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday -Thursday, overnight to avoid weekend deliveries  
Refrigerated specimen should be shipped on cold packs

Methodology Polymerase Chain Reaction (PCR)

Turnaround Time 4 Weeks

Interferences & Limitations None

Additional Information None

CDC Points of Contact Jan Vinje  
(404) 639-3721  
ahx8@cdc.gov  
Nicole Gregoricus  
(404) 639-1923  
frv6@cdc.gov

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**Test Order**  
**Norovirus Molecular Detection and Genotyping**  
**CDC-10358**

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Synonym(s) Norovirus

**Pre-Approval Needed** Vinje, Jan, (404) 639-3721, ahx8@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing Stool, environmental swab

Minimum Volume Required 0.25 g or 0.25 mL

Storage & Preservation of Specimen Prior to Shipping Specimen must be stored at 2°-8°C

Transport Medium Not Applicable

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday -Thursday, overnight to avoid weekend deliveries  
Refrigerated specimen should be shipped on cold packs

Methodology Polymerase Chain Reaction (PCR), Sequencing

Turnaround Time 4 Weeks

Interferences & Limitations None

Additional Information None

CDC Points of Contact Jan Vinje  
(404) 639-3721  
ahx8@cdc.gov  
Nicole Gregoricus  
(404) 639-1923  
frv6@cdc.gov

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**Test Order**  
***Orientia* Molecular Detection**  
**CDC-10359**

Synonym(s)	Scrub Typhus
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	Prior approval is required if the following information is not provided: -Symptom onset date -Sample collection date -Type of infection -Status of illness <b>Recommended:</b> -Travel history -Exposure history -Therapeutic agents -Brief clinical history
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Acute samples only, anticoagulated whole blood collected in Ethylenediaminetetraacetic acid (EDTA) treated tubes preferred; serum; fresh tissue biopsy
Minimum Volume Required	1.0 mL
Storage & Preservation of Specimen Prior to Shipping	Ideally keep specimen at a refrigerated temperature not frozen. If previously frozen, then keep specimen frozen.
Transport Medium	Ethylenediaminetetraacetic acid (EDTA) blood tubes for blood; tissue in a sample collection tube
Specimen Labeling	Patient name and date of birth
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday – Thursday, overnight to avoid weekend deliveries. Specimen should be shipped refrigerated on cold packs.
Methodology	Real Time Polymerase Chain Reaction (PCR), Polymerase Chain Reaction (PCR), Sequencing
Turnaround Time	6 Weeks
Interferences & Limitations	Hemolysis in whole blood specimen will interfere with results. Multiple freeze thaw cycles and sample storage above refrigerated temperatures will interfere with proper nucleic acid extraction. If a specimen is drawn at convalescence it will reduce the chance of the target organism being present in blood. Avoid collection of blood specimen in heparin tubes.
Additional Information	The Rickettsial Zoonoses Branch Reference Diagnostic Laboratory aids State Laboratories in diagnosis of difficult samples/cases or if specialized tests are needed. Routine diagnostic samples should be sent to your State Laboratory or a commercial laboratory.
CDC Points of Contact	Cecilia Kato (404) 639-1075 ckato@cdc.gov Christopher Paddock (404) 639-1309 cdp9@cdc.gov



**Test Order**  
*Orientia* Serology  
CDC-10360

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Synonym(s) Scrub Typhus

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**Pre-Approval Needed** None

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**Supplemental Information Required** Prior approval is required if the following information is not provided:  
-Symptom onset date  
-Sample collection date  
-Type of infection  
-Status of illness  
**Recommended:**  
-Travel history  
-Exposure history  
-Therapeutic agents  
-Brief clinical history

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**Supplemental Form** None

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Performed on Specimens From Human

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**Acceptable Sample/ Specimen Type for Testing** Serum  
-acute (during active stage of illness)  
-convalescent (2-4 weeks after acute stage)

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**Minimum Volume Required** 1.0 mL

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**Storage & Preservation of Specimen Prior to Shipping** Ideally keep specimen at a refrigerated temperature not frozen. If previously frozen, then keep specimen frozen.

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**Transport Medium** Not Applicable

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**Specimen Labeling** Patient name and date of birth

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**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday - Thursday, overnight to avoid weekend deliveries. Specimen should be shipped refrigerated on cold packs.

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**Methodology** Indirect Fluorescence Assay (IFA)

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**Turnaround Time** 6 Weeks

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**Interferences & Limitations** Multiple freeze thaw cycles may interfere with antigen binding. Use sterile technique to avoid contamination of sample as this may compromise the sample and interfere with the ability to get accurate results. Acute and convalescent serum is needed for accurate diagnosis and if unable to collect both please contact laboratory prior to shipping.

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**Additional Information** The Rickettsial Zoonoses Branch Reference Diagnostic Laboratory aids State Laboratories in diagnosis of difficult samples/cases or if specialized tests are needed. Routine diagnostic samples should be sent to your State Laboratory or a commercial lab.

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**CDC Points of Contact** Cecilia Kato  
(404) 639-1075  
ckato@cdc.gov  
Christopher Paddock  
(404) 639-1309  
cdp9@cdc.gov

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**Test Order**  
**Paragonimiasis Immunoblot**  
**CDC-10465**

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Synonym(s) *Paragonimus westermani*; *Paragonimus kellicotti*, parasite

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**Pre-Approval Needed** None

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**Supplemental Information Required** Exposure and travel history, include other relevant risk factors; clinical symptoms, treatment and previous test results.

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Serum and Plasma

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Minimum Volume Required 0.5 mL

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Storage & Preservation of Specimen Prior to Shipping No specific requirements

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Transport Medium Not Applicable

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Specimen Labeling Test subject to CLIA regulations require two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship Monday - Thursday, overnight to avoid weekend deliveries. Ship specimen at room temperature, not on dry ice, as an etiologic agent.

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Methodology Immunoblot, Western Blot, Antibody Detection

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Turnaround Time 15 Days

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Interferences & Limitations Substances known to interfere with immunoassays include: bilirubin, lipids, and hemoglobin

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Additional Information None

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CDC Points of Contact Isabel McAuliffe  
(404) 718-4100  
ibm4@cdc.gov  
DPDx  
(404) 718-4120  
dpdx@cdc.gov

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**Test Order**  
**Parasite – Morphologic Identification (O+P)**  
**CDC-10234**

Synonym(s)	Parasitology, Malaria parasite identification, Blood parasite, ova and parasite
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	Supplemental form not needed
<b>Supplemental Form</b>	None
Performed on Specimens From	Human, Animal, and Food/Environmental/Medical Devices/Biologics
Acceptable Sample/ Specimen Type for Testing	Stool specimens, blood, and tissue. Additional acceptable specimens are listed on the supplemental link.
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	Storage and preservation is specimen specific, see supplemental link
Transport Medium	Not Applicable
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday – Thursday, overnight to avoid weekend deliveries Shipping is specimen specific see supplemental link
Methodology	Microscopy
Turnaround Time	7 Days
Interferences & Limitations	None
Additional Information	None
CDC Points of Contact	Blaine Mathison (404) 718-4103 gqa4@cdc.gov Henry Bishop (404) 718-4102 hsb2@cdc.gov

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**Test Order**  
**Parasite – Special Study**  
**CDC-10237**

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Synonym(s) None

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**Pre-Approval Needed** McAuliffe, Isabel, (404) 718-4100, ibm4@cdc.gov  
Qvarnstrom, Yvonne, (404) 718-4123, bvp2@cdc.gov

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

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Acceptable Sample/ Specimen Type for Testing To be determined

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Minimum Volume Required To be determined

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Storage & Preservation of Specimen Prior to Shipping To be determined

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Transport Medium To be determined

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Specimen Labeling To be determined

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Shipping Instructions which Include Specimen Handling Requirements To be determined

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Methodology

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Turnaround Time

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Interferences & Limitations To be determined

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Additional Information To be determined

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CDC Points of Contact Isabel McAuliffe  
(404) 718-4100  
ibm4@cdc.gov  
Yvonne Qvarnstrom  
(404) 718-4123  
bvp2@cdc.gov

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**Test Order**  
**Parechovirus Detection and Identification**  
**CDC-10362**

Synonym(s)	Human parechovirus, HPEV, Echovirus 22, Echovirus 23, Ljungan virus, parechovirus
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human, Animal, and Food/Environmental/Medical Devices/Biologics
Acceptable Sample/ Specimen Type for Testing	Specimens include stool, serum, throat or nasal swab, cerebrospinal fluid (CSF), vesicle fluid or lesion, rectal, or nasopharyngeal (NP)/oropharyngeal (OP) swabs. Fresh or frozen tissues are preferred to Formalin fixed tissues, but will accept both.
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	<p>Vesicle fluid, rectal, or nasopharyngeal (NP)/oropharyngeal (OP) swabs: Use only sterile Dacron or rayon swabs with plastic shafts or if available, flocked swabs. Do NOT use calcium alginate swabs or swabs with wooden sticks, as they may contain substances that inactivate some viruses and inhibit some molecular assays. Place the swab immediately into a sterile viral containing 2mL of viral transport media without antibiotics, if possible.</p> <p>Stool: Collect in a clean, dry, leak-proof container.</p> <p>Serum: For each serum specimen, collect whole blood into a serum separator tube (marble or tiger top SST). Allow to clot at room temperature for a minimum of 30 minutes and centrifuge.</p>
Transport Medium	Viral transport medium. If you do not have viral transport media, place the swab into a sterile vial without viral transport media. Aseptically, cut or break applicator sticks off near the tip to permit tightening of the cap. For NP/OP swabs, both swabs can be placed in the same vial, if desired.
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	<p>Ship Monday - Thursday, overnight to avoid weekend deliveries. Frozen specimen should be shipped on dry ice and refrigerated specimen should be shipped on cold packs, as an etiologic agent.</p> <p>Include the full name, title, complete mailing address, email address, telephone, and fax number of the submitter. This will be the person to whom the final report will be mailed to.</p>
Methodology	Molecular techniques
Turnaround Time	10 Days
Interferences & Limitations	Collecting specimens during the first week of illness is ideal although the virus can be shed in stool for several weeks. A specimen set collected in the second week of illness should include a rectal swab or stool sample.
Additional Information	<p>Minimum volume for cell culture is 0.5-1 mL, for CSF is 60 uL, and for fresh frozen tissues is 2 mm<sup>2</sup>.</p> <p>Stool: Stool may be collected within 14 days of symptom onset. Collect 10-20 g of stool in a clean, dry, leak-proof container.</p>

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**Test Order**  
**Parechovirus Detection and Identification**  
**CDC-10362**

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Serum: For each serum specimen, collect (adults and children >6kg: 5 mL, children <6 kg: 2 mL) of whole blood into a serum separator tube (marble or tiger top SST). A minimum of 1 mL of whole blood is needed for testing of pediatric patients. Allow to clot at room temperature for a minimum of 30 minutes and centrifuge.

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CDC Points of Contact Alan Nix  
(404) 639-1689  
wbn0@cdc.gov  
Steve Oberste  
(404) 639-5497  
mbo2@cdc.gov

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**Test Order**  
**Parvovirus B19 Molecular Detection**  
**CDC-10363**

Synonym(s)	Fifth Disease
<b>Pre-Approval Needed</b>	Erdman, Dean, (404) 639-3727, dde1@cdc.gov
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Serum, blood, plasma, and amniotic fluid
Minimum Volume Required	0.25 mL
Storage & Preservation of Specimen Prior to Shipping	Refrigerate all specimens promptly after collection. If specimens can be shipped to CDC within 72 hours of collection, they should be kept refrigerated at 4°C and shipped on gel ice-packs. If specimens must be held for >72 hours, they should be promptly frozen at -70°C and shipped on dry ice. Liquid specimens should be aliquoted into properly labeled, leak-proof, unbreakable screw cap vials. Samples should be collected and processed in a manner that prevents cross-contamination between specimens, including changing gloves between specimens.
Transport Medium	Not Applicable
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Ship specimen Monday -Thursday, overnight to avoid weekend deliveries Refrigerated specimen should be shipped on cold packs Frozen specimen should be shipped on dry ice
Methodology	Polymerase Chain Reaction (PCR)
Turnaround Time	3 Weeks
Interferences & Limitations	Do not use wooden-shafted swabs or calcium alginate swabs
Additional Information	None
CDC Points of Contact	Dean Erdman (404) 639-3727 dde1@cdc.gov Shifaq Kamili (404) 639-2799 sgk5@cdc.gov

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**Test Order**  
**Parvovirus B19 Serology**  
**CDC-10364**

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Synonym(s) Fifth Disease

**Pre-Approval Needed** Erdman, Dean, (404) 639-3727, dde1@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing Serum

Minimum Volume Required 0.25 mL

**Storage & Preservation of Specimen Prior to Shipping** Refrigerate all specimens promptly after collection. If specimens can be shipped to CDC within 72 hours of collection, they should be kept refrigerated at 4°C and shipped on gel ice-packs. If specimens must be held for >72 hours, they should be promptly frozen at -70°C and shipped on dry ice. Liquid specimens should be aliquoted into properly labeled, leak-proof, unbreakable screw cap vials. Samples should be collected and processed in a manner that prevents cross-contamination between specimens, including changing gloves between specimens.

**Transport Medium** Not Applicable

**Specimen Labeling** Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

**Shipping Instructions which Include Specimen Handling Requirements** Ship specimen Monday -Thursday, overnight to avoid weekend deliveries  
Frozen specimen should be shipped on dry ice  
Refrigerated specimen should be shipped on cold packs

**Methodology** IgG and IgM enzyme immunoassay

**Turnaround Time** 3 Weeks

**Interferences & Limitations** Do not collect in heparin tubes

**Additional Information** None

**CDC Points of Contact** Dean Erdman  
(404) 639-3727  
dde1@cdc.gov  
Shifaq Kamili  
(404) 639-2799  
sgk5@cdc.gov

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**Test Order**  
**Pathologic Evaluation of CNS Infections**  
**CDC-10365**

<b>Synonym(s)</b>	Central Nervous Tissue, autopsy, biopsy, formalin fixed tissues, fresh and frozen tissues, tissue culture, pathology, paraffin blocks, histopathology, electron microscopy, immunohistochemistry, PCR
<b>Pre-Approval Needed</b>	Zaki, Sherif, (404) 639-3133, <a href="mailto:szaki@cdc.gov">szaki@cdc.gov</a> Blau, Dianna, (404) 639-1495, <a href="mailto:Pathology@cdc.gov">Pathology@cdc.gov</a>
<b>Supplemental Information Required</b>	Please include a cover letter outlining a brief clinical history, including relevant demographic/epidemiologic information, a copy of (a) the autopsy report (preliminary or final) or (b) surgical pathology/report, copies of pertinent results (microbiology, hematology, serology, culture, and/or biochemical) and images (clinical and/or gross autopsy photos).  Please include a key to the identification of the blocks
<b>Supplemental Form</b>	<a href="http://www.cdc.gov/ncezid/dhcpp/idpb/index.html">http://www.cdc.gov/ncezid/dhcpp/idpb/index.html</a>
<b>Performed on Specimens From</b>	Human and Animal
<b>Acceptable Sample/ Specimen Type for Testing</b>	The preferred specimens include paraffin blocks of involved CNS tissue, or representative tissues (See Additional Information section) in formalin. Fresh-frozen tissue may also be submitted.
<b>Minimum Volume Required</b>	Not Applicable
<b>Storage &amp; Preservation of Specimen Prior to Shipping</b>	Specifics will be determined upon consultation. In general, paraffin-embedded tissue blocks should be submitted where tissues have been in formalin for a significant time, wet tissue should be in 10% neutral buffered formalin, unstained slides (not optimal) should be cut at 3-5 microns (10 slides per block), and Electron Microscopy specimen should be fixed in glutaraldehyde and held in phosphate buffer.
<b>Transport Medium</b>	Electron Microscopy specimen containers should be filled to the top with phosphate buffer and sent on wet ice. Do not freeze.
<b>Specimen Labeling</b>	Specimen (block) key, denoting tissue type is extremely helpful and will expedite results
<b>Shipping Instructions which Include Specimen Handling Requirements</b>	Ship Monday-Thursday, overnight. If specimen is frozen, send separately on dry ice. If specimen is refrigerated, ship on frozen gel packs. For urgent cases, please contact laboratory immediately. During hot weather, to avoid melting of paraffin blocks, they should be packed on ice packs. Do not pack wet tissue and frozen tissue together, please package separately to avoid freezing and damage of wet tissue. Please include the full name, title, complete mailing address, e-mail address, and telephone and fax numbers of the submitter. This will be to whom the final pathology report is addressed.
<b>Methodology</b>	Histopathology, H&E's and Special Stains, Immunohistochemistry (IHC), Polymerase Chain Reaction (PCR) and Sequencing, Electron Microscopy (EM), Tissue Culture, Nucleic Acid Extraction
<b>Turnaround Time</b>	2 Weeks
<b>Interferences &amp; Limitations</b>	Prolonged fixation (>2 weeks) may interfere with some immunohistochemical and molecular diagnostic assays
<b>Additional Information</b>	Preliminary results are usually reported within 1 week, but may take up to 2 weeks depending on the nature of the case.

Images are especially important in evaluation and guiding of testing.

Possible tissue sites include cerebralcortex (frontal, parietal, temporal, and

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**Test Order**  
**Pathologic Evaluation of CNS Infections**  
**CDC-10365**

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occipital), brain stem (midbrain, pons, medulla) and spinal cord, cerebellum, basal ganglia, thalamus, hypothalamus, and hippocampus, and meninges.

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CDC Points of Contact Sherif Zaki  
(404) 639-3133  
szaki@cdc.gov  
Dianna Blau  
(404) 639-1495  
pathology@cdc.gov

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# Test Order

## Pathologic Evaluation of Influenza and Other Viral Infections

### CDC-10366

<b>Synonym(s)</b>	Autopsy, biopsy, formalin fixed tissues, fresh and frozen tissues, tissue culture, pathology, paraffin blocks, histopathology, electron microscopy, immunohistochemistry, PCR
<b>Pre-Approval Needed</b>	Zaki, Sherif, (404) 639-3133, <a href="mailto:szaki@cdc.gov">szaki@cdc.gov</a> Blau, Dianna, (404) 639-1495, <a href="mailto:Pathology@cdc.gov">Pathology@cdc.gov</a>
<b>Supplemental Information Required</b>	Please include a cover letter outlining a brief clinical history, including relevant demographic/epidemiologic information, a copy of (a) the autopsy report (preliminary or final) or (b) surgical pathology/report, copies of pertinent results (microbiology, hematology, serology, culture, and/or biochemical) and images (clinical and/or gross autopsy photos).
	Please include a key to the identification of the blocks
<b>Supplemental Form</b>	<a href="http://www.cdc.gov/ncezid/dhcpp/idpb/index.html">http://www.cdc.gov/ncezid/dhcpp/idpb/index.html</a>
<b>Performed on Specimens From</b>	Human and Animal
<b>Acceptable Sample/ Specimen Type for Testing</b>	Representative blocks or fixed tissue specimen of upper and lower respiratory and tissue showing pathology. Formalin-fixed paraffin embedded blocks made from BAL can also be submitted for IHC staining. Fresh-frozen tissue may also be submitted.
<b>Minimum Volume Required</b>	Not Applicable
<b>Storage &amp; Preservation of Specimen Prior to Shipping</b>	Specifics will be determined upon consultation. In general, paraffin-embedded tissue blocks should be submitted where tissues have been in formalin for a significant time, wet tissue should be in 10% neutral buffered formalin, unstained slides (not optimal), should be cut at 3-5 microns (10 slides per block), and Electron Microscopy specimen should be fixed in glutaraldehyde and held in phosphate buffer.
<b>Transport Medium</b>	Electron Microscopy specimen containers should be filled to the top with phosphate buffer and sent on wet ice. Do not freeze.
<b>Specimen Labeling</b>	Specimen (block) key, denoting tissue type is extremely helpful and will expedite results.
<b>Shipping Instructions which Include Specimen Handling Requirements</b>	Ship Monday-Thursday, overnight. If specimen is frozen, send separately on dry ice. If specimen is refrigerated, ship on frozen gel packs. For urgent cases, please contact laboratory immediately. During hot weather, to avoid melting of paraffin blocks, they should be packed on ice packs. Do not pack wet tissue and frozen tissue together, please package separately to avoid freezing and damage of wet tissue. Please include the full name, title, complete mailing address, e-mail address, and telephone and fax numbers of the submitter. This will be to whom the final pathology report is addressed.
<b>Methodology</b>	Histopathology, H&E's and Special Stains, Immunohistochemistry (IHC), Polymerase Chain Reaction (PCR) and Sequencing, Electron Microscopy (EM), Tissue Culture, Nucleic Acid Extraction for transfer to SME
<b>Turnaround Time</b>	2 Weeks
<b>Interferences &amp; Limitations</b>	Prolonged fixation (>2 weeks) may interfere with some immunohistochemical and molecular diagnostic assays
<b>Additional Information</b>	Preliminary results are usually reported within 1 week, but may take up to 2 weeks depending on the nature of the case.

Images are especially important in evaluation and guiding of testing.

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**Test Order**  
**Pathologic Evaluation of Influenza and Other Viral Infections**  
**CDC-10366**

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The recommended pulmonary sites include central (hilar) lung with segmental bronchi, right and left primary bronchi, trachea (proximal and distal), representative pulmonary parenchyma from right and left lung, for patients with suspected myocarditis, encephalitis, or rhabdomyolysis, specimens should include myocardium (right and left ventricle), CNS (cerebral cortex, basal ganglia, pons, medulla, and cerebellum, and skeletal muscle, respectively, and specimens should be included from any other organ showing significant gross or microscopic pathology.

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CDC Points of Contact Sherif Zaki  
(404) 639-3133  
szaki@cdc.gov  
Dianna Blau  
(404) 639-1495  
pathology@cdc.gov

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**Test Order**  
**Pathologic Evaluation of Myocarditis**  
**CDC-10367**

Synonym(s)	Autopsy, biopsy, formalin fixed tissues, fresh and frozen tissues, tissue culture, pathology, paraffin blocks, histopathology, electron microscopy, immunohistochemistry, PCR
Pre-Approval Needed	Zaki, Sherif, (404) 639-3133, <a href="mailto:szaki@cdc.gov">szaki@cdc.gov</a> Blau, Dianna, (404) 639-1495, <a href="mailto:Pathology@cdc.gov">Pathology@cdc.gov</a>
Supplemental Information Required	Please include a cover letter outlining a brief clinical history, including relevant demographic/epidemiologic information, a copy of (a) the autopsy report (preliminary or final) or (b) surgical pathology/report, copies of pertinent results (microbiology, hematology, serology, culture, and/or biochemical) and images (clinical and/or gross autopsy photos).  Please include a key to the identification of the blocks
Supplemental Form	<a href="http://www.cdc.gov/ncezid/dhcpp/idpb/index.html">http://www.cdc.gov/ncezid/dhcpp/idpb/index.html</a>
Performed on Specimens From	Human and Animal
Acceptable Sample/ Specimen Type for Testing	Minimum of 2 paraffin blocks of involved heart tissue, or representative tissues in formalin (i.e. wet tissue). Fresh-frozen tissue may also be submitted for culture and molecular-based assays.
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	Specifics will be determined upon consultation. In general, paraffin-embedded tissue blocks should be submitted where tissues have been in formalin for a significant time, wet tissue should be in 10% neutral buffered formalin, unstained slides (not optimal), should be cut at 3-5 microns (10 slides per block), and Electron Microscopy specimen should be fixed in glutaraldehyde and held in phosphate buffer.
Transport Medium	Electron Microscopy specimen containers should be filled to the top with phosphate buffer and sent on wet ice. Do not freeze.
Specimen Labeling	Specimen (block) key, denoting tissue type is extremely helpful and will expedite results
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday-Thursday, overnight. If specimen is frozen, send separately on dry ice. If specimen is refrigerated, ship on frozen gel packs. For urgent cases, please contact laboratory immediately. During hot weather, to avoid melting of paraffin blocks, they should be packed on ice packs. Do not pack wet tissue and frozen tissue together, please package separately to avoid freezing and damage of wet tissue. Please include the full name, title, complete mailing address, e-mail address, and telephone and fax numbers of the submitter. This will be to whom the final pathology report is addressed.
Methodology	Histopathology, H&E's and Special Stains, Immunohistochemistry (IHC), Polymerase Chain Reaction (PCR) and Sequencing, Electron Microscopy (EM), Tissue Culture, Nucleic Acid Extraction for transfer to SME
Turnaround Time	2 Weeks
Interferences & Limitations	Prolonged fixation (>2 weeks) may interfere with some immunohistochemical and molecular diagnostic assays
Additional Information	Preliminary results are usually reported within 1 week, but may take up to 2 weeks depending on the nature of the case.

Images are especially important in evaluation and guiding of testing.

Specific guidelines for these samples include multiple fragments of cardiac

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**Test Order**  
**Pathologic Evaluation of Myocarditis**  
**CDC-10367**

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tissue representing each anatomic portion of the heart involved by inflammatory infiltrates (e.g., ventricles, epicardium, pericardium), and if myocarditis is identified in the context of a systemic illness, representative tissues should be included from any other organ showing significant microscopic pathology.

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CDC Points of Contact Sherif Zaki  
(404) 639-3133  
szaki@cdc.gov  
Dianna Blau  
(404) 639-1495  
pathology@cdc.gov

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# Test Order

## Pathologic Evaluation of Pneumonia and Other Respiratory Infections

### CDC-10368

<b>Synonym(s)</b>	Autopsy, biopsy, formalin fixed tissues, fresh and frozen tissues, tissue culture, pathology, paraffin blocks, histopathology, electron microscopy, immunohistochemistry, PCR
<b>Pre-Approval Needed</b>	Zaki, Sherif, (404) 639-3133, <a href="mailto:szaki@cdc.gov">szaki@cdc.gov</a> Blau, Dianna, (404) 639-1495, <a href="mailto:Pathology@cdc.gov">Pathology@cdc.gov</a>
<b>Supplemental Information Required</b>	Please include a cover letter outlining a brief clinical history, including relevant demographic/epidemiologic information, a copy of (a) the autopsy report (preliminary or final) or (b) surgical pathology/report, copies of pertinent results (microbiology, hematology, serology, culture, and/or biochemical) and images (clinical and/or gross autopsy photos).
	Please include a key to the identification of the blocks
<b>Supplemental Form</b>	<a href="http://www.cdc.gov/ncezid/dhcpp/idpb/index.html">http://www.cdc.gov/ncezid/dhcpp/idpb/index.html</a>
<b>Performed on Specimens From</b>	Human and Animal
<b>Acceptable Sample/ Specimen Type for Testing</b>	Representative (minimum of 8) blocks and fixed tissue representing different pulmonary sites and other organs showing pathology. Formalin-fixed paraffin embedded blocks made from BAL can also be submitted. Fresh-frozen tissue may be submitted.
<b>Minimum Volume Required</b>	Not Applicable
<b>Storage &amp; Preservation of Specimen Prior to Shipping</b>	Specifics will be determined upon consultation. In general, paraffin-embedded tissue blocks should be submitted where tissues have been in formalin for a significant time, wet tissue should be in 10% neutral buffered formalin, unstained slides (not optimal), should be cut at 3-5 microns (10 slides per block), and Electron Microscopy specimen should be fixed in glutaraldehyde and held in phosphate buffer.
<b>Transport Medium</b>	Electron Microscopy specimen containers should be filled to the top with phosphate buffer and sent on wet ice. Do not freeze.
<b>Specimen Labeling</b>	Specimen (block) key, denoting tissue type is extremely helpful and will expedite results
<b>Shipping Instructions which Include Specimen Handling Requirements</b>	Ship Monday-Thursday, overnight. If specimen is frozen, send separately on dry ice. If specimen is refrigerated, ship on frozen gel packs. For urgent cases, please contact laboratory immediately. During hot weather, to avoid melting of paraffin blocks, they should be packed on ice packs. Do not pack wet tissue and frozen tissue together, please package separately to avoid freezing and damage of wet tissue. Please include the full name, title, complete mailing address, e-mail address, and telephone and fax numbers of the submitter. This will be to whom the final pathology report is addressed.
<b>Methodology</b>	Histopathology, H&E's and Special Stains, Immunohistochemistry (IHC), Polymerase Chain Reaction (PCR) and Sequencing, Electron Microscopy (EM), Tissue Culture, Nucleic Acid Extraction for transfer to SME
<b>Turnaround Time</b>	2 Weeks
<b>Interferences &amp; Limitations</b>	Prolonged fixation (>2 weeks) may interfere with some immunohistochemical and molecular diagnostic assays
<b>Additional Information</b>	Preliminary results are usually reported within 1 week, but may take up to 2 weeks depending on the nature of the case.

Images are especially important in evaluation and guiding of testing.

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**Test Order**  
**Pathologic Evaluation of Pneumonia and Other Respiratory**  
**Infections**  
**CDC-10368**

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The preferred pulmonary sites include hilar lung with segmental bronchi, primary bronchi, and trachea, peripheral pulmonary parenchyma from both lungs and specimens should be included from any other organ showing significant gross or microscopic pathology.

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CDC Points of Contact Sherif Zaki  
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Dianna Blau  
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pathology@cdc.gov

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# Test Order

## Pathologic Evaluation of Rash and Eschar–Associated Illness

### CDC–10369

<b>Synonym(s)</b>	Autopsy, biopsy, formalin fixed tissues, fresh and frozen tissues, tissue culture, pathology, paraffin blocks, histopathology, electron microscopy, immunohistochemistry, PCR
<b>Pre–Approval Needed</b>	Zaki, Sherif, (404) 639–3133, <a href="mailto:szaki@cdc.gov">szaki@cdc.gov</a> Blau, Dianna, (404) 639–1495, <a href="mailto:Pathology@cdc.gov">Pathology@cdc.gov</a>
<b>Supplemental Information Required</b>	Please include a cover letter outlining a brief clinical history, including relevant demographic/epidemiologic information, a copy of (a) the autopsy report (preliminary or final) or (b) surgical pathology/report, copies of pertinent results (microbiology, hematology, serology, culture, and/or biochemical) and images (clinical and/or gross autopsy photos).  Please include a key to the identification of the blocks
<b>Supplemental Form</b>	<a href="http://www.cdc.gov/ncezid/dhcpp/idpb/index.html">http://www.cdc.gov/ncezid/dhcpp/idpb/index.html</a>
<b>Performed on Specimens From</b>	Human and Animal
<b>Acceptable Sample/ Specimen Type for Testing</b>	Representative (minimum 1) paraffin block of the cutaneous lesion, or an appropriate biopsy specimen in formalin (i.e. wet tissue). Fresh–frozen tissue may also be submitted for culture and molecular based assays.
<b>Minimum Volume Required</b>	Not Applicable
<b>Storage &amp; Preservation of Specimen Prior to Shipping</b>	Specifics will be determined upon consultation. In general, paraffin–embedded tissue blocks should be submitted where tissues have been in formalin for a significant time, wet tissue should be in 10% neutral buffered formalin, unstained slides (not optimal), should be cut at 3–5 microns (10 slides per block), and Electron Microscopy specimen should be fixed in glutaraldehyde and held in phosphate buffer.
<b>Transport Medium</b>	Electron Microscopy specimen containers should be filled to the top with phosphate buffer and sent on wet ice. Do not freeze.
<b>Specimen Labeling</b>	Specimen (block) key, denoting tissue type is extremely helpful and will expedite results
<b>Shipping Instructions which Include Specimen Handling Requirements</b>	Ship Monday–Thursday, overnight. If specimen is frozen, send separately on dry ice. If specimen is refrigerated, ship on frozen gel packs. For urgent cases, please contact laboratory immediately. During hot weather, to avoid melting of paraffin blocks, they should be packed on ice packs. Do not pack wet tissue and frozen tissue together, please package separately to avoid freezing and damage of wet tissue. Please include the full name, title, complete mailing address, e–mail address, and telephone and fax numbers of the submitter. This will be to whom the final pathology report is addressed.
<b>Methodology</b>	Histopathology, H&E's and Special Stains, Immunohistochemistry (IHC), Polymerase Chain Reaction (PCR) and Sequencing, Electron Microscopy (EM), Tissue Culture, Nucleic Acid Extraction for transfer to SME
<b>Turnaround Time</b>	2 Weeks
<b>Interferences &amp; Limitations</b>	Prolonged fixation (>2 weeks) may interfere with some immunohistochemical and molecular diagnostic assays
<b>Additional Information</b>	Preliminary results are usually reported within 1 week, but may take up to 2 weeks depending on the nature of the case.

Images are especially important in evaluation and guiding of testing.

Specific guidelines for the samples include minimally, a 3 mm punch, deep

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**Test Order**  
**Pathologic Evaluation of Rash and Eschar–Associated Illness**  
**CDC–10369**

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shave, or excisional biopsy specimen from the eschar or a representative rash lesion. If multiple stages or forms of cutaneous lesions are identified, multiple biopsies should be submitted, and if a rash is identified in the context of a systemic fatal illness, representative tissues should be included from any other organ showing significant gross or microscopic pathology.

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# Test Order

## Pathologic Evaluation of Select Hepatides

### CDC-10370

<b>Synonym(s)</b>	pathologic evaluation of tissue, autopsy, biopsy, formalin fixed tissues, fresh and frozen tissues, tissue culture, pathology, paraffin blocks, histopathology, electron microscopy, immunohistochemistry, PCR
<b>Pre-Approval Needed</b>	Zaki, Sherif, (404) 639-3133, <a href="mailto:szaki@cdc.gov">szaki@cdc.gov</a> Blau, Dianna, (404) 639-1495, <a href="mailto:Pathology@cdc.gov">Pathology@cdc.gov</a>
<b>Supplemental Information Required</b>	Please include a cover letter outlining a brief clinical history, including relevant demographic/epidemiologic information, a copy of (a) the autopsy report (preliminary or final) or (b) surgical pathology/report, copies of pertinent results (microbiology, hematology, serology, culture, and/or biochemical) and images (clinical and/or gross autopsy photos).
	Please include a key to the identification of the blocks
<b>Supplemental Form</b>	<a href="http://www.cdc.gov/ncezid/dhcpp/idpb/index.html">http://www.cdc.gov/ncezid/dhcpp/idpb/index.html</a>
<b>Performed on Specimens From</b>	Human and Animal
<b>Acceptable Sample/ Specimen Type for Testing</b>	Representative (minimum of 2) paraffin blocks of involved hepatic tissue and representative tissues in formalin. Fresh-frozen tissue may also be submitted and epoxy-embedded tissues. Other major organs as applicable and others upon consultation.
<b>Minimum Volume Required</b>	Not Applicable
<b>Storage &amp; Preservation of Specimen Prior to Shipping</b>	Specifics will be determined upon consultation. In general, paraffin-embedded tissue blocks should be submitted where tissues have been in formalin for a significant time, wet tissue should be in 10% neutral buffered formalin, unstained slides (not optimal), should be cut at 3-5 microns (10 slides per block), and Electron Microscopy specimen should be fixed in glutaraldehyde and held in phosphate buffer.
<b>Transport Medium</b>	Electron Microscopy specimen containers should be filled to the top with phosphate buffer and sent on wet ice. Do not freeze.
<b>Specimen Labeling</b>	Specimen (block) key, denoting tissue type is extremely helpful and will expedite results
<b>Shipping Instructions which Include Specimen Handling Requirements</b>	Ship Monday-Thursday, overnight. If specimen are frozen, send separately on dry ice. If specimen are refrigerated, ship on frozen gel packs. For urgent cases, please contact laboratory immediately. During hot weather, to avoid melting of paraffin blocks, they should be packed on ice packs. Do not pack wet tissue and frozen tissue together, please package separately to avoid freezing and damage of wet tissue. Please include the full name, title, complete mailing address, e-mail address, and telephone and fax numbers of the submitter. This will be to whom the final pathology report is addressed.
<b>Methodology</b>	Histopathology, H&E's and Special Stains, Immunohistochemistry (IHC), Polymerase Chain Reaction (PCR) and Sequencing, Electron Microscopy (EM), Tissue Culture, Nucleic Acid Extraction for transfer to SME
<b>Turnaround Time</b>	2 Weeks
<b>Interferences &amp; Limitations</b>	Prolonged fixation (>2 weeks) may interfere with some immunohistochemical and molecular diagnostic assays
<b>Additional Information</b>	Preliminary results are usually reported within 1 week, but may take up to 2 weeks depending on the nature of the case.

Images are especially important in evaluation and guiding of testing.

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**Test Order**  
**Pathologic Evaluation of Select Hepatides**  
**CDC-10370**

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Specific guidelines for these samples include multiple fragments of liver tissue involved by inflammatory infiltrates and if hepatitis is identified in the context of systemic illness, representative tissues should be included from any other organ showing significant microscopic pathology.

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Dianna Blau  
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**Test Order**  
**Pathologic Evaluation of Sudden Unexplained Infant Death**  
**with Suspicion of Infection**  
**CDC-10371**

**Synonym(s)** Autopsy, biopsy, formalin fixed tissues, fresh and frozen tissues, tissue culture, pathology, paraffin blocks, histopathology, electron microscopy, immunohistochemistry, PCR

**Pre-Approval Needed** Zaki, Sherif, (404) 639-3133, [szaki@cdc.gov](mailto:szaki@cdc.gov)  
 Blau, Dianna, (404) 639-1495, [Pathology@cdc.gov](mailto:Pathology@cdc.gov)

**Supplemental Information Required** Please include a cover letter outlining a brief clinical history, including relevant demographic/epidemiologic information, a copy of (a) the autopsy report (preliminary or final) or (b) surgical pathology/report, copies of pertinent results (microbiology, hematology, serology, culture, and/or biochemical) and images (clinical and/or gross autopsy photos).

Please include a key to the identification of the blocks

**Supplemental Form** <http://www.cdc.gov/ncezid/dhcpp/idpb/index.html>

**Performed on Specimens From** Human

**Acceptable Sample/ Specimen Type for Testing** Tissues should be collected in accordance with the National Association of Medical Examiners (NAME) protocol for a complete SUID autopsy. Tissue from the organ(s) demonstrating pathology and major organs without apparent histopathologic changes.

**Minimum Volume Required** Not Applicable

**Storage & Preservation of Specimen Prior to Shipping** Specifics will be determined upon consultation. In general, paraffin-embedded tissue blocks should be submitted where tissues have been in formalin for a significant time, wet tissue should be in 10% neutral buffered formalin, unstained slides (not optimal), should be cut at 3-5 microns (10 slides per block), and Electron Microscopy specimen should be fixed in glutaraldehyde and held in phosphate buffer.

**Transport Medium** Electron Microscopy specimen containers should be filled to the top with phosphate buffer and sent on wet ice. Do not freeze.

**Specimen Labeling** Specimen (block) key, denoting tissue type is extremely helpful and will expedite results

**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday-Thursday, overnight. If specimen is frozen, send separately on dry ice. If specimen is refrigerated, ship on frozen gel packs. For urgent cases, please contact laboratory immediately. During hot weather, to avoid melting of paraffin blocks, they should be packed on ice packs. Do not pack wet tissue and frozen tissue together, please package separately to avoid freezing and damage of wet tissue. Please include the full name, title, complete mailing address, e-mail address, and telephone and fax numbers of the submitter. This will be to whom the final pathology report is addressed.

**Methodology** Histopathology, H&E's and Special Stains, Immunohistochemistry (IHC), Polymerase Chain Reaction (PCR) and Sequencing, Electron Microscopy (EM), Tissue Culture, Nucleic Acid Extraction for transfer to SME

**Turnaround Time** 2 Weeks

**Interferences & Limitations** Prolonged fixation (>2 weeks) may interfere with some immunohistochemical and molecular diagnostic assays

**Additional Information** Preliminary results are usually reported within 1 week, but may take up to 2 weeks depending on the nature of the case.

Images are especially important in evaluation and guiding of testing.

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**Test Order**  
**Pathologic Evaluation of Sudden Unexplained Infant Death**  
**with Suspicion of Infection**  
**CDC-10371**

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The NAME SUID white paper can be accessed online at  
[http://thename.org/index2.php?option=com\\_docman&task=doc\\_view&gid=90&Itemid=31](http://thename.org/index2.php?option=com_docman&task=doc_view&gid=90&Itemid=31)

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# Test Order

## Pathologic Evaluation of Unexplained Illness Due to Possible Infectious Etiology

### CDC-10372

<b>Synonym(s)</b>	Autopsy, biopsy, formalin fixed tissues, fresh and frozen tissues, tissue culture, pathology, paraffin blocks, histopathology, electron microscopy, immunohistochemistry, PCR
<b>Pre-Approval Needed</b>	Zaki, Sherif, (404) 639-3133, <a href="mailto:szaki@cdc.gov">szaki@cdc.gov</a> Blau, Dianna, (404) 639-1495, <a href="mailto:Pathology@cdc.gov">Pathology@cdc.gov</a>
<b>Supplemental Information Required</b>	Please include a cover letter outlining a brief clinical history, including relevant demographic/epidemiologic information, a copy of (a) the autopsy report (preliminary or final) or (b) surgical pathology/report, copies of pertinent results (microbiology, hematology, serology, culture, and/or biochemical) and images (clinical and/or gross autopsy photos).  Please include a key to the identification of the blocks
<b>Supplemental Form</b>	<a href="http://www.cdc.gov/ncezid/dhcpp/idpb/index.html">http://www.cdc.gov/ncezid/dhcpp/idpb/index.html</a>
<b>Performed on Specimens From</b>	Human and Animal
<b>Acceptable Sample/ Specimen Type for Testing</b>	Representative tissues from all organs showing microscopic pathology. Preferred specimens include paraffin blocks of tissues showing gross or microscopic pathology and representative tissues in formalin. Fresh-frozen tissue may also be submitted.
<b>Minimum Volume Required</b>	Not Applicable
<b>Storage &amp; Preservation of Specimen Prior to Shipping</b>	Specifics will be determined upon consultation. In general, paraffin-embedded tissue blocks should be submitted where tissues have been in formalin for a significant time, wet tissue should be in 10% neutral buffered formalin, unstained slides (not optimal), should be cut at 3-5 microns (10 slides per block), and Electron Microscopy specimen should be fixed in glutaraldehyde and held in phosphate buffer.
<b>Transport Medium</b>	Electron Microscopy specimen containers should be filled to the top with phosphate buffer and sent on wet ice. Do not freeze.
<b>Specimen Labeling</b>	Specimen (block) key, denoting tissue type is extremely helpful and will expedite results
<b>Shipping Instructions which Include Specimen Handling Requirements</b>	Ship Monday-Thursday, overnight. If specimens are frozen, send separately on dry ice. If specimens are refrigerated, ship on frozen gel packs. For urgent cases, please contact laboratory immediately. During hot weather, to avoid melting of paraffin blocks, they should be packed on ice packs. Do not pack wet tissue and frozen tissue together, please package separately to avoid freezing and damage of wet tissue. Please include the full name, title, complete mailing address, e-mail address, and telephone and fax numbers of the submitter. This will be to whom the final pathology report is addressed.
<b>Methodology</b>	Histopathology, H&E's and Special Stains, Immunohistochemistry (IHC), Polymerase Chain Reaction (PCR) and Sequencing, Electron Microscopy (EM), Tissue Culture, Nucleic Acid Extraction for transfer to SME
<b>Turnaround Time</b>	2 Weeks
<b>Interferences &amp; Limitations</b>	Prolonged fixation (>2 weeks) may interfere with some immunohistochemical and molecular diagnostic assays
<b>Additional Information</b>	Preliminary results are usually reported within 1 week, but may take up to 2 weeks depending on the nature of the case.  Images are especially important in evaluation and guiding of testing.

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**Test Order**  
Pathologic Evaluation of Unexplained Illness Due to Possible  
Infectious Etiology  
CDC-10372

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CDC Points of Contact Sherif Zaki  
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szaki@cdc.gov  
Dianna Blau  
(404) 639-1495  
pathology@cdc.gov

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**Test Order**  
**Pathology Special Study**  
**CDC-10373**

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Synonym(s) None

**Pre-Approval Needed** Zaki, Sherif, (404) 639-3133, szaki@cdc.gov  
Blau, Dianna, (404) 639-1495, Pathology@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human and Animal

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology To be determined

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

**CDC Points of Contact** Sherif Zaki  
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Dianna Blau  
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pathology@cdc.gov

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**Test Order**  
**Picornavirus Detection and Identification (not Hepatitis A, not Rhinovirus)**  
**CDC-10374**

<b>Synonym(s)</b>	Theier's murine encephalomyelitis virus (TMEV), Saffold virus (SAFV), Cosavirus (COSV) (Dekavirus), Salivirus (SALV) (Klassevirus), Kobuvirus, Aichi virus, Encephalomyocarditis virus (EMCV), Vilyuisk virus
<b>Pre-Approval Needed</b>	Nix, Alan, (404) 639-1689, wbn0@cdc.gov Oberste, Steve, (404) 639-5497, mbo2@cdc.gov
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
<b>Performed on Specimens From</b>	Human, Animal, and Food/Environmental/Medical Devices/Biologics
<b>Acceptable Sample/ Specimen Type for Testing</b>	Specimens include stool, serum, throat or nasal swab, cerebrospinal fluid (CSF), vesicle fluid or lesion, rectal, or nasopharyngeal (NP)/oropharyngeal (OP) swabs. Fresh or frozen tissues are preferred to Formalin fixed tissues, but will accept both.
<b>Minimum Volume Required</b>	Not Applicable
<b>Storage &amp; Preservation of Specimen Prior to Shipping</b>	Vesicle fluid, rectal, or nasopharyngeal (NP)/oropharyngeal (OP) swabs: Use only sterile Dacron or rayon swabs with plastic shafts or if available, flocked swabs. DO NOT use calcium alginate swabs or swabs with wooden sticks, as they may contain substances that inactivate some viruses and inhibit some molecular assays. Place the swab immediately into a sterile viral containing 2mL of viral transport media without antibiotics, if possible.  Stool: Collect in a clean, dry, leak-proof container.  Serum: For each serum specimen, collect whole blood into a serum separator tube (marble or tiger top SST). Allow to clot at room temperature for a minimum of 30 minutes and centrifuge.
<b>Transport Medium</b>	Viral transport medium. If you do not have viral transport media, place the swab into a sterile vial without viral transport media. Aseptically, cut or break applicator sticks off near the tip to permit tightening of the cap. For NP/OP swabs, both swabs can be placed in the same vial, if desired.
<b>Specimen Labeling</b>	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
<b>Shipping Instructions which Include Specimen Handling Requirements</b>	Ship Monday - Thursday, overnight to avoid weekend deliveries. Frozen specimen should be shipped on dry ice and refrigerated specimen should be shipped on cold packs, as an etiologic agent.  Include the full name, title, complete mailing address, email address, telephone, and fax number of the submitter. This will be the person to whom the final report will be mailed to.
<b>Methodology</b>	Molecular techniques
<b>Turnaround Time</b>	14 Days
<b>Interferences &amp; Limitations</b>	Collecting specimens during the first week of illness is ideal although the virus can be shed in stool for several weeks. A specimen set collected in the second week of illness should include a rectal swab or stool sample.
<b>Additional Information</b>	Minimum volume for cell culture is 0.5-1 mL, for CSF is 60 uL, and for fresh frozen tissues is 2 mm <sup>2</sup> .

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**Test Order**  
**Picornavirus Detection and Identification (not Hepatitis A, not  
Rhinovirus)**  
**CDC-10374**

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Stool: Stool may be collected within 14 days of symptom onset. Collect 10–20 g of stool in a clean, dry, leak-proof container.

Serum: For each serum specimen, collect (adults and children >6 kg: 5 mL, children <6 kg: 2 mL) of whole blood into a serum separator tube (marble or tiger top SST). A minimum of 1 mL of whole blood is needed for testing of pediatric patients. Allow to clot at room temperature for a minimum of 30 minutes and centrifuge.

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CDC Points of Contact Alan Nix  
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wbn0@cdc.gov  
Steve Oberste  
(404) 639-5497  
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**Test Order**  
**Picornavirus Special Study**  
**CDC-10375**

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Synonym(s) None

**Pre-Approval Needed** Nix, Alan, (404) 639-1689, wbn0@cdc.gov  
Oberste, Steve, (404) 639-5497, mbo2@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

CDC Points of Contact Alan Nix  
(404) 639-1689  
wbn0@cdc.gov  
Steve Oberste  
(404) 639-5497  
mbo2@cdc.gov

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**Test Order**  
**Polio Isolation, Intratypic Differentiation, Genotyping**  
**CDC-10376**

Synonym(s)	PV polio virus, ITD, Polio sequencing, AFP acute flaccid paralysis
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human, Animal, and Food/Environmental/Medical Devices/Biologics
Acceptable Sample/ Specimen Type for Testing	Stool, tissue culture, isolate, Fast Technology for Analysis of nucleic acids (FTA) cards, less common clinical specimens include nasopharyngeal and rectal swabs and cerebrospinal fluid (CSF)
Minimum Volume Required	50 uL (tissue culture)
Storage & Preservation of Specimen Prior to Shipping	Keep specimen refrigerated or frozen
Transport Medium	Not Applicable
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday - Thursday, overnight to avoid weekend deliveries. Frozen specimen should be shipped on dry ice and refrigerated specimen should be shipped on cold packs, as an etiologic agent.
Methodology	Molecular techniques, Cell culture
Turnaround Time	21 Days
Interferences & Limitations	None
Additional Information	If case investigation form is readily available, please submit with specimen
CDC Points of Contact	Cara Burns (404) 639-5499 zqd1@cdc.gov Steve Oberste (404) 639-5497 mbo2@cdc.gov

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**Test Order**  
**Polio Serology**  
**CDC-10377**

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Synonym(s) Neutralization assay, NT, MNT

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**Pre-Approval Needed** Weldon, William, (404) 639-5485, wiw4@cdc.gov  
Oberste, Steve, (404) 639-5497, mbo2@cdc.gov

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Serum

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Minimum Volume Required 200 uL

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**Storage & Preservation of Specimen Prior to Shipping** Needs to be collected from clotted whole blood or through serum separated tubes (SST). Serum needs to be frozen.

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**Transport Medium** Not Applicable

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**Specimen Labeling** Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday - Thursday, overnight to avoid weekend deliveries. Frozen specimen should be shipped on dry ice as an etiologic agent.

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**Methodology** Neutralization assay

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**Turnaround Time** 4 Weeks

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**Interferences & Limitations** Red blood cell hemolysis will adversely affect test results

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**Additional Information** None

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**CDC Points of Contact** William Weldon  
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wiw4@cdc.gov  
Steve Oberste  
(404) 639-5497  
mbo2@cdc.gov

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**Test Order**  
**Polio Special Study**  
**CDC-10378**

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Synonym(s) None

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**Pre-Approval Needed** Burns, Cara, (404) 639-5499, zqd1@cdc.gov  
Oberste, Steve, (404) 639-5497, mbo2@cdc.gov

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

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Acceptable Sample/ Specimen Type for Testing To be determined

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Minimum Volume Required To be determined

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Storage & Preservation of Specimen Prior to Shipping To be determined

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Transport Medium To be determined

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements To be determined

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Methodology

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Turnaround Time

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Interferences & Limitations To be determined

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Additional Information To be determined

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CDC Points of Contact Cara Burns  
(404) 639-5499  
zqd1@cdc.gov  
Steve Oberste  
(404) 639-5497  
mbo2@cdc.gov

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**Test Order**  
**Poxvirus – Cowpox Specific Molecular Detection**  
**CDC-10379**

Synonym(s)	None
<b>Pre-Approval Needed</b>	Help Desk, , (404) 639-4129,
<b>Supplemental Information Required</b>	Clinical consultation with the Poxvirus Program is required prior to specimen shipment to determine testing urgency. A supplemental form will be supplied after initial consultation.
<b>Supplemental Form</b>	None
Performed on Specimens From	Human and Animal
Acceptable Sample/ Specimen Type for Testing	Lesion fluid and/or material: vesicle/pustule skin or fluid, scab, crust, etc. Collection method: fresh or frozen, swab, biopsy, touch prep slides, formalin fixed, paraffin block. Swabs should be made of nylon, polyester, or Dacron material
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	All specimens should be stored at 4°C until shipment. Swabs without individual holders may be stored in a sterile container. Dry swabs are preferred but a minimal amount of viral transport media may be added.
Transport Medium	Prefer swabs dry but will accept specimen in a minimum viral transport medium
Specimen Labeling	Specimens should be labeled with patient name, specimen type, date of collection, and body location
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday–Thursday overnight to avoid weekend deliveries Refrigerated specimen should be shipped on cold packs
Methodology	Real Time-PCR
Turnaround Time	1 Day
Interferences & Limitations	Swabs intended for the collection and transport of bacterial specimens should not be used. Cotton swabs may cause PCR inhibition and should not be used. The addition of viral transport media to swab specimens will dilute any viral DNA present.
Additional Information	Turnaround time: Urgent cases –Testing is completed and reported within 24 hours of specimen receipt when results directly impact patient care; Routine cases –Testing is completed and reported within 5 business days of specimen receipt. Formalin fixed material is first tested by the Infectious Disease Pathology Branch (IDPB) and will only identify poxviruses to the genus level. DNA may be extracted from paraffin block embedded lesion material and tested by the Poxvirus Program. Fresh, non-frozen tissue is preferred by IDPB.
CDC Points of Contact	Help Desk (404) 639-4129



**Test Order**  
**Poxvirus – Encephalitis Work-Up (Post Vaccinia Encephalitis,  
Monkeypox, etc.)**  
**CDC-10380**

Synonym(s)	Monkeypox, Post-vaccinial encephalitis
<b>Pre-Approval Needed</b>	Help Desk, , (404) 639-4129,
<b>Supplemental Information Required</b>	Clinical consultation with the Poxvirus Program is required prior to specimen shipment to determine testing urgency. A supplemental form will be supplied after initial consultation.
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Cerebrospinal fluid (CSF) and serum must be submitted
Minimum Volume Required	1 mL
Storage & Preservation of Specimen Prior to Shipping	Keep specimen refrigerated. Serum should be collected in a venous blood tube containing a clot activator and/or gel. Blood tubes should be spun prior to shipment or an aliquot of the collected serum can be shipped.
Transport Medium	Not Applicable
Specimen Labeling	Specimens should be labeled with patient name, specimen type, and date of collection
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday–Thursday overnight to avoid weekend deliveries Refrigerated specimen should be shipped on cold packs
Methodology	ELISA, Real Time PCR
Turnaround Time	2 Days
Interferences & Limitations	In order to accurately interpret test results generated from CSF specimens, paired serum must be submitted
Additional Information	Turnaround time: Urgent cases – Testing is completed within 48 hours of specimen receipt when results directly impact patient care; Routine cases – Testing is completed within 5–7 days of specimen receipt. For serology testing, please notify the lab prior to shipment so reagents can be prepared
CDC Points of Contact	Help Desk (404) 639-4129

**Test Order**  
**Poxvirus – Molluscum Contagiosum Specific Molecular**  
**Detection**  
**CDC-10381**

Synonym(s)	MCV
<b>Pre-Approval Needed</b>	Help Desk, , (404) 639-4129,
<b>Supplemental Information Required</b>	Clinical consultation with the Poxvirus Program is required prior to specimen shipment to determine testing urgency. A supplemental form will be supplied after initial consultation.
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Lesion fluid and/or material: vesicle/pustule skin or fluid, scab, crust, etc. Collection method: fresh or frozen, swab, biopsy, touch prep slides, formalin fixed, paraffin block. Swabs should be made of nylon, polyester, or Dacron material
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	All specimens should be stored at 4°C until shipment. Swabs without individual holders may be stored in a sterile container. Dry swabs are preferred but a minimal amount of viral transport media may be added.
Transport Medium	Prefer swabs dry but will accept specimen in a minimum viral transport medium
Specimen Labeling	Specimens should be labeled with patient name, specimen type, date of collection, and body location
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday–Thursday overnight to avoid weekend deliveries Refrigerated specimen should be shipped on cold packs
Methodology	Real Time-PCR
Turnaround Time	1 Day
Interferences & Limitations	Swabs intended for the collection and transport of bacterial specimens should not be used. Cotton swabs may cause PCR inhibition and should not be used. The addition of viral transport media to swab specimens will dilute any viral DNA present.
Additional Information	Turnaround time: Urgent cases –Testing is completed and reported within 24 hours of specimen receipt when results directly impact patient care; Routine cases –Testing is completed and reported within 5 business days of specimen receipt. Formalin fixed material is first tested by the Infectious Disease Pathology Branch (IDPB) and will only identify poxviruses to the genus level. DNA may be extracted from paraffin block embedded lesion material and tested by the Poxvirus Program. Fresh, non-frozen tissue is preferred by IDPB.
CDC Points of Contact	Help Desk (404) 639-4129

**Test Order**  
**Poxvirus – Monkeypox Specific Molecular Detection**  
**CDC-10382**

Synonym(s)	None
<b>Pre-Approval Needed</b>	Help Desk, , (404) 639-4129,
<b>Supplemental Information Required</b>	Clinical consultation with the Poxvirus Program is required prior to specimen shipment to determine testing urgency. A supplemental form will be supplied after initial consultation.
<b>Supplemental Form</b>	None
Performed on Specimens From	Human and Animal
Acceptable Sample/ Specimen Type for Testing	Lesion fluid and/or material: vesicle/pustule skin or fluid, scab, crust, etc. Collection method: fresh or frozen, swab, biopsy, touch prep slides, formalin fixed, paraffin block. Swabs should be made of nylon, polyester, or Dacron material.
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	All specimens should be stored at 4°C until shipment. Swabs without individual holders may be stored in a sterile container. Dry swabs are preferred but a minimal amount of viral transport media may be added.
Transport Medium	Prefer swabs dry but will accept specimen in a minimum viral transport medium
Specimen Labeling	Specimens should be labeled with patient name, specimen type, date of collection, and body location
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday–Thursday overnight to avoid weekend deliveries Refrigerated specimen should be shipped on cold packs
Methodology	Real Time-PCR
Turnaround Time	1 Day
Interferences & Limitations	Swabs intended for the collection and transport of bacterial specimens should not be used. Cotton swabs may cause PCR inhibition and should not be used. The addition of viral transport media to swab specimens will dilute any viral DNA present.
Additional Information	Turnaround time: Urgent cases –Testing is completed and reported within 24 hours of specimen receipt when results directly impact patient care; Routine cases –Testing is completed and reported within 5 business days of specimen receipt. Formalin fixed material is first tested by the Infectious Disease Pathology Branch (IDPB) and will only identify poxviruses to the genus level. DNA may be extracted from paraffin block embedded lesion material and tested by the Poxvirus Program. Fresh, non-frozen tissue is preferred by IDPB.
CDC Points of Contact	Help Desk (404) 639-4129

**Test Order**  
**Poxvirus – Orthopoxvirus Serology (Includes Vaccinia virus)**  
**CDC-10384**

Synonym(s)	Orthopoxvirus, Vaccinia Antibody detection
<b>Pre-Approval Needed</b>	Help Desk, , (404) 639-4129,
<b>Supplemental Information Required</b>	Clinical consultation with the Poxvirus Program is required prior to specimen shipment to determine testing urgency. A supplemental form will be supplied after initial consultation.
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Paired sera
Minimum Volume Required	1 mL
Storage & Preservation of Specimen Prior to Shipping	Keep specimen refrigerated. Serum should be collected in a venous blood tube containing a clot activator and/or gel. Blood tubes should be spun prior to shipment or an aliquot of the collected serum can be shipped.
Transport Medium	Not Applicable
Specimen Labeling	Specimens should be labeled with patient name, specimen type, and date of collection
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday–Thursday overnight to avoid weekend deliveries Refrigerated specimen should be shipped on cold packs
Methodology	ELISA
Turnaround Time	2 Days
Interferences & Limitations	Collection in either heparin and/or EDTA will interfere with results
Additional Information	Turnaround time: Urgent cases –Testing is completed within 48 hours of specimen receipt when results directly impact patient care; Routine cases –Testing is completed within 5–7 days of specimen receipt. For serology testing, please notify the lab prior to shipment so reagents can be prepared
CDC Points of Contact	Help Desk (404) 639-4129

**Test Order**  
**Poxvirus – Pan–Poxvirus Molecular Detection (Human Infections)**  
**CDC–10385**

Synonym(s)	None
<b>Pre-Approval Needed</b>	Help Desk, , (404) 639–4129,
<b>Supplemental Information Required</b>	Clinical consultation with the Poxvirus Program is required prior to specimen shipment to determine testing urgency. A supplemental form will be supplied after initial consultation.
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Lesion fluid and/or material: vesicle/pustule skin or fluid, scab, crust, etc. Collection method: fresh or frozen, swab, biopsy, touch prep slides, formalin fixed, paraffin block. Swabs should be made of nylon, polyester, or Dacron material.
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	All specimens should be stored at 4°C until shipment. Swabs without individual holders may be stored in a sterile container. Dry swabs are preferred but a minimal amount of viral transport media may be added.
Transport Medium	Prefer swabs dry but will accept specimen in a minimum viral transport medium
Specimen Labeling	Specimens should be labeled with patient name, specimen type, date of collection, and body location
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday–Thursday overnight to avoid weekend deliveries Refrigerated specimen should be shipped on cold packs
Methodology	Polymerase Chain Reaction (PCR)
Turnaround Time	2 Days
Interferences & Limitations	Swabs intended for the collection and transport of bacterial specimens should not be used. Cotton swabs may cause PCR inhibition and should not be used. The addition of viral transport media to swab specimens will dilute any viral DNA present.
Additional Information	Turnaround time: Urgent cases –Testing is completed and reported within 24 hours of specimen receipt when results directly impact patient care; Routine cases –Testing is completed and reported within 5 business days of specimen receipt. Formalin fixed material is first tested by the Infectious Disease Pathology Branch (IDPB) and will only identify poxviruses to the genus level. DNA may be extracted from paraffin block embedded lesion material and tested by the Poxvirus Program. Fresh, non–frozen tissue is preferred by IDPB.
CDC Points of Contact	Help Desk (404) 639–4129

# Test Order

## Poxvirus – Parapoxvirus Generic Molecular Detection

### CDC-10383

Synonym(s)	Sore mouth, scabby mouth, contagious ecthyma
<b>Pre-Approval Needed</b>	Help Desk, , (404) 639-4129,
<b>Supplemental Information Required</b>	Clinical consultation with the Poxvirus Program is required prior to specimen shipment to determine testing urgency. A supplemental form will be supplied after initial consultation.
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Lesion fluid and/or material: vesicle/pustule skin or fluid, scab, crust, etc. Collection method: fresh or frozen, swab, biopsy, touch prep slides, formalin fixed, paraffin block. Swabs should be made of nylon, polyester, or Dacron material
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	All specimens should be stored at 4°C until shipment. Swabs without individual holders may be stored in a sterile container. Dry swabs are preferred but a minimal amount of viral transport media may be added.
Transport Medium	Prefer swabs dry but will accept specimen in a minimum viral transport medium
Specimen Labeling	Specimens should be labeled with patient name, specimen type, date of collection, and body location
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday–Thursday overnight to avoid weekend deliveries Refrigerated specimen should be shipped on cold packs
Methodology	Real Time-PCR
Turnaround Time	1 Day
Interferences & Limitations	Swabs intended for the collection and transport of bacterial specimens should not be used. Cotton swabs may cause PCR inhibition and should not be used. The addition of viral transport media to swab specimens will dilute any viral DNA present.
Additional Information	Turnaround time: Urgent cases –Testing is completed and reported within 24 hours of specimen receipt when results directly impact patient care; Routine cases –Testing is completed and reported within 5 business days of specimen receipt. Formalin fixed material is first tested by the Infectious Disease Pathology Branch (IDPB) and will only identify poxviruses to the genus level. DNA may be extracted from paraffin block embedded lesion material and tested by the Poxvirus Program. Fresh, non-frozen tissue is preferred by IDPB.
CDC Points of Contact	Help Desk (404) 639-4129

**Test Order**  
**Poxvirus – Parapoxvirus Molecular Detection**  
**CDC-10386**

Synonym(s)	None
<b>Pre-Approval Needed</b>	Help Desk, , (404) 639-4129,
<b>Supplemental Information Required</b>	Clinical consultation with the Poxvirus Program is required prior to specimen shipment to determine testing urgency. A supplemental form will be supplied after initial consultation.
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Lesion fluid and/or material: vesicle/pustule skin or fluid, scab, crust, etc. Collection method: fresh or frozen, swab, biopsy, touch prep slides, formalin fixed, paraffin block. Swabs should be made of nylon, polyester, or Dacron material
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	All specimens should be stored at 4°C until shipment. Swabs without individual holders may be stored in a sterile container. Dry swabs are preferred but a minimal amount of viral transport media may be added.
Transport Medium	Prefer swabs dry but will accept specimen in a minimum viral transport medium
Specimen Labeling	Specimens should be labeled with patient name, specimen type, date of collection, and body location
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday–Thursday overnight to avoid weekend deliveries Refrigerated specimen should be shipped on cold packs
Methodology	Real Time-PCR
Turnaround Time	1 Day
Interferences & Limitations	Swabs intended for the collection and transport of bacterial specimens should not be used. Cotton swabs may cause PCR inhibition and should not be used. The addition of viral transport media to swab specimens will dilute any viral DNA present.
Additional Information	Turnaround time: Urgent cases –Testing is completed and reported within 24 hours of specimen receipt when results directly impact patient care; Routine cases –Testing is completed and reported within 5 business days of specimen receipt. Formalin fixed material is first tested by the Infectious Disease Pathology Branch (IDPB) and will only identify poxviruses to the genus level. DNA may be extracted from paraffin block embedded lesion material and tested by the Poxvirus Program. Fresh, non-frozen tissue is preferred by IDPB.
CDC Points of Contact	Help Desk (404) 639-4129

**Test Order**  
**Poxvirus – Sealpox Specific Molecular Detection**  
**CDC-10387**

Synonym(s)	None
<b>Pre-Approval Needed</b>	Help Desk, , (404) 639-4129,
<b>Supplemental Information Required</b>	Clinical consultation with the Poxvirus Program is required prior to specimen shipment to determine testing urgency. A supplemental form will be supplied after initial consultation.
<b>Supplemental Form</b>	None
Performed on Specimens From	Human and Animal
Acceptable Sample/ Specimen Type for Testing	Lesion fluid and/or material: vesicle/pustule skin or fluid, scab, crust, etc. Collection method: fresh or frozen, swab, biopsy, touch prep slides, formalin fixed, paraffin block. Swabs should be made of nylon, polyester, or Dacron material
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	All specimens should be stored at 4°C until shipment. Swabs without individual holders may be stored in a sterile container. Dry swabs are preferred but a minimal amount of viral transport media may be added.
Transport Medium	Prefer swabs dry but will accept specimen in a minimum viral transport medium
Specimen Labeling	Specimens should be labeled with patient name, specimen type, date of collection, and body location
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday–Thursday overnight to avoid weekend deliveries Refrigerated specimen should be shipped on cold packs
Methodology	Real Time-PCR
Turnaround Time	1 Day
Interferences & Limitations	Swabs intended for the collection and transport of bacterial specimens should not be used. Cotton swabs may cause PCR inhibition and should not be used. The addition of viral transport media to swab specimens will dilute any viral DNA present.
Additional Information	Turnaround time: Urgent cases –Testing is completed and reported within 24 hours of specimen receipt when results directly impact patient care; Routine cases –Testing is completed and reported within 5 business days of specimen receipt. Formalin fixed material is first tested by the Infectious Disease Pathology Branch (IDPB) and will only identify poxviruses to the genus level. DNA may be extracted from paraffin block embedded lesion material and tested by the Poxvirus Program. Fresh, non-frozen tissue is preferred by IDPB.
CDC Points of Contact	Help Desk (404) 639-4129



**Test Order**  
**Poxvirus – Smallpox (Variola Virus) Specific Molecular**  
**Detection**  
**CDC-10388**

Synonym(s) None

**Pre-Approval Needed** DEOC, , (770) 488-7100,

**Supplemental Information Required** Call CDC Emergency Operations Center prior to contacting laboratory  
770-488-7100

**Supplemental Form** <http://www.bt.cdc.gov/agent/smallpox/>

Performed on Specimens From Human

**Acceptable Sample/ Specimen Type for Testing** Lesion fluid and/or material, serum, and blood must all be submitted. Lesion fluid and/or material: vesicle / pustule skin or fluid, scab, crust, etc.; collection method: touch prep slide, swab, biopsy

**Minimum Volume Required** 1 mL (blood and serum)

**Storage & Preservation of Specimen Prior to Shipping** Serum should be collected in a venous blood tube containing a clot activator and/or gel. Blood tubes should be spun prior to shipment or an aliquot of the collected serum can be shipped. Whole blood should be collected in a blood tube containing ethylenediaminetetraacetic acid (EDTA).

Keep specimen refrigerated. It is extremely important not to cross-contaminate specimens (i.e., one specimen per container). Viral transport media should not be added to specimens. All specimens should be stored at 4°C until shipment. Swabs without individual holders may be stored in a sterile container.

**Transport Medium** Prefer swabs dry but will accept specimen in a minimum viral transport medium

**Specimen Labeling** Specimens should be labeled with patient name, specimen type, date of collection, and body location

**Shipping Instructions which Include Specimen Handling Requirements** Approval must be obtained prior to the shipment of potential smallpox patient clinical specimens to CDC

**Methodology** Real Time-PCR

**Turnaround Time** 1 Day

**Interferences & Limitations** Cotton swabs may cause PCR inhibition and should not be used. Heparin may cause PCR inhibition and should not be used to collect whole blood.

**Additional Information** A suspected case of smallpox must be immediately reported to appropriate local, state, or territorial health departments. After review, if smallpox is still suspected, the case should be immediately reported to CDC's Emergency Operations Center.

Specimens should be collected as outlined in Guide D on the CDC website:  
<http://www.bt.cdc.gov/agent/smallpox/response-plan/files/guide-d.pdf>

**CDC Points of Contact** DEOC  
(770) 488-7100

**Test Order**  
**Poxvirus – Tanapox Specific Molecular Detection**  
**CDC-10389**

Synonym(s)	None
<b>Pre-Approval Needed</b>	Help Desk, , (404) 639-4129,
<b>Supplemental Information Required</b>	Clinical consultation with the Poxvirus Program is required prior to specimen shipment to determine testing urgency. A supplemental form will be supplied after initial consultation.
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Lesion fluid and/or material: vesicle/pustule skin or fluid, scab, crust, etc. Collection method: fresh or frozen, swab, biopsy, touch prep slides, formalin fixed, paraffin block. Swabs should be made of nylon, polyester, or Dacron material
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	All specimens should be stored at 4°C until shipment. Swabs without individual holders may be stored in a sterile container. Dry swabs are preferred but a minimal amount of viral transport media may be added.
Transport Medium	Prefer swabs dry but will accept specimen in a minimum viral transport medium
Specimen Labeling	Specimens should be labeled with patient name, specimen type, date of collection, and body location
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday–Thursday overnight to avoid weekend deliveries Refrigerated specimen should be shipped on cold packs
Methodology	Real Time-PCR
Turnaround Time	1 Day
Interferences & Limitations	Swabs intended for the collection and transport of bacterial specimens should not be used. Cotton swabs may cause PCR inhibition and should not be used. The addition of viral transport media to swab specimens will dilute any viral DNA present.
Additional Information	Turnaround time: Urgent cases –Testing is completed and reported within 24 hours of specimen receipt when results directly impact patient care; Routine cases –Testing is completed and reported within 5 business days of specimen receipt. Formalin fixed material is first tested by the Infectious Disease Pathology Branch (IDPB) and will only identify poxviruses to the genus level. DNA may be extracted from paraffin block embedded lesion material and tested by the Poxvirus Program. Fresh, non-frozen tissue is preferred by IDPB.
CDC Points of Contact	Help Desk (404) 639-4129

**Test Order**  
**Poxvirus – Vaccinia Specific Molecular Detection**  
**CDC-10390**

Synonym(s)	Smallpox Vaccine
<b>Pre-Approval Needed</b>	Help Desk, , (404) 639-4129,
<b>Supplemental Information Required</b>	Clinical consultation with the Poxvirus Program is required prior to specimen shipment to determine testing urgency. A supplemental form will be supplied after initial consultation.
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Lesion fluid and/or material: vesicle/pustule skin or fluid, scab, crust, etc. Collection method: fresh or frozen, swab, biopsy, touch prep slides, formalin fixed, paraffin block. Swabs should be made of nylon, polyester, or Dacron material.
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	All specimens should be stored at 4°C until shipment. Swabs without individual holders may be stored in a sterile container. Dry swabs are preferred but a minimal amount of viral transport media may be added.
Transport Medium	Prefer swabs dry but will accept specimen in a minimum viral transport medium
Specimen Labeling	Specimens should be labeled with patient name, specimen type, date of collection, and body location
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday–Thursday overnight to avoid weekend deliveries Refrigerated specimen should be shipped on cold packs
Methodology	Real Time-PCR
Turnaround Time	1 Day
Interferences & Limitations	Swabs intended for the collection and transport of bacterial specimens should not be used. Cotton swabs may cause PCR inhibition and should not be used. The addition of viral transport media to swab specimens will dilute any viral DNA present.
Additional Information	Turnaround time: Urgent cases –Testing is completed and reported within 24 hours of specimen receipt when results directly impact patient care; Routine cases –Testing is completed and reported within 5 business days of specimen receipt. Formalin fixed material is first tested by the Infectious Disease Pathology Branch (IDPB) and will only identify poxviruses to the genus level. DNA may be extracted from paraffin block embedded lesion material and tested by the Poxvirus Program. Fresh, non-frozen tissue is preferred by IDPB.
CDC Points of Contact	Help Desk (404) 639-4129

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**Test Order**  
**Puumala Serology**  
**CDC-10391**

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Synonym(s) Hanta, HFRS, Nephropathia epidemica

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**Pre-Approval Needed** Stroehler, Ute, (404) 639-4704, [ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Knust, Barbara, (404) 639-1104, [bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Supplemental Information Required** See Supplemental Form

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**Supplemental Form** <http://www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf>

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Performed on Specimens From Human and Animal

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Acceptable Sample/ Specimen Type for Testing Blood and serum

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Minimum Volume Required 1 mL

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**Storage & Preservation of Specimen Prior to Shipping** Specimen must be kept cold (at or below 4°C). If possible place specimen in plastic screw capped vials. See link to supplemental submission form for specific information on various specimen types.

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**Transport Medium** Not Applicable

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**Specimen Labeling** Patient name, patient ID #, specimen type, date collected

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**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday overnight to avoid weekend deliveries. Specimen should be shipped on cold packs or dry ice if frozen. See supplemental submission forms for further details. Do not ship specimen without prior consultation and approval.

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**Methodology** ELISA

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**Turnaround Time** 10 Days

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**Interferences & Limitations** Specimen must remain frozen; warming or freeze thawing reduces sensitivity

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**Additional Information** Critical specimens will take less than 4 days to turn around. See link to supplemental submission forms for detailed information.

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**CDC Points of Contact** Ute Stroehler  
(404) 639-4704  
[ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Barbara Knust  
(404) 639-1104  
[bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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# Test Order

## Rabies Antemortem Human Testing

### CDC-10392

Synonym(s)	None
<b>Pre-Approval Needed</b>	Rabies Duty Officer, , (404) 639-1050,
<b>Supplemental Information Required</b>	See Supplemental Form
<b>Supplemental Form</b>	<a href="http://www.cdc.gov/rabies/specific_groups/laboratories/index.html">www.cdc.gov/rabies/specific_groups/laboratories/index.html</a>
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	All four of the following are required for testing: serum, CSF, nuchal (skin) biopsy, and saliva
Minimum Volume Required	500 uL (serum, CSF, saliva)
Storage & Preservation of Specimen Prior to Shipping	Keep all samples stored at -80°C and ship on dry ice. Serum and CSF can be refrigerated before shipping. Please see the supplemental link for specific specimen storage and preservation.
Transport Medium	Saliva and Nuchal (skin) biopsy should not be put in a transport medium
Specimen Labeling	Two patient identifiers on the specimen container and the test requisition, sample type and date of collection
Shipping Instructions which Include Specimen Handling Requirements	Ship all specimens overnight, first AM delivery and provide the CDC Point of Contact with the tracking number of package.  Frozen specimen should be shipped on dry ice Refrigerated specimen should be shipped on cold packs
Methodology	IgG by IFA (Serum and CSF), IgM by IFA (Serum and CSF), Viral Neutralizing Antibodies by RFFIT (Serum and CSF), DFA (Nuchal (skin) biopsy), RT-PCR (Nuchal (skin) biopsy), RT-PCR (Saliva), Sequencing
Turnaround Time	3 Days
Interferences & Limitations	Saliva and CSF specimen should be free of blood because blood may interfere with test results due to the inhibitors present in blood
Additional Information	Sequencing will only be performed if the RT-PCR test is positive. Nuchal (skin) biopsy has to be a full punch (5-6 millimeters). If testing needs to be repeated results may take up to 7 days.
CDC Points of Contact	Rabies Duty Officer (404) 639-1050

**Test Order**  
**Rabies Antibody – Pre/Post–exposure Prophylaxis**  
**CDC–10393**

Synonym(s)	Serology, Immunization status, Rabies titer
<b>Pre-Approval Needed</b>	Rabies Duty Officer, , (404) 639–1050,
<b>Supplemental Information Required</b>	See Supplemental Form
<b>Supplemental Form</b>	<a href="http://www.cdc.gov/rabies/specific_groups/laboratories/index.html">http://www.cdc.gov/rabies/specific_groups/laboratories/index.html</a>
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Serum
Minimum Volume Required	500 uL
Storage & Preservation of Specimen Prior to Shipping	Specimen can be kept refrigerated but prefer frozen
Transport Medium	Not Applicable
Specimen Labeling	Two patient identifiers on the specimen container and the test requisition, sample type and date of collection
Shipping Instructions which Include Specimen Handling Requirements	Ship all specimens overnight, first AM delivery and provide the CDC Point of Contact with the tracking number of package.  Frozen specimen should be shipped on dry ice Refrigerated specimen should be shipped on cold packs
Methodology	Viral Neutralizing Antibodies RFFIT
Turnaround Time	3 Days
Interferences & Limitations	Hemolyzed samples interfere with test results
Additional Information	If testing needs to be repeated results may take up to 7 days
CDC Points of Contact	Rabies Duty Officer (404) 639–1050

**Test Order**  
**Rabies Confirmatory Testing (Animal)**  
**CDC-10394**

Synonym(s)	Rabies DFA
<b>Pre-Approval Needed</b>	Rabies Duty Officer, , (404) 639-1050,
<b>Supplemental Information Required</b>	See Supplemental Form
<b>Supplemental Form</b>	<a href="http://www.cdc.gov/rabies/specific_groups/laboratories/index.html">http://www.cdc.gov/rabies/specific_groups/laboratories/index.html</a>
Performed on Specimens From	Animal
Acceptable Sample/ Specimen Type for Testing	Fresh-frozen brain tissues: full cross section of brain stem and cerebellum (vermis, right and left lateral lobes). Other specimens may be submitted upon consultation with Rabies Duty Officer.
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	Stored at -80°C and should be kept on dry ice
Transport Medium	Not Applicable
Specimen Labeling	One patient identifier on the specimen container and the test requisition, sample type and date of collection
Shipping Instructions which Include Specimen Handling Requirements	Ship all specimens overnight, first AM delivery and provide the CDC Point of Contact with the tracking number of package  Frozen specimen should be shipped on dry ice
Methodology	DFA for rabies virus antigen, Direct Rapid Immunohistochemistry test (DRIT), RT-PCR, Virus Isolation, Antigenic Typing, Sequence Analysis
Turnaround Time	2 Days
Interferences & Limitations	Test is limited by decomposed tissues due to denaturation of viral proteins
Additional Information	May take up longer if repeat testing and additional procedures are required to rule-out rabies
CDC Points of Contact	Rabies Duty Officers (404) 639-1050

**Test Order**  
**Rabies Confirmatory Testing (Human)**  
**CDC-10395**

Synonym(s)	None
<b>Pre-Approval Needed</b>	Rabies Duty Officer, , (404) 639-1050,
<b>Supplemental Information Required</b>	See Supplemental Form
<b>Supplemental Form</b>	<a href="http://www.cdc.gov/rabies/specific_groups/laboratories/index.html">http://www.cdc.gov/rabies/specific_groups/laboratories/index.html</a>
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	All four of the following are required for antemortem testing: serum, CSF, Nuchal (skin) biopsy, and saliva. Fresh-frozen brain tissues for postmortem testing: full cross section of brain stem and cerebellum (vermis right and left lateral lobes).
Minimum Volume Required	500 uL (serum, CSF, saliva)
Storage & Preservation of Specimen Prior to Shipping	Keep all samples stored at -80°C and ship on dry ice. Serum and CSF can be refrigerated before shipping. Please see the supplemental link for specific specimen storage and preservation.
Transport Medium	Saliva and nuchal (skin) biopsy should not be put in a transport medium
Specimen Labeling	Two patient identifiers on the specimen container and the test requisition, sample type and date of collection
Shipping Instructions which Include Specimen Handling Requirements	Ship all specimens overnight, first AM delivery and provide the CDC Point of Contact with the tracking number of package.  Frozen specimen should be shipped on dry ice Refrigerated specimen should be shipped on cold packs
Methodology	IgG by IFA (Serum and CSF), DFA (Nuchal (skin) biopsy and for rabies virus antigen), Antigenic Typing (brain), RT-PCR, Sequence Analysis, Isolation, Direct Rapid Immunohistochemistry test (DRIT), IHC, Viral Neutralizing Antibodies by RFFIT (Serum and CSF)
Turnaround Time	3 Days
Interferences & Limitations	Saliva and CSF specimen should be free of blood because blood may interfere with test results due to the inhibitors present in blood. Test is limited by decomposed tissues due to denaturation of viral proteins.
Additional Information	Sequencing will only be performed if the RT-PCR test is positive. Nuchal (skin) biopsy has to be a full punch (5-6 millimeters). If testing needs to be repeated results may take up to 7 days.
CDC Points of Contact	Rabies Duty Officer (404) 639-1050



# Test Order

## Rabies Postmortem Human Testing

### CDC-10396

Synonym(s)	Rabies DFA
<b>Pre-Approval Needed</b>	Rabies Duty Officer, , (404) 639-1050,
<b>Supplemental Information Required</b>	See Supplemental Form
<b>Supplemental Form</b>	<a href="http://www.cdc.gov/rabies/specific_groups/laboratories/index.html">http://www.cdc.gov/rabies/specific_groups/laboratories/index.html</a>
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Fresh-frozen brain tissues: full cross section of brain stem and cerebellum (vermis, right and left lateral lobes). Other specimens may be submitted upon consultation with Rabies Duty Officer.
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	Stored at -80°C and should be kept on dry ice
Transport Medium	Not Applicable
Specimen Labeling	Two patient identifiers on the specimen container and the test requisition, sample type and date of collection
Shipping Instructions which Include Specimen Handling Requirements	Ship all specimens overnight, first AM delivery and provide the CDC Point of Contact with the tracking number of package  Frozen specimen should be shipped on dry ice
Methodology	DFA for rabies virus antigen, RT-PCR, Direct Rapid Immunohistochemistry test (DRIT), Virus Isolation, Sequence Analysis, Antigenic Typing
Turnaround Time	2 Days
Interferences & Limitations	Tests are limited by decomposed tissues due to denaturation of viral proteins
Additional Information	If testing needs to be repeated results may take up to 7 days
CDC Points of Contact	Rabies Duty Officer (404) 639-1050

**Test Order**  
**Rabies Virus Genetic Typing**  
**CDC-10397**

<b>Synonym(s)</b>	Rabies Antigenic Typing, Rabies Monoclonal Antibody Typing, Rabies MAB Typing, Rabies RT-PCR, Rabies Sequence Analysis, Rabies Variant Typing
<b>Pre-Approval Needed</b>	Rabies Duty Officer, , (404) 639-1050,
<b>Supplemental Information Required</b>	See Supplemental Form
<b>Supplemental Form</b>	<a href="http://www.cdc.gov/rabies/specific_groups/laboratories/index.html">http://www.cdc.gov/rabies/specific_groups/laboratories/index.html</a>
<b>Performed on Specimens From</b>	Human and Animal
<b>Acceptable Sample/ Specimen Type for Testing</b>	Fresh-frozen brain tissues: full cross section of brain stem and cerebellum (vermis, right and left lateral lobes) preferred, or a viral isolate. Other specimens may be submitted upon consultation with Rabies Duty Officer.
<b>Minimum Volume Required</b>	Not Applicable
<b>Storage &amp; Preservation of Specimen Prior to Shipping</b>	Stored at -80°C and should be kept on dry ice
<b>Transport Medium</b>	Not Applicable
<b>Specimen Labeling</b>	Two unique identifiers for human specimen and one unique identifier for animal specimen, date of collection and specimen type
<b>Shipping Instructions which Include Specimen Handling Requirements</b>	Ship Monday-Thursday overnight to avoid weekend deliveries and provide the CDC Point of Contact with the tracking number of package Frozen specimen should be shipped on dry ice
<b>Methodology</b>	RT-PCR, Sequence Analysis, Isolation
<b>Turnaround Time</b>	7 Days
<b>Interferences &amp; Limitations</b>	Tests are limited by decomposed tissues due to denaturation of viral proteins
<b>Additional Information</b>	Non-urgent specimen may take longer than 7 days
<b>CDC Points of Contact</b>	Rabies Duty Officer (404) 639-1050

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**Test Order**  
**Rabies Virus Typing – CNS Tissues**  
**CDC-10398**

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Synonym(s) Rabies Antigenic typing

**Pre-Approval Needed** Rabies Duty Officer, , (404) 639-1050,

**Supplemental Information Required** See Supplemental Form

**Supplemental Form** [http://www.cdc.gov/rabies/specific\\_groups/laboratories/index.html](http://www.cdc.gov/rabies/specific_groups/laboratories/index.html)

Performed on Specimens From Human and Animal

**Acceptable Sample/ Specimen Type for Testing** Fresh-frozen brain tissues: full cross section of brain stem and cerebellum (vermis, right and left lateral lobes). Other specimens may be submitted upon consultation with Rabies Duty Officer.

**Minimum Volume Required** Not Applicable

**Storage & Preservation of Specimen Prior to Shipping** Stored at -80°C and should be kept on dry ice

**Transport Medium** Not Applicable

**Specimen Labeling** Two unique identifiers for human specimen and one unique identifier for animal specimen, date of collection and specimen type

**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday overnight to avoid weekend deliveries and provide the CDC Point of Contact with the tracking number of package

Frozen specimen should be shipped on dry ice

**Methodology** DFA, IFA, Isolation, Sequencing Analysis

**Turnaround Time** 7 Days

**Interferences & Limitations** Test is limited by decomposed tissues due to denaturation of viral proteins

**Additional Information** Urgent specimens will be reported within 24 hours if the test does not need to be repeated. Non-urgent specimen may take longer than 7 days.

**CDC Points of Contact** Rabies Duty Officer  
(404) 639-1050

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**Test Order**  
**Respiratory Agents (*Chlamydia*, *Legionella*, *Mycoplasma*)**  
**Molecular Detection**  
**CDC-10157**

Synonym(s)	Atypical pneumonia, CAP, <i>Chlamydia pneumoniae</i> , Legionnaires' disease or LD, Legionellosis, Pontiac fever, Walking pneumonia
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Nasopharyngeal (NP) and/or Oropharyngeal (OP) swabs, and any lower respiratory tract specimen including bronchoalveolar lavage (BAL) and sputum. Others upon consultation with laboratory.
Minimum Volume Required	1 mL
Storage & Preservation of Specimen Prior to Shipping	Specimens can be kept refrigerated if shipped in less than 72 hours of collection; otherwise specimen should be kept frozen. Store swabs in universal transport medium.
Transport Medium	Universal transport medium
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday–Thursday overnight to avoid weekend deliveries Refrigerated specimen should be sent on ice packs Frozen specimen should be sent on dry ice
Methodology	Real Time PCR
Turnaround Time	3 Days
Interferences & Limitations	Do not use cotton swabs with wooden shafts. Specimen should be acquired prior to antibiotic treatment. Improper specimen storage and handling may result in inconclusive or inaccurate results.
Additional Information	None
CDC Points of Contact	Jonas Winchell (404) 639-4921 jwinchell@cdc.gov Maureen Diaz (404) 639-4534 mdiaz1@cdc.gov

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**Test Order**  
**Respiratory Virus (Not Influenza) Special Study**  
**CDC-10400**

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Synonym(s) None

**Pre-Approval Needed** Erdman, Dean, (404) 639-3727, dde1@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human and Animal

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

CDC Points of Contact Dean Erdman  
(404) 639-3727  
dde1@cdc.gov  
Shifaq Kamili  
(404) 639-2799  
sgk5@cdc.gov

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**Test Order**  
**Respiratory Virus Molecular Detection (Not Influenza)**  
**CDC-10401**

<b>Synonym(s)</b>	Non-influenza Respiratory Virus
<b>Pre-Approval Needed</b>	Erdman, Dean, (404) 639-3727, dde1@cdc.gov
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
<b>Performed on Specimens From</b>	Human and Animal
<b>Acceptable Sample/ Specimen Type for Testing</b>	Upper or lower respiratory tract specimens; pure culture isolate
<b>Minimum Volume Required</b>	0.25 mL
<b>Storage &amp; Preservation of Specimen Prior to Shipping</b>	Refrigerate all specimens promptly after collection. If specimens can be shipped to CDC within 72 hours of collection, they should be kept refrigerated at 4°C and shipped on gel ice-packs. Freezing should be avoided if possible, as this will reduce virus infectivity. Specimens for virus culture should not be frozen at -20° C. If specimens must be held for >72 hours, they should be promptly frozen at -70°C and shipped on dry ice. Liquid specimens should be aliquoted into properly labeled, leak-proof, unbreakable screw cap vials. Samples should be collected and processed in a manner that prevents cross-contamination between specimens, including changing gloves between specimens.
<b>Transport Medium</b>	Swabs may be shipped in commercial viral transport media
<b>Specimen Labeling</b>	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
<b>Shipping Instructions which Include Specimen Handling Requirements</b>	Ship specimen Monday -Thursday, overnight to avoid weekend deliveries Frozen specimen should be shipped on dry ice Refrigerated specimen should be shipped on cold packs
<b>Methodology</b>	Polymerase Chain Reaction (PCR)
<b>Turnaround Time</b>	3 Weeks
<b>Interferences &amp; Limitations</b>	Use only sterile Dacron or rayon swabs with plastic shafts or if available, flocked swabs. Do NOT use calcium alginate swabs or swabs with wooden sticks, as they may contain substances that inactivate some viruses and inhibit some molecular assays.
<b>Additional Information</b>	None
<b>CDC Points of Contact</b>	Dean Erdman (404) 639-3727 dde1@cdc.gov Shifaq Kamili (404) 639-2799 sgk5@cdc.gov

**Test Order**  
***Rickettsia* Molecular Detection**  
**CDC-10402**

Synonym(s)	Rickettsiosis, Rocky Mountain Spotted Fever (RMSF), Spotted fever group <i>Rickettsia</i> (SFG), Typhus group <i>Rickettsia</i> (TG)
Pre-Approval Needed	None
Supplemental Information Required	Prior approval is required if the following information is not provided: -Symptom onset date -Sample collection date -Type of infection -Status of illness <b>Recommended:</b> -Travel history -Exposure history -Therapeutic agents -Brief clinical history
Supplemental Form	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Acute samples only, anticoagulated whole blood collected in Ethylenediaminetetraacetic acid (EDTA) treated tubes preferred; serum; fresh tissue biopsy
Minimum Volume Required	1.0 mL
Storage & Preservation of Specimen Prior to Shipping	Ideally keep specimen at a refrigerated temperature not frozen. If previously frozen, then keep specimen frozen.
Transport Medium	Ethylenediaminetetraacetic acid (EDTA) blood tubes for blood; tissue in a sample collection tube
Specimen Labeling	Patient name and date of birth
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday – Thursday, overnight to avoid weekend deliveries. Specimen should be shipped refrigerated on cold packs.
Methodology	Real Time Polymerase chain Reaction (PCR), Polymerase Chain Reaction (PCR), Sequencing
Turnaround Time	6 Weeks
Interferences & Limitations	Hemolysis in whole blood specimen will interfere with results. Multiple freeze thaw cycles and sample storage above refrigerated temperatures will interfere with proper nucleic acid extraction. If a specimen is drawn at convalescence it will reduce the chance of the target organism being present in blood. Avoid collection of blood specimen in heparin tubes.
Additional Information	The Rickettsial Zoonoses Branch Reference Diagnostic Laboratory aids State Laboratories in diagnosis of difficult samples/cases or if specialized tests are needed. Routine diagnostic samples should be sent to your State Laboratory or a commercial laboratory.
CDC Points of Contact	Cecilia Kato (404) 639-1075 ckato@cdc.gov Christopher Paddock (404) 639-1309 cdp9@cdc.gov

**Test Order**  
***Rickettsia* Serology Spotted Fever Group (RMSF) Serology**  
**CDC-10403**

Synonym(s) Spotted fever group Rickettsiosis, Rocky Mountain Spotted Fever (RMSF)

**Pre-Approval Needed** None

**Supplemental Information Required** **Prior approval is required if the following information is not provided:**

- Symptom onset date
  - Sample collection date
  - Type of infection
  - Status of illness
- Recommended:**
- Travel history
  - Exposure history
  - Therapeutic agents
  - Brief clinical history

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing Serum  
 -acute (during active stage of illness)  
 -convalescent (2-4 weeks after acute stage)

Minimum Volume Required 1.0 mL

Storage & Preservation of Specimen Prior to Shipping Ideally keep specimen at a refrigerated temperature not frozen. If previously frozen, then keep specimen frozen.

Transport Medium Not Applicable

Specimen Labeling Patient name and date of birth

Shipping Instructions which Include Specimen Handling Requirements Ship Monday - Thursday, overnight to avoid weekend deliveries. Specimen should be shipped refrigerated on cold packs.

Methodology IFA (Immunofluorescence Assay)

Turnaround Time 6 Weeks

Interferences & Limitations Multiple freeze thaw cycles may interfere with antigen binding. Use sterile technique to avoid contamination of sample as this may compromise the sample and interfere with the ability to get accurate results. Acute and convalescent serum is needed for accurate diagnosis and if unable to collect both please contact lab prior to shipping.

Additional Information The Rickettsial Zoonoses Branch Reference Diagnostic Laboratory aids State Laboratories in diagnosis of difficult samples/cases or if specialized tests are needed. Routine diagnostic samples should be sent to your State Laboratory or a commercial laboratory.

CDC Points of Contact Cecilia Kato  
 (404) 639-1075  
 ckato@cdc.gov  
 Christopher Paddock  
 (404) 639-1309  
 cdp9@cdc.gov



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**Test Order**  
***Rickettsia* Serology Typhus Group Serology**  
**CDC-10404**

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Synonym(s) Typhus Group Rickettsiosis, Including epidemic Typhus and murine Typhus

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**Pre-Approval Needed** None

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**Supplemental Information Required** **Prior approval is required if the following information is not provided:**

-Symptom onset date  
-Sample collection date  
-Type of infection  
-Status of illness  
**Recommended:**  
-Travel history  
-Exposure history  
-Therapeutic agents  
-Brief clinical history

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Serum  
-acute (during active stage of illness)  
-convalescent (2-4 weeks after acute stage)

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Minimum Volume Required 1.0 mL

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Storage & Preservation of Specimen Prior to Shipping Ideally keep specimen at a refrigerated temperature not frozen. If previously frozen, then keep specimen frozen.

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Transport Medium Not Applicable

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Specimen Labeling Patient name and date of birth

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Shipping Instructions which Include Specimen Handling Requirements Ship Monday - Thursday, overnight to avoid weekend deliveries. Specimen should be shipped refrigerated on cold packs.

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Methodology Indirect Fluorescence Assay (IFA)

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Turnaround Time 6 Weeks

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Interferences & Limitations Multiple freeze thaw cycles may interfere with antigen binding. Use sterile technique to avoid contamination of sample as this may compromise the sample and interfere with the ability to get accurate results. Acute and convalescent serum is needed for accurate diagnosis and if unable to collect both please contact laboratory prior to shipping.

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Additional Information The Rickettsial Zoonoses Branch Reference Diagnostic Laboratory aids State Laboratories in diagnosis of difficult samples/cases or if specialized tests are needed. Routine diagnostic samples should be sent to your State Laboratory or a commercial laboratory.

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CDC Points of Contact Cecilia Kato  
(404) 639-1075  
ckato@cdc.gov  
Christopher Paddock  
(404) 639-1309  
cdp9@cdc.gov

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**Test Order**  
*Rickettsia* Special Study  
CDC-10405

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**Synonym(s)** Rickettsiosis, Rocky Mountain Spotted Fever (RMSF), Spotted fever group  
*Rickettsia* (SFG), Typhus group *Rickettsia* (TG)

**Pre-Approval Needed** Kato, Cecilia, (404) 639-1075, ckato@cdc.gov  
Paddock, Christopher, (404) 639-1309, cdp9@cdc.gov

**Supplemental Information  
Required** None

**Supplemental Form** None

**Performed on Specimens From** Human, Animal, and Food/Environmental/Medical Devices/Biologics

**Acceptable Sample/ Specimen  
Type for Testing** To be determined

**Minimum Volume Required** To be determined

**Storage & Preservation of  
Specimen Prior to Shipping** To be determined

**Transport Medium** To be determined

**Specimen Labeling** To be determined

**Shipping Instructions which  
Include Specimen Handling  
Requirements** To be determined

**Methodology** Molecular detection, Serology, Culture, Immunohistochemistry (IHC), Other  
**Turnaround Time**

**Interferences & Limitations** To be determined

**Additional Information** To be determined

**CDC Points of Contact** Cecilia Kato  
(404) 639-1075  
ckato@cdc.gov  
Christopher Paddock  
(404) 639-1309  
cdp9@cdc.gov

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**Test Order**  
**Rift Valley Fever (RVF) Identification**  
**CDC-10406**

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Synonym(s)	RVF
<b>Pre-Approval Needed</b>	Stroeher, Ute, (404) 639-4704, <a href="mailto:ixy8@cdc.gov">ixy8@cdc.gov</a> Knust, Barbara, (404) 639-1104, <a href="mailto:bkk0@cdc.gov">bkk0@cdc.gov</a>
<b>Supplemental Information Required</b>	See Supplemental Form
<b>Supplemental Form</b>	<a href="http://www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf">http://www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf</a>
Performed on Specimens From	Human and Animal
Acceptable Sample/ Specimen Type for Testing	Frozen tissue, blood and serum
Minimum Volume Required	1 mL
Storage & Preservation of Specimen Prior to Shipping	Specimen must be placed in plastic screw capped vials, frozen to -70°C, and kept frozen until shipment. See link to supplemental submission form for specific information on various specimen types.
Transport Medium	Not Applicable
Specimen Labeling	Patient name, patient ID #, specimen type, date collected
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday–Thursday overnight to avoid weekend deliveries. Specimen should be shipped frozen on dry ice. See supplemental submission forms for further details. Do not ship specimen without prior consultation and approval.
Methodology	Molecular Typing, Polymerase Chain Reaction (PCR)
Turnaround Time	10 Days
Interferences & Limitations	Specimen must remain frozen; warming or freeze thawing reduces sensitivity. Heparin may cause interference with the molecular tests and should be avoided.
Additional Information	Critical specimens will take less than 4 days to turn around. See link to supplemental submission forms for detailed information.
CDC Points of Contact	Ute Stroeher (404) 639-4704 <a href="mailto:ixy8@cdc.gov">ixy8@cdc.gov</a> Barbara Knust (404) 639-1104 <a href="mailto:bkk0@cdc.gov">bkk0@cdc.gov</a>

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**Test Order**  
**Rift Valley Fever (RVF) Serology**  
**CDC-10407**

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Synonym(s) RVF

**Pre-Approval Needed** Stroehler, Ute, (404) 639-4704, [ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Knust, Barbara, (404) 639-1104, [bkk0@cdc.gov](mailto:bkk0@cdc.gov)

**Supplemental Information Required** See Supplemental Form

**Supplemental Form** <http://www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf>

Performed on Specimens From Human and Animal

Acceptable Sample/ Specimen Type for Testing Blood and serum

Minimum Volume Required 1 mL

**Storage & Preservation of Specimen Prior to Shipping** Specimen must be kept cold (at or below 4°C). If possible place specimen in plastic screw capped vials. See link to supplemental submission form for specific information on various specimen types.

**Transport Medium** Not Applicable

**Specimen Labeling** Patient name, patient ID #, specimen type, date collected

**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday overnight to avoid weekend deliveries. Specimen should be shipped on cold packs or dry ice if frozen. See supplemental submission forms for further details. Do not ship specimen without prior consultation and approval.

**Methodology** ELISA

**Turnaround Time** 10 Days

**Interferences & Limitations** Specimen must remain frozen; warming or freeze thawing reduces sensitivity

**Additional Information** Critical specimens will take less than 4 days to turn around. See link to supplemental submission forms for detailed information.

**CDC Points of Contact** Ute Stroehler  
(404) 639-4704  
[ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Barbara Knust  
(404) 639-1104  
[bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Test Order**  
**Rotavirus Antigen Detection**  
**CDC-10408**

Synonym(s)	Rotavirus Antigen EIA, Rotavirus Antigen ELISA
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	Contact laboratory for supplemental forms
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Human stool
Minimum Volume Required	0.25 g or 0.25 mL
Storage & Preservation of Specimen Prior to Shipping	Specimen should be kept either frozen at -20°C or colder or refrigerated at 4°C. Specimen tubes or cups must be packed inside of a leak proof secondary container. The secondary container needs to be packed inside an approved class B specimen shipping container (i.e. Fisher scientific cat# 22-130-431).
Transport Medium	Do not send specimen in bacterial or viral transport medium or a fixative
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Ship specimen Monday -Wednesday, overnight to avoid weekend deliveries Frozen specimen should be shipped on dry ice Refrigerated specimen should be shipped on cold packs  Include a hardcopy list of specimens with your shipment. Please notify Mike Bowen (mkb6@cdc.gov) and Jamie Lewis (erw9@cdc.gov) when you are going to send specimens, and include the shipment tracking number if possible.
Methodology	Enzyme immunoassay (EIA)
Turnaround Time	15 Days
Interferences & Limitations	None
Additional Information	Contact laboratory for instructions to recover a limited sample from diaper material
CDC Points of Contact	Mike Bowen (404) 639-4922 mkb6@cdc.gov Jamie Lewis (404) 639-4054 erw9@cdc.gov

# Test Order

## Rotavirus Genotyping

### CDC-10409

Synonym(s)	Rotavirus typing
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	Contact laboratory for supplemental forms.
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Human stool
Minimum Volume Required	0.25 g or 0.25 mL
Storage & Preservation of Specimen Prior to Shipping	Specimen should be kept either frozen at -20°C or colder or refrigerated at 4°C. Specimen tubes or cups must be packed inside of a leak proof secondary container. The secondary container needs to be packed inside an approved class B specimen shipping container (i.e. Fisher scientific cat# 22-130-431).
Transport Medium	Do not send specimen in bacterial or viral transport medium or a fixative
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Ship specimen Monday -Wednesday, overnight to avoid weekend deliveries Frozen specimen should be shipped on dry ice Refrigerated specimen should be shipped on cold packs  Include a hardcopy list of specimens with your shipment. Please notify Mike Bowen (mkb6@cdc.gov) and Jamie Lewis (erw9@cdc.gov) when you are going to send specimens, and include the shipment tracking number if possible.
Methodology	RT-PCR, Sequencing
Turnaround Time	4 Weeks
Interferences & Limitations	None
Additional Information	Contact laboratory for instructions to recover a limited sample from diaper material
CDC Points of Contact	Mike Bowen (404) 639-4922 mkb6@cdc.gov Jamie Lewis (404) 639-4054 erw9@cdc.gov

# Test Order

## Rotavirus Molecular Detection and Genotyping

### CDC-10410

Synonym(s)	Rotavirus Real Time RT-PCR
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	Contact laboratory for supplemental forms
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Human stool
Minimum Volume Required	0.25 g or 0.25 mL
Storage & Preservation of Specimen Prior to Shipping	Specimen should be kept either frozen at -20°C or colder or refrigerated at 4°C. Specimen tubes or cups must be packed inside of a leak proof secondary container. The secondary container needs to be packed inside an approved class B specimen shipping container (i.e. Fisher scientific cat# 22-130-431).
Transport Medium	Do not send specimen in bacterial or viral transport medium or a fixative
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Ship specimen Monday-Wednesday, overnight to avoid weekend deliveries Frozen specimen should be shipped on dry ice Refrigerated specimen should be shipped on cold packs  Include a hardcopy list of specimens with your shipment. Please notify Mike Bowen (mkb6@cdc.gov) and Jamie Lewis (erw9@cdc.gov) when you are going to send specimens, and include the shipment tracking number if possible.
Methodology	Real Time RT-PCR, RT-PCR, Sequencing
Turnaround Time	15 Days
Interferences & Limitations	None
Additional Information	Contact laboratory for instructions to recover a limited sample from diaper material
CDC Points of Contact	Mike Bowen (404) 639-4922 mkb6@cdc.gov Jamie Lewis (404) 639-4054 erw9@cdc.gov

# Test Order

## Rubella Detection and Genotyping

### CDC-10242

Synonym(s)	German measles, three day measles
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	None
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Throat swab in viral medium, nasopharyngeal aspirate or swab, Urine, cataracts, lens aspirate, oral fluid, cerebrospinal fluid (CSF), dry blood spots, and tissue samples
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	See: <a href="http://www.cdc.gov/rubella/lab/lab-protocols.htm">http://www.cdc.gov/rubella/lab/lab-protocols.htm</a> for collection and storage protocol
Transport Medium	Viral transport medium for swabs and appropriate culture medium. Make sure tubes are all in leak proof containers.
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.  Clearly label specimen type.
Shipping Instructions which Include Specimen Handling Requirements	The laboratory requests that the sender contacts the laboratory by email or phone before shipping  Ship specimen Monday -Thursday overnight to avoid weekend deliveries  Frozen specimen should be shipped on dry ice Refrigerated specimen should be shipped on cold packs
Methodology	Template production by RT-PCR, Real time RT-PCR, Viral culture, Genotyping by Nucleic acid sequencing
Turnaround Time	7 Days
Interferences & Limitations	See: <a href="http://www.cdc.gov/rubella/lab/lab-protocols.htm">http://www.cdc.gov/rubella/lab/lab-protocols.htm</a> for information on the interferences and limitations
Additional Information	Please include vaccination history, age, date of onset and sample collection.  For additional information please refer to: <a href="http://www.cdc.gov/vaccines/pubs/surv-manual/index.html">http://www.cdc.gov/vaccines/pubs/surv-manual/index.html</a> and <a href="http://www.cdc.gov/measles/lab-tools/index.html">http://www.cdc.gov/measles/lab-tools/index.html</a>
CDC Points of Contact	Joe Icenogle (404) 639-4557 jci1@cdc.gov Emily Abernathy (404) 639-1249 efa9@cdc.gov



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**Test Order**  
**Rubella Serology**  
**CDC-10246**

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Synonym(s) German measles, three day measles

**Pre-Approval Needed** None

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing Serum and others upon consultation

Minimum Volume Required 200 uL

Storage & Preservation of Specimen Prior to Shipping Serum should be kept refrigerated or frozen

Transport Medium Not Applicable

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Clearly label specimen type.

Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday -Thursday overnight to avoid weekend deliveries

Refrigerated or frozen specimen should be shipped on cold packs  
Laboratory will instruct on how to ship for other specimen types

Methodology Commercial capture IgM, Commercial indirect IgG

Turnaround Time 7 Days

Interferences & Limitations IgM positive may not occur until 5 days post-rash onset

Additional Information IgM and IgG assays are qualitative assays  
For outbreaks or immuno-compromised patients please contact laboratory prior to shipment

CDC Points of Contact Joe Icenogle  
(404) 639-4557  
jci1@cdc.gov  
Emily Abernathy  
(404) 639-1249  
efa9@cdc.gov

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**Test Order**  
**Rubella Serology (IgM and IgG) and Avidity**  
**CDC-10249**

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Synonym(s) German measles, three day measles

**Pre-Approval Needed** None

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing Serum

Minimum Volume Required 200 uL

Storage & Preservation of Specimen Prior to Shipping Serum should be kept refrigerated or frozen

Transport Medium Not Applicable

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Clearly label specimen type.

Shipping Instructions which Include Specimen Handling Requirements The laboratory requests that the sender contacts the laboratory by email or phone before shipping

Ship specimen Monday -Thursday overnight to avoid weekend deliveries

Frozen specimen should be shipped on dry ice  
Refrigerated specimen should be shipped on cold packs

Methodology CDC IgG avidity assay

Turnaround Time 7 Days

Interferences & Limitations Date of onset is necessary for accurate interpretation

Additional Information Date of onset, vaccination status, age, date of collection and pregnancy status if applicable.

CDC Points of Contact Joe Icenogle  
(404) 639-4557  
jci1@cdc.gov  
Emily Abernathy  
(404) 639-1249  
efa9@cdc.gov

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**Test Order**  
**Rubella Special Study**  
**CDC-10253**

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Synonym(s) German measles, three day measles

**Pre-Approval Needed** Icenogle, Joe, (404) 639-4557, jci1@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

CDC Points of Contact Joe Icenogle  
(404) 639-4557  
jci1@cdc.gov  
Emily Abernathy  
(404) 639-1249  
efa9@cdc.gov

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**Test Order**  
***Salmonella* Identification and Serotyping**  
**CDC-10110**

Synonym(s)	<i>Salmonella</i> Typing
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	Prior approval is not required for human specimens; Please call for approval prior to sending, other specimen types. Provide any preliminary results available.
<b>Supplemental Form</b>	None
Performed on Specimens From	Human, Animal, and Food/Environmental/Medical Devices/Biologics
Acceptable Sample/ Specimen Type for Testing	Isolates
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	No Specific Requirements
Transport Medium	Ship cultures on nonselective nutrient or similar agar (TSA, HIA, etc.) in tubes with leak-proof screw cap closures. Agar plates are not acceptable.
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday–Thursday, overnight to avoid weekend deliveries Ship at ambient temperature in compliance with Federal and local guidelines
Methodology	Phenotypic identification, Phenotypic serotyping, Genetic identification, Genetic serotyping
Turnaround Time	8 Weeks
Interferences & Limitations	None
Additional Information	Turnaround times for routine isolates may be extended during major foodborne outbreak activities or due to limited availability of resources.
CDC Points of Contact	Matthew Mikoleit (404) 639-2946 euh1@cdc.gov Patricia (Patti) Jones (404) 639-3334 pif1@cdc.gov

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**Test Order**  
*Salmonella* serovar Typhi (only) serology  
CDC-10453

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Synonym(s) Enteric Pathogen

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**Pre-Approval Needed** Talkington, Deborah, (404) 639-3918, dft1@cdc.gov  
Pruckler, Jim, (404) 639-3816, jmp3@cdc.gov

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**Supplemental Information Required** Date of illness onset, date of serum collection, clinical diagnosis. Indicate if patient is currently on antibiotics. Indicate if patient is suspect chronic carrier.

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**Supplemental Form** None

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Performed on Specimens From Human

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**Acceptable Sample/ Specimen Type for Testing** Serum, paired serum preferred. Do not pool specimens.

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**Minimum Volume Required** 200 uL (More preferred)

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**Storage & Preservation of Specimen Prior to Shipping** Maintain serum at 4°C (preferred); frozen specimens acceptable

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**Transport Medium** Separate serum from the clot and ship in a sterile labeled tube with the top tightly closed

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**Specimen Labeling** Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday, overnight to avoid weekend deliveries. Please notify Deborah Talkington (dft1@cdc.gov) and Jim Pruckler (jmp3@cdc.gov) once specimens have been shipped to provide the tracking number.

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Ship with cold packs in compliance with federal and local guidelines

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**Methodology** Various methods utilized; Consultation required

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**Turnaround Time** 3 Months

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**Interferences & Limitations** Plasma is not acceptable for typhoid testing

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**Additional Information** Paired serum specimens always preferred.

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Please send one tube per specimen submission form. Submit multiple forms if needed.

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**CDC Points of Contact** Deborah Talkington  
(404) 639-3918  
dft1@cdc.gov  
Jim Pruckler  
(404) 639-3816  
jmp3@cdc.gov

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**Test Order**  
*Salmonella* Study  
CDC-10109

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Synonym(s) None

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**Pre-Approval Needed** Mikoleit, Matthew, (404) 639-2946, euh1@cdc.gov  
Jones, Patricia, (404) 639-3334, entericbacteria@cdc.gov

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

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Acceptable Sample/ Specimen Type for Testing To be determined

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Minimum Volume Required To be determined

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Storage & Preservation of Specimen Prior to Shipping To be determined

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Transport Medium To be determined

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Specimen Labeling To be determined

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Shipping Instructions which Include Specimen Handling Requirements To be determined

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Methodology

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Turnaround Time

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Interferences & Limitations To be determined

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Additional Information To be determined

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**CDC Points of Contact** Matthew Mikoleit (404) 639-2946 euh1@cdc.gov  
Patricia Jones (404) 639-3334 entericbacteria@cdc.gov  
Michael Korth (404) 639-2099 mqk8@cdc.gov

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**Test Order**  
***Salmonella* Subtyping**  
**CDC-10108**

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Synonym(s) *Salmonella* Typing

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**Pre-Approval Needed** None

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**Supplemental Information Required** Prior approval is not required for human specimen, but is required for all other types of specimen.

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Indicate subtyping method(s) requested; provide PulseNet cluster code and PFGE pattern numbers if appropriate.

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**Supplemental Form** None

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Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

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Acceptable Sample/ Specimen Type for Testing Isolates

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Minimum Volume Required Not Applicable

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Storage & Preservation of Specimen Prior to Shipping No Specific Requirements

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Transport Medium Ship cultures on nonselective nutrient or similar agar (TSA, HIA, etc.) in tubes with leak-proof screw cap closures. Agar plates are not acceptable.

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Specimen Labeling Not Applicable

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Shipping Instructions which Include Specimen Handling Requirements Ship Monday–Thursday, overnight to avoid weekend deliveries

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Ship at ambient temperature in compliance with Federal and local guidelines

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Methodology Serotyping, PFGE, MLVA, AST

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Turnaround Time 8 Weeks

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Interferences & Limitations None

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**Additional Information** Specify type of subtyping requested in 'Previous Laboratory Results' on back of form. Epidemiologic metadata, PulseNet cluster code, and PFGE pattern designation requested if available.

Turn around time depends on the nature of subtyping performed; and, results are typically not reported directly back to the submitter, but deposited in surveillance databases. If the surveillance database is not accessible to submitters, results are posted on the PulseNet and OutbreakNet discussion board. Specific turn around time and a report are available upon request.

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**CDC Points of Contact** Matthew Mikoleit  
(404) 639-2946  
euh1@cdc.gov

Patricia Jones  
(404) 639-3334  
entericbacteria@cdc.gov

Michael Korth  
(404) 639-2099  
mqk8@cdc.gov

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**Test Order**  
**SARS Molecular Detection**  
**CDC-10412**

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Synonym(s) SARS coronavirus

**Pre-Approval Needed** Erdman, Dean, (404) 639-3727, dde1@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human

**Acceptable Sample/ Specimen Type for Testing** Nasopharyngeal wash/aspirates, nasopharyngeal swabs, oropharyngeal swabs, bronchoalveolar lavage, tracheal aspirate, pleural fluid tap, sputum, and post-mortem tissue.  
For more information go to <http://www.cdc.gov/sars/guidance/F-lab/app4.html>

**Minimum Volume Required** 0.25 mL

**Storage & Preservation of Specimen Prior to Shipping** Refrigerate or freeze tubes after specimens are placed in them. If specimens will be examined within 48 hours after collection, they can be refrigerated. If specimens must be held longer than 48 hours, freeze them as soon as possible after collection. Although storage in an ultra-low freezer (-70°C) is preferable, storage in a home-type freezer (if properly set at -20°C) is acceptable for short periods.  
For more information go to <http://www.cdc.gov/sars/guidance/F-lab/app4.html>

**Transport Medium** Swabs may be shipped in commercial viral transport media

**Specimen Labeling** Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday, overnight to avoid weekend deliveries  
<http://www.cdc.gov/sars/lab/specimen.html>

**Methodology** Polymerase Chain Reaction (PCR), Sequencing

**Turnaround Time** 3 Days

**Interferences & Limitations** Use only sterile Dacron or rayon swabs with plastic shafts or if available, flocked swabs. Do NOT use calcium alginate swabs or swabs with wooden sticks, as they may contain substances that inactivate some viruses and inhibit some molecular assays.

**Additional Information** <http://www.cdc.gov/sars/about/index.html>  
<http://www.cdc.gov/sars/guidance/F-lab/app5.html>

**CDC Points of Contact** Dean Erdman  
(404) 639-3727  
dde1@cdc.gov  
Shifaq Kamili  
(404) 639-2799  
sgk5@cdc.gov

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**Test Order**  
**SARS Serology**  
**CDC-10413**

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Synonym(s) SARS-CoV, SARS-CoV EIA, SARS-CoV ELISA, SARS ELISA, SARS EIA

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**Pre-Approval Needed** Haynes, Lia, (404) 639-4004, loh5@cdc.gov  
Erdman, Dean, (404) 639-3727, dde1@cdc.gov

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Serum (acute and convalescent) and plasma  
For more information go to <http://www.cdc.gov/sars/guidance/F-lab/app4.html>

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Minimum Volume Required 200 uL

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**Storage & Preservation of Specimen Prior to Shipping** Collect whole blood in a serum separator tube. Allow the blood to clot, centrifuge briefly, and collect all the resulting sera in vials with external caps and internal O-ring seals. If there is no O-ring seal, then seal tightly with the available cap and secure with Parafilm. Collect whole blood in either EDTA tubes or in a clotting tube. For plasma, collect blood in EDTA tubes and place in vials with external caps and internal O-ring seals. Store plasma and serum at 4°C. Serum may be frozen.

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**Transport Medium** Not Applicable

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**Specimen Labeling** Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday, overnight to avoid weekend deliveries  
Refrigerated specimen should be shipped on cold packs  
Frozen specimen should be shipped on dry ice

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<http://www.cdc.gov/sars/lab/specimen.html>

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**Methodology** ELISA

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**Turnaround Time** 3 Days

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**Interferences & Limitations** Do not collect in heparin tubes

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**Additional Information** None

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**CDC Points of Contact** Lia Haynes  
(404) 639-4004  
loh5@cdc.gov  
Dean Erdman  
(404) 639-3727  
dde1@cdc.gov

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**Test Order**  
**Schistosomiasis Serology**  
**CDC-10466**

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Synonym(s) *Schistosoma mansoni*, *Schistosoma haematobium*, *Schistosoma japonicum*;  
Bilharzia, parasite

**Pre-Approval Needed** None

**Supplemental Information Required** Travel history REQUIRED, include other relevant risk factors; clinical symptoms, treatment and relevant lab results.

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing Serum and Plasma

Minimum Volume Required 0.5 mL

Storage & Preservation of Specimen Prior to Shipping No specific requirements

Transport Medium Not Applicable

Specimen Labeling Test subject to CLIA regulations require two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship Monday - Thursday, overnight to avoid weekend deliveries. Ship specimen at room temperature, not on dry ice, as an etiologic agent.

Methodology FAST-ELISA, Immunoblot, Western Blot, MAMA, HAMA, JAMA, Antibody Detection

Turnaround Time 21 Days

Interferences & Limitations Substances known to interfere with immunoassays include: bilirubin, lipids, and hemoglobin

Additional Information None

CDC Points of Contact Isabel McAuliffe  
(404) 718-4100  
ibm4@cdc.gov  
DPDx  
(404) 718-4120  
dpx@cdc.gov

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**Test Order**  
**Seoul Virus Serology**  
**CDC-10414**

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Synonym(s) Hanta, HFRS, HPS

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**Pre-Approval Needed** Stroehler, Ute, (404) 639-4704, [ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Knust, Barbara, (404) 639-1104, [bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Supplemental Information Required** See Supplemental Form

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**Supplemental Form** <http://www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf>

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Performed on Specimens From Human and Animal

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Acceptable Sample/ Specimen Type for Testing Blood and serum

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Minimum Volume Required 1 mL

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**Storage & Preservation of Specimen Prior to Shipping** Specimen must be kept cold (at or below 4°C). If possible place specimen in plastic screw capped vials. See link to supplemental submission form for specific information on various specimen types.

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**Transport Medium** Not Applicable

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**Specimen Labeling** Patient name, patient ID #, specimen type, date collected

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**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday overnight to avoid weekend deliveries. Specimen should be shipped on cold packs or dry ice if frozen. See supplemental submission forms for further details. Do not ship specimen without prior consultation and approval.

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**Methodology** ELISA

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**Turnaround Time** 10 Days

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**Interferences & Limitations** Specimen must remain frozen; warming or freeze thawing reduces sensitivity

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**Additional Information** Critical specimens will take less than 4 days to turn around. See link to supplemental submission forms for detailed information.

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**CDC Points of Contact** Ute Stroehler  
(404) 639-4704  
[ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Barbara Knust  
(404) 639-1104  
[bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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# Test Order

## Shiga Toxin-producing *E. coli* Isolation from Enrichment Broth

### CDC-10105

Synonym(s) STEC, *E. coli* O157

**Pre-Approval Needed** None

**Supplemental Information Required** Only Stx+ broths that produce growth on subculture should be submitted. Consult with EDLB contact before sending other specimens. Provide any preliminary results available.

**Supplemental Form** None

Performed on Specimens From Human

**Acceptable Sample/ Specimen Type for Testing** Submit broths only positive by Shiga toxin-testing (Stx+) that produce growth of STEC on subculture. Consult with Dr. Bopp before sending other specimen types or fecal specimens in enrichment broth that are Stx+ but no growth of STEC on subculture.

**Minimum Volume Required** 5 mL (broth)

**Storage & Preservation of Specimen Prior to Shipping** Maintain specimen at 4°C

**Transport Medium** Not Applicable

**Specimen Labeling** Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday, overnight to avoid weekend deliveries

Ship with cold packs in compliance with federal and local guidelines

**Methodology** Isolation, Phenotypic Identification Including Serotyping, PCR Testing for Virulence Markers

**Turnaround Time** 8 Weeks

**Interferences & Limitations** None

**Additional Information** None

**CDC Points of Contact** Cheryl Bopp  
(404) 639-1798  
cab4@cdc.gov  
Michele Parsons  
(404) 639-1965  
zcp9@cdc.gov

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**Test Order**  
**Special Bacterial Pathogen Study**  
**CDC-10147**

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Synonym(s) None

**Pre-Approval Needed** McQuiston, John, (404) 639-0270, zje8@cdc.gov  
Whitney, Anne, (404) 639-1374, amw0@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

CDC Points of Contact John McQuiston  
(404) 639-0270  
zje8@cdc.gov  
Anne Whitney  
(404) 639-1374  
amw0@cdc.gov

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**Test Order**  
**Staphylococcal Toxic Shock Syndrome Toxin (TSST-1)**  
**CDC-10426**

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Synonym(s) Staph Toxin, Toxic Shock Syndrome

**Pre-Approval Needed** None

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing Pure culture isolate on suitable agar medium

Minimum Volume Required Not Applicable

Storage & Preservation of Specimen Prior to Shipping Isolate should be stored at room temperature

Transport Medium Pure culture isolate on suitable agar medium

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday -Thursday overnight to avoid weekend deliveries at room temperature as an etiologic agent.

Methodology 16S sequencing, MALDI-TOF, Phenotypic Testing, SEA - SHE, PVL

Turnaround Time 28 Days

Interferences & Limitations None

Additional Information SEA-SHE and PVL testing performed only with prior approval

CDC Points of Contact David Lonsway  
(404) 639-2825  
Dlonsway@cdc.gov  
Kamile Rasheed  
(404) 639-3247  
jkr1@cdc.gov

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**Test Order**  
*Staphylococcus – Micrococcus* Identification  
CDC-10226

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Synonym(s) Staph, *Micrococcus*, Kocuria Identification

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**Pre-Approval Needed** None

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

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Acceptable Sample/ Specimen Type for Testing Pure culture isolate on suitable agar medium

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Minimum Volume Required Not Applicable

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Storage & Preservation of Specimen Prior to Shipping Isolate should be stored at room temperature

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Transport Medium Pure culture isolate on suitable agar medium

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday –Thursday overnight to avoid weekend deliveries at room temperature as an etiologic agent.

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Methodology 16S Sequencing, MALDI-TOF, Phenotypic Testing

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Turnaround Time 28 Days

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Interferences & Limitations None

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Additional Information None

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CDC Points of Contact David Lonsway  
(404) 639-2825  
Dlonsway@cdc.gov  
Valerie Albrecht  
(404) 639-4552  
gpy8@cdc.gov

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**Test Order**  
**Staphylococcus and MRSA Outbreak Strain Typing**  
**CDC-10230**

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**Synonym(s)** Staph Typing, MRSA Typing, Staphylococcal Typing

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**Pre-Approval Needed** Rasheed, Kamile, (404) 639-3247, JRasheed@cdc.gov  
Albrecht, Valerie, (404) 639-4552, gpy8@cdc.gov

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**Supplemental Information Required** Prior approval and Epidemiologic consultation required

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**Supplemental Form** None

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**Performed on Specimens From** Human, Animal, and Food/Environmental/Medical Devices/Biologics

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**Acceptable Sample/ Specimen Type for Testing** Pure culture isolate on suitable agar medium. Additional specimen types upon consultation with laboratory.

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**Minimum Volume Required** Not Applicable

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**Storage & Preservation of Specimen Prior to Shipping** Isolate should be stored at room temperature

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**Transport Medium** Pure culture isolate on suitable agar medium or frozen in TSB plus glycerol

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**Specimen Labeling** Include date of isolation and unique specimen identifier

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**Shipping Instructions which Include Specimen Handling Requirements** Ship specimen Monday -Thursday overnight to avoid weekend deliveries at room temperature as an etiologic agent.

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**Methodology** 16S Sequencing, MALDI-TOF, Phenotypic Testing, Molecular Strain Typing

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**Turnaround Time** 28 Days

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**Interferences & Limitations** None

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**Additional Information** Not CLIA compliant testing; for epidemiologic purposes only

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**CDC Points of Contact** Kamile Rasheed  
(404) 639-3247  
JRasheed@cdc.gov  
Valerie Albrecht  
(404) 639-4552  
gpy8@cdc.gov

---



**Test Order**  
*Staphylococcus aureus* Detection – Foodborne Outbreak  
 CDC-10113

Synonym(s) None

**Pre-Approval Needed** Talkington, Deborah, (404) 639-3918, dft1@cdc.gov  
 Gomez, Gerardo, (404) 639-0537, goe4@cdc.gov

**Supplemental Information Required** Only specimens from foodborne outbreaks accepted. Consult with EDLB contact before sending specimens. Provide any preliminary results if available.

**Supplemental Form** None

Performed on Specimens From Human and Food/Environmental/Medical Devices/Biologics

**Acceptable Sample/ Specimen Type for Testing** Isolates, vomitus, stool, food. Only specimens from foodborne outbreaks accepted. Consult with Dr. Talkington before sending specimens.

**Minimum Volume Required** 25 g (food), 10 g (vomitus, stool)

**Storage & Preservation of Specimen Prior to Shipping** Maintain food, vomitus and stool at 4°C

**Transport Medium** Not Applicable

**Specimen Labeling** Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday, overnight to avoid weekend deliveries. Please notify Deborah Talkington (dft1@cdc.gov) and Gerardo Gomez (goe4@cdc.gov) once specimens have been shipped to provide the tracking number.

Ship with cold packs in compliance with federal and local guidelines

**Methodology** Toxin Detection in Food, Culture, PCR

**Turnaround Time** 2 Months

**Interferences & Limitations** None

**Additional Information** Direct toxin detection requires food samples

**CDC Points of Contact** Deborah Talkington  
 (404) 639-3918  
 dft1@cdc.gov  
 Gerardo Gomez  
 (404) 639-0537  
 goe4@cdc.gov

---

**Test Order**  
**STD Bacterial Molecular Diagnostic Evaluation**  
**CDC-10178**

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Synonym(s) Sexually Transmitted Disease

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**Pre-Approval Needed** Trees, David, (404) 639-2134, dlt1@cdc.gov  
Johnson, Steve, (404) 639-2879, sbj1@cdc.gov

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Gonococcal bacterial culture

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Minimum Volume Required Not Applicable

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Storage & Preservation of Specimen Prior to Shipping Store culture at -70°C in TSA with 20% glycerol medium

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Transport Medium TSA with 20% glycerol

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship Monday - Thursday, overnight to avoid weekend deliveries. Specimen should be shipped on dry ice, as an etiologic agent.

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Methodology Molecular cloning, PCR, Whole genome sequencing

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Turnaround Time 12 Weeks

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Interferences & Limitations None

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Additional Information Please provide information on any antibiotics the patient may have been treated with

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CDC Points of Contact David Trees  
(404) 639-2134  
dlt1@cdc.gov  
Steve Johnson  
(404) 639-2879  
sbj1@cdc.gov

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**Test Order**  
STD International QA – *N. gonorrhoeae*, *C. trachomatis*, *M. genitalium*, *T. vaginalis*  
CDC-10175

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Synonym(s) Sexually Transmitted Disease

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**Pre-Approval Needed** Cheng, Cheng, (404) 639-3154, cyc1@cdc.gov  
Chi, Kai, (404) 639-0694, krc2@cdc.gov

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**Supplemental Information Required** Determined upon consultation

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**Supplemental Form** None

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Performed on Specimens From Human

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**Acceptable Sample/ Specimen Type for Testing** Urine, oral pharynx swabs, cervical swabs, vaginal swabs, and rectal swabs collected on any commercially available product, and other specimen types upon consultation with laboratory

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**Minimum Volume Required** Not Applicable

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**Storage & Preservation of Specimen Prior to Shipping** Swabs must be kept frozen

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**Transport Medium** Should be transported on commercial Nucleic Acid Amplification Test (NAAT) medium

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**Specimen Labeling** Please include country of origin, de-linked identifier and date of collection

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**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday – Thursday, overnight to avoid weekend deliveries. Specimen should be shipped on dry ice, as an etiologic agent.

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**Methodology** PCR

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**Turnaround Time** 12 Weeks

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**Interferences & Limitations** None

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**Additional Information** None

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**CDC Points of Contact** Cheng Chen  
(404) 639-3154  
cyc1@cdc.gov  
Kai Chi  
(404) 639-0694  
krc2@cdc.gov

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**Test Order**  
**Strep ABCs Surveillance Study**  
**CDC-10218**

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Synonym(s) None

**Pre-Approval Needed** McGee, Lesley, (404) 639-0455, [afi4@cdc.gov](mailto:afi4@cdc.gov)  
Beall, Bernard, (404) 639-1237, [bbeall@cdc.gov](mailto:bbeall@cdc.gov)

**Supplemental Information Required** See Supplemental Form

**Supplemental Form** [http://www.cdc.gov/abcs/downloads/ABCs\\_case\\_rpt\\_form\\_2010.pdf](http://www.cdc.gov/abcs/downloads/ABCs_case_rpt_form_2010.pdf)

Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

**Acceptable Sample/ Specimen Type for Testing** Sterile site Isolates of GAS, GBS and *S.pneumoniae* that meet the ABCs inclusion criteria

**Minimum Volume Required** Not applicable

**Storage & Preservation of Specimen Prior to Shipping** For isolates, store on blood or chocolate agar, in transport media or as a frozen glycerol stock; additional details and directions will be provided upon consultation.

**Transport Medium** Not Applicable

**Specimen Labeling** Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Note: surveillance studies may label specimens according to protocol

**Shipping Instructions which Include Specimen Handling Requirements** Ship specimen Monday -Thursday, overnight to avoid weekend deliveries  
Frozen specimen should be shipped on dry ice  
Refrigerated specimen should be shipped on cold packs

**Methodology** Phenotypic Testing, Molecular Testing

**Turnaround Time** 8 Weeks

**Interferences & Limitations** Based on consultation

**Additional Information** None

**CDC Points of Contact** Lesley McGee  
(404) 639-0455  
[afi4@cdc.gov](mailto:afi4@cdc.gov)  
Bernard Beall  
(404) 639-1237  
[bbeall@cdc.gov](mailto:bbeall@cdc.gov)

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**Test Order**  
***Streptococcus* (Beta Hemolytic Strep) Typing**  
**CDC-10216**

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Synonym(s) GAS typing, GBS typing, other beta hemolytic strep, Group A Strep, Group B Strep

**Pre-Approval Needed** Beall, Bernard, (404) 639-1237, [bbeall@cdc.gov](mailto:bbeall@cdc.gov)

**Supplemental Information Required** See Supplemental Form

**Supplemental Form** <http://www.cdc.gov/ncidod/biotech/strep/other-streptococci-ga.htm>

Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing Isolates and clinical/environmental specimens and others as approved upon consultation

Minimum Volume Required Not Applicable

Storage & Preservation of Specimen Prior to Shipping For isolates, store on blood or chocolate agar, in transport media or as a frozen glycerol stock; additional details and directions will be provided upon consultation.

Transport Medium Dependent on specimen type to be determined upon consultation

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday -Thursday, overnight to avoid weekend deliveries

Frozen specimen should be shipped on dry ice  
Refrigerated specimen should be shipped on cold packs

Methodology Phenotypic Testing, Molecular Testing

Turnaround Time 2 Weeks

Interferences & Limitations Based on consultation

Additional Information Please complete questionnaire on website

CDC Points of Contact Bernard Beall  
(404) 639-1237  
[bbeall@cdc.gov](mailto:bbeall@cdc.gov)  
Patricia Shewmaker  
(404) 639-4826  
[paw3@cdc.gov](mailto:paw3@cdc.gov)

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**Test Order**  
***Streptococcus* (Catalase negative, Gram Positive Coccus)**  
**Identification**  
**CDC-10213**

Synonym(s)	Streptococci, enterococci, viridans streptococci
<b>Pre-Approval Needed</b>	Beall, Bernard, (404) 639-1237, <a href="mailto:bbeall@cdc.gov">bbeall@cdc.gov</a> Shewmaker, Patricia, (404) 639-4826, <a href="mailto:paw3@cdc.gov">paw3@cdc.gov</a>
<b>Supplemental Information Required</b>	See Supplemental Form
<b>Supplemental Form</b>	<a href="http://www.cdc.gov/ncidod/biotech/strep/other-streptococci-qa.htm">http://www.cdc.gov/ncidod/biotech/strep/other-streptococci-qa.htm</a>
Performed on Specimens From	Human, Animal, and Food/Environmental/Medical Devices/Biologics
Acceptable Sample/ Specimen Type for Testing	Isolates and clinical/environmental specimens and others as approved upon consultation
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	For isolates, store on blood or chocolate agar, in transport media or as a frozen glycerol stock; additional details and directions will be provided upon consultation.
Transport Medium	Dependent on specimen type to be determined upon consultation
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Ship specimen Monday -Thursday, overnight to avoid weekend deliveries Frozen specimen should be shipped on dry ice Refrigerated specimen should be shipped on cold packs
Methodology	Phenotypic Testing, Molecular Testing
Turnaround Time	8 Weeks
Interferences & Limitations	Based on consultation
Additional Information	Please complete questionnaire on website
CDC Points of Contact	Bernard Beall (404) 639-1237 <a href="mailto:bbeall@cdc.gov">bbeall@cdc.gov</a> Patricia Shewmaker (404) 639-4826 <a href="mailto:paw3@cdc.gov">paw3@cdc.gov</a>

**Test Order**  
**Streptococcus (Catalase negative, Gram Positive Coccus)**  
**Identification and AST**  
**CDC-10214**

Synonym(s)	Streptococci, enterococci, viridans streptococci	
<b>Pre-Approval Needed</b>	Beall, Bernard, (404) 639-1237, <a href="mailto:BBEALL@cdc.gov">BBEALL@cdc.gov</a> Shewmaker, Patricia, (404) 639-4826, <a href="mailto:paw3@cdc.gov">paw3@cdc.gov</a>	
<b>Supplemental Information Required</b>	None	
<b>Supplemental Form</b>	None	
Performed on Specimens From	Human, Animal, and Food/Environmental/Medical Devices/Biologics	
Acceptable Sample/ Specimen Type for Testing	Pure culture isolate on a suitable agar slant medium; Prior consultation required for other sample/specimen types	
Minimum Volume Required	Not applicable	
Storage & Preservation of Specimen Prior to Shipping	Keep refrigerated if cannot ship immediately	
Transport Medium	Suitable agar slant medium (example: blood or chocolate); Frozen glycerol stock is also acceptable.	
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.  Note: surveillance studies may label specimens according to protocol	
Shipping Instructions which Include Specimen Handling Requirements	Ship specimen Monday -Thursday, overnight to avoid weekend deliveries  Frozen specimen should be shipped on dry ice Refrigerated specimen should be shipped on cold packs At room temperature for any etiologic agents	
Methodology	Phenotypic Testing, Molecular Testing, Broth microdilution MIC	
Turnaround Time	8 Weeks	
Interferences & Limitations	None	
Additional Information	Preliminary susceptibility results may be available within 28 days or less. If susceptibility has been performed, indicate the method and results. Date of specimen collection and original submitter.	
CDC Points of Contact	Bernard Beall (404) 639-1237 <a href="mailto:BBEALL@cdc.gov">BBEALL@cdc.gov</a> Patricia Shewmaker (404) 639-2825 <a href="mailto:paw3@cdc.gov">paw3@cdc.gov</a>	David Lonsway (404) 639- 2825 <a href="mailto:dul7@cdc.gov">dul7@cdc.gov</a>

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**Test Order**  
*Streptococcus pneumoniae* Typing  
CDC-10215

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Synonym(s) Pneumococcus Serotyping

**Pre-Approval Needed** Beall, Bernard, (404) 639-1237, bbeall@cdc.gov

**Supplemental Information Required** See Supplemental Form

**Supplemental Form** <http://www.cdc.gov/ncidod/biotech/strep/s-pneumoniae-ga.htm>

Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing Isolates and clinical/environmental specimens and others as approved upon consultation

Minimum Volume Required Not Applicable

Storage & Preservation of Specimen Prior to Shipping For isolates, store on blood or chocolate agar, in transport media or as a frozen glycerol stock; additional details and directions will be provided upon consultation.

Transport Medium Dependent on specimen type to be determined upon consultation

Specimen Labeling Test subject to CLIA regulations require two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday -Thursday, overnight to avoid weekend deliveries

Frozen specimen should be shipped on dry ice  
Refrigerated specimen should be shipped on cold packs

Methodology Phenotypic Testing, Molecular Testing

Turnaround Time 2 Weeks

Interferences & Limitations Based on consultation

Additional Information Please complete questionnaire on website

CDC Points of Contact Bernard Beall  
(404) 639-1237  
bbeall@cdc.gov  
Lesley McGee  
(404) 639-0455  
afi4@cdc.gov

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**Test Order**  
**Streptococcus Study**  
**CDC-10217**

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Synonym(s) None

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**Pre-Approval Needed** Beall, Bernard, (404) 639-1237, bbeall@cdc.gov  
McGee, Lesley, (404) 639-0455, afi4@cdc.gov

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

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Acceptable Sample/ Specimen Type for Testing Isolates and clinical/environmental specimens and others as approved upon consultation

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Minimum Volume Required To be determined

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Storage & Preservation of Specimen Prior to Shipping For isolates blood or chocolate agar; transport media or frozen glycerol stock; additional details and directions will be provided upon consultation.

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Transport Medium To be determined

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Note: surveillance studies may label specimens according to protocol

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Shipping Instructions which Include Specimen Handling Requirements To be determined

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Methodology Phenotypic Testing, Molecular Testing

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Turnaround Time 8 Weeks

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Interferences & Limitations To be determined

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Additional Information To be determined

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CDC Points of Contact Bernard Beall  
(404) 639-1237  
bbeall@cdc.gov  
Lesley McGee  
(404) 639-0455  
afi4@cdc.gov

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**Test Order**  
**Strongyloidiasis Enzyme Immunoassay**  
**CDC-10467**

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Synonym(s) Strongyloidiasis, *Strongyloides stercoralis*, parasite

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**Pre-Approval Needed** None

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**Supplemental Information Required** Exposure and travel history, include other relevant risk factors; clinical symptoms, treatment and relevant lab results.

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Serum or Plasma

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Minimum Volume Required 0.5 mL

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Storage & Preservation of Specimen Prior to Shipping No specific requirements

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Transport Medium Not Applicable

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship Monday - Thursday, overnight to avoid weekend deliveries. Ship specimen at room temperature, not on dry ice, as an etiologic agent.

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Methodology EIA, ELISA, Antibody Detection

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Turnaround Time 18 Days

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Interferences & Limitations Substances known to interfere with immunoassays include: bilirubin, lipids, and hemoglobin

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Additional Information None

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CDC Points of Contact Isabel McAuliffe  
(404) 718-4100  
ibm4@cdc.gov  
DPDx  
(404) 718-4120  
dpdx@cdc.gov

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**Test Order**  
**Syphilis Serology**  
**CDC-10173**

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Synonym(s) Treponemal and non-treponemal

**Pre-Approval Needed** None

**Supplemental Information Required** Need to supply date of birth

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing Serum (preferred), CSF, and/or plasma (possible to preform test but not preferred)

Minimum Volume Required 1 mL (for serum or plasma)

Storage & Preservation of Specimen Prior to Shipping Serum and Plasma can be stored at 4°C unless for more than 4-5 days it should be frozen. CSF should be stored frozen at -70°C.

Transport Medium None

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship Monday - Thursday, overnight to avoid weekend deliveries. Frozen specimen should be shipped on dry ice and refrigerated specimen should be shipped on cold packs, as an etiologic agent.

Methodology RPR, TPPA, TrepSURE, CSF-VDRL

Turnaround Time 2 Weeks

Interferences & Limitations Avoid freeze-thaw cycles as this can affect test results

Additional Information None

CDC Points of Contact  
Yetunde Fakile  
(404) 639-3784  
yfakile@cdc.gov  
Susan Kikkert  
(404) 639-2871  
sjk4@cdc.gov

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**Test Order**  
Tick Borne Encephalitis (TBE) Identification  
CDC-10415

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Synonym(s) None

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**Pre-Approval Needed** Stroehler, Ute, (404) 639-4704, [ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Knust, Barbara, (404) 639-1104, [bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Supplemental Information Required** See Supplemental Form

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**Supplemental Form** <http://www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf>

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Performed on Specimens From Human and Animal

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Acceptable Sample/ Specimen Type for Testing Frozen tissue, blood and serum

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Minimum Volume Required 1 mL

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**Storage & Preservation of Specimen Prior to Shipping** Specimen must be placed in plastic screw capped vials, frozen to -70°C, and kept frozen until shipment. See link to supplemental submission form for specific information on various specimen types.

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**Transport Medium** Not Applicable

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**Specimen Labeling** Patient name, patient ID #, specimen type, date collected

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**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday overnight to avoid weekend deliveries. Specimen should be shipped frozen on dry ice. See supplemental submission forms for further details. Do not ship specimen without prior consultation and approval.

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**Methodology** Molecular Typing, Polymerase Chain Reaction (PCR)

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**Turnaround Time** 10 Days

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**Interferences & Limitations** Specimen must remain frozen; warming or freeze thawing reduces sensitivity. Heparin may cause interference with the molecular tests and should be avoided.

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**Additional Information** Critical specimens will take less than 4 days to turn around. See link to supplemental submission forms for detailed information.

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**CDC Points of Contact** Ute Stroehler  
(404) 639-4704  
[ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Barbara Knust  
(404) 639-1104  
[bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Test Order**  
**Tick Borne Encephalitis (TBE) Serology**  
**CDC-10416**

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Synonym(s) None

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**Pre-Approval Needed** Stroehler, Ute, (404) 639-4704, [ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Knust, Barbara, (404) 639-1104, [bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Supplemental Information Required** See Supplemental Form

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**Supplemental Form** <http://www.cdc.gov/ncezid/dhcpp/vspb/pdf/specimen-submission.pdf>

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Performed on Specimens From Human and Animal

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Acceptable Sample/ Specimen Type for Testing CSF, blood and serum

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Minimum Volume Required 1 mL

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**Storage & Preservation of Specimen Prior to Shipping** Specimen must be kept cold (at or below 4°C). If possible place specimen in plastic screw capped vials. See link to supplemental submission form for specific information on various specimen types.

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**Transport Medium** Not Applicable

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**Specimen Labeling** Patient name, patient ID #, specimen type, date collected

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**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday overnight to avoid weekend deliveries. Specimen should be shipped on cold packs or dry ice if frozen. See supplemental submission forms for further details. Do not ship specimen without prior consultation and approval.

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**Methodology** ELISA

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**Turnaround Time** 10 Days

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**Interferences & Limitations** Specimen must remain frozen; warming or freeze thawing reduces sensitivity

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**Additional Information** Critical specimens will take less than 4 days to turn around. See link to supplemental submission forms for detailed information.

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**CDC Points of Contact** Ute Stroehler  
(404) 639-4704  
[ixy8@cdc.gov](mailto:ixy8@cdc.gov)  
Barbara Knust  
(404) 639-1104  
[bkk0@cdc.gov](mailto:bkk0@cdc.gov)

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**Test Order**  
**Toxocariasis Enzyme Immunoassay**  
**CDC-10468**

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Synonym(s) Larva migrans, Toxocariasis, *Toxocara canis*, *Toxocara cati*, parasite

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**Pre-Approval Needed** de Almeida, Marcos, (404) 718-4126, [bnz0@cdc.gov](mailto:bnz0@cdc.gov)  
Qvarnstrom, Yvonne, (404) 718-4123, [bvp2@cdc.gov](mailto:bvp2@cdc.gov)

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**Supplemental Information Required** Exposure and travel history, include other relevant risk factors; clinical symptoms, treatment and relevant lab results.

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**Supplemental Form** None

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Performed on Specimens From None

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Acceptable Sample/ Specimen Type for Testing Serum, plasma, or vitreous fluid

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Minimum Volume Required 0.5

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Storage & Preservation of Specimen Prior to Shipping No specific requirements

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Transport Medium Not Applicable

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship Monday - Thursday, overnight to avoid weekend deliveries. Ship specimen at room temperature, not on dry ice, as an etiologic agent.

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Methodology EIA, ELISA, Antibody Detection

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Turnaround Time 18 Days

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Interferences & Limitations Substances known to interfere with immunoassays include: bilirubin, lipids, and hemoglobin

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Additional Information None

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CDC Points of Contact Isabel McAuliffe  
(404) 718-4100  
[ibm4@cdc.gov](mailto:ibm4@cdc.gov)  
Yvonne Qvarnstrom  
(404) 718-4123  
[bvp2@cdc.gov](mailto:bvp2@cdc.gov)

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**Test Order**  
**Toxoplasmosis Special Study**  
**CDC-10492**

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Synonym(s) None

**Pre-Approval Needed** McAuliffe, Isabell, (404) 718-4101, ibm4@cdc.gov  
Qvarnstrom, Yvonne, (404) 718-4123, bvp2@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From None

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

**CDC Points of Contact** Isabell McAuliffe  
(404) 718-4101  
ibm4@cdc.gov  
Yvonne Qvarnstrom  
(404) 718-4123  
bvp2@cdc.gov

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**Test Order**  
*Treponema pallidum* Molecular Detection  
CDC-10176

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Synonym(s) Syphilis

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**Pre-Approval Needed** Pillay, Allan, (404) 639-2140, apillay@cdc.gov  
Chi, Kai, (404) 639-0694, krc2@cdc.gov

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**Supplemental Information Required** None

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**Supplemental Form** None

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Performed on Specimens From Human

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**Acceptable Sample/ Specimen Type for Testing** Swab of an ulcer or skin lesion, blood collected in an EDTA tube, body fluids, frozen tissue and/or Formalin-Fixed, Paraffin-Embedded (FFPE) tissue

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**Minimum Volume Required** Not Applicable

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**Storage & Preservation of Specimen Prior to Shipping** Specimens should be frozen unless FFPE tissue which can be stored at room temperature

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**Transport Medium** Should be transported on commercial Nucleic Acid Amplification Test (NAAT) medium

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**Specimen Labeling** Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday - Thursday, overnight to avoid weekend deliveries. Frozen specimen should be shipped on dry ice, refrigerated specimen should be shipped on cold packs and FFPE can be shipped at room temperature, as an etiologic agent.

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**Methodology** PCR

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**Turnaround Time** 2 Weeks

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**Interferences & Limitations** None

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**Additional Information** None

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**CDC Points of Contact** Allan Pillay  
(404) 639-2140  
apillay@cdc.gov  
Kai Chi  
(404) 639-0694  
krc2@cdc.gov

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**Test Order**  
*Treponema pallidum* Molecular Typing  
 CDC-10177

Synonym(s)	<i>Treponema pallidum</i> Genotyping, <i>Treponema pallidum</i> Strain Typing, Syphilis Typing
Pre-Approval Needed	Pillay, Allan, (404) 639-2140, apillay@cdc.gov Chen, Cheng, (404) 639-3154, cyc1@cdc.gov
Supplemental Information Required	None
Supplemental Form	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Swab of an ulcer or skin lesion, blood collected in an EDTA tube, body fluids, frozen tissue and/or Formalin-Fixed, Paraffin-Embedded (FFPE) tissue
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	Specimens should be frozen except for FFPE tissue, which can be stored at room temperature
Transport Medium	Should be transported on commercial Nucleic Acid Amplification Test (NAAT) medium
Specimen Labeling	Test subject to CLIA regulations require two patient identifiers on the specimen container and the test requisition. Also, include date collected.
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday - Thursday, overnight to avoid weekend deliveries. Frozen specimen should be shipped on dry ice, refrigerated specimen should be shipped on cold packs and FFPE can be shipped at room temperature, as an etiologic agent.
Methodology	PCR, Sequencing, RFLP
Turnaround Time	4 Weeks
Interferences & Limitations	None
Additional Information	None
CDC Points of Contact	Allan Pillay (404) 639-2140 apillay@cdc.gov Cheng Chen (404) 639-3154 cyc1@cdc.gov

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**Test Order**  
**Trichinellosis Enzyme Immunoassay**  
**CDC-10470**

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Synonym(s) Trichinosis, *Trichinella spiralis*, parasite

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**Pre-Approval Needed** None

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**Supplemental Information Required** Exposure and travel history, include other relevant risk factors (consumption of raw or undercooked pork or game meat); clinical symptoms, treatment and relevant lab results.

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**Supplemental Form** None

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Serum or Plasma

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Minimum Volume Required 0.5 mL

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Storage & Preservation of Specimen Prior to Shipping No specific requirements

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Transport Medium Not Applicable

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship Monday - Thursday, overnight to avoid weekend deliveries. Ship specimen at room temperature, not on dry ice, as an etiologic agent.

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Methodology EIA, ELISA, Antibody Detection

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Turnaround Time 18 Days

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Interferences & Limitations Substances known to interfere with immunoassays include: bilirubin, lipids, and hemoglobin

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Additional Information None

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CDC Points of Contact Isabel McAuliffe  
(404) 719-4100  
ibm4@cdc.gov  
DPDx  
(404) 718-4120  
dpx@cdc.gov

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**Test Order**  
*Trichomonas* Susceptibility  
CDC-10239

Synonym(s) *Trichomonas*, trich, parasite

**Pre-Approval Needed** None

**Supplemental Information Required** Supplemental form not needed

**Supplemental Form** None

Performed on Specimens From Human

Acceptable Sample/ Specimen Type for Testing Vaginal swabs or scrapings. Must be a live culture.

Minimum Volume Required Not Applicable

Storage & Preservation of Specimen Prior to Shipping Do not freeze specimen. If the specimen cannot be examined immediately, it should be preserved in polyvinyl alcohol (PVA) and stained after smears in order to be examined later.

Transport Medium InPouch TV (Commercial product) or Diamond's TYM

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements The isolate should be sent to CDC by overnight courier (not USPS) on the same day it is obtained from the patient.

Insure the InPouch is properly closed and place it in the mailing container that they arrived in and mail by OVERNIGHT delivery service (recommended: Federal Express or AirBorne Express) to:

Pete Augustini  
CDC/Parasitic Disease Branch  
1600 Clifton Rd. NE, MS D65  
Bldg. 23, 10th Floor, Rm. 108  
Atlanta, GA 30329-4081

**NOTE:**

- a) Delivery to the reference laboratory within 24 hours is essential to ensure organism survival.
  - B) The laboratory can only accept sample delivery Monday through Friday. Please plan to ship your samples Monday, Tuesday, Wednesday, or Thursday in order for the laboratory to receive the overnight delivery the next day.
  - C) While we provide the testing as a no-cost service, we do not have the funds to pay for shipment of the organism. Therefore, please do not mark "recipient" as the party responsible for payment of shipment costs. If this occurs, we will refer the shipping company back to you for payment of costs.
- Please include the metronidazole treatment history and request forms with your sample.

**Methodology** Antimicrobial susceptibility

**Turnaround Time** 4 Weeks

**Interferences & Limitations** None

**Additional Information** None

**CDC Points of Contact** Evan Secor  
(404) 718-4141

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**Test Order**  
*Trichomonas* Susceptibility  
CDC-10239

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was4@cdc.gov

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**Test Order**  
*Trypanosoma cruzi* Molecular Detection  
CDC-10493

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Synonym(s) Chagas, American Trypanosomiasis, parasite, triatomine, kissing bug

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**Pre-Approval Needed** None

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**Supplemental Information Required** Please include detailed information where the insect was found (kitchen, bed, porch, etc.).

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**Supplemental Form** None

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Performed on Specimens From Animal

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Acceptable Sample/ Specimen Type for Testing Triatomine insect

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Minimum Volume Required N/A

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Storage & Preservation of Specimen Prior to Shipping Dry or in 70% ethanol

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Transport Medium None or in 70% ethanol

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Specimen Labeling One submitter identifier or SPHL ID on the specimen container and date of collection.

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Shipping Instructions which Include Specimen Handling Requirements Place insect in a crush-proof container with paper towel cushioning for dry specimens or in 70% ethanol with no cushioning. Ship at ambient temperature in compliance with local and Federal guidelines. Send by regular mail or overnight Monday–Thursday to avoid weekend deliveries.

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Methodology Conventional PCR

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Turnaround Time 3 Weeks

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Interferences & Limitations None

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Additional Information None

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CDC Points of Contact Gena Lawrence  
(404) 718-4135  
geg7@cdc.gov  
Alice Sutcliffe  
(404) 718-4326  
gok0@cdc.gov

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**Test Order**  
**Varicella Zoster Virus (VZV) Avidity**  
**CDC-10256**

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Synonym(s) Chicken pox, shingles

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**Pre-Approval Needed** Schmid, Scott, (404) 639-0066, dss1@cdc.gov  
Radford, Kay, (404) 639-2192, (404) 639-2192

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**Supplemental Information Required** See Supplemental Form

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**Supplemental Form** [http://www.cdc.gov/shingles/downloads/specimen\\_collection\\_form.pdf](http://www.cdc.gov/shingles/downloads/specimen_collection_form.pdf)

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Serum or plasma

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Minimum Volume Required 200 uL

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Storage & Preservation of Specimen Prior to Shipping Keep specimen either refrigerated or frozen

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Transport Medium Not Applicable

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship overnight Monday - Thursday, with cold packs or dry ice as an etiologic agent.

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Methodology IgG avidity

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Turnaround Time 1 Week

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Interferences & Limitations None

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Additional Information None

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CDC Points of Contact Scott Schmid  
(404) 639-0066  
dss1@cdc.gov  
Kay Radford  
(404) 639-2192  
(404) 639-2192

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**Test Order**  
**Varicella Zoster Virus (VZV) Detection**  
**CDC-10254**

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Synonym(s) Chicken pox, shingles

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**Pre-Approval Needed** None

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**Supplemental Information Required** See Supplemental Form

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**Supplemental Form** [http://www.cdc.gov/shingles/downloads/specimen\\_collection\\_form.pdf](http://www.cdc.gov/shingles/downloads/specimen_collection_form.pdf)

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Performed on Specimens From Human

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**Acceptable Sample/ Specimen Type for Testing** Skin lesions, scab, saliva, cerebrospinal fluid (CSF), urine, and whole blood

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**Minimum Volume Required** 200 uL

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**Storage & Preservation of Specimen Prior to Shipping** Frozen or refrigerated for saliva, cerebrospinal fluid (CSF), urine or whole blood. Room temperature, dry skin lesions and scabs. Blood should be collected in EDTA or citrate tubes.

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**Transport Medium** Not Applicable

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**Specimen Labeling** Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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**Shipping Instructions which Include Specimen Handling Requirements** Ship specimen Monday–Thursday, overnight. Cold packs or dry ice for liquid specimen. Ambient temperature for scabs and lesions. Ship as an etiologic agent.

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**Methodology** Polymerase Chain Reaction (PCR)

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**Turnaround Time** 7 Days

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**Interferences & Limitations** None

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**Additional Information** None

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**CDC Points of Contact** Scott Schmid  
(404) 639-0066  
dss1@cdc.gov  
Kay Radford  
(404) 639-2192  
kjr7@cdc.gov

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**Test Order**  
**Varicella Zoster Virus (VZV) Genotyping**  
**CDC-10257**

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Synonym(s) Chicken pox, shingles

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**Pre-Approval Needed** Schmid, Scott, (404) 639-0066, [dss1@cdc.gov](mailto:dss1@cdc.gov)  
Folster, Jennifer, (404) 639-3668, [apz5@cdc.gov](mailto:apz5@cdc.gov)

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**Supplemental Information Required** See Supplemental Form

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**Supplemental Form** [http://www.cdc.gov/shingles/downloads/specimen\\_collection\\_form.pdf](http://www.cdc.gov/shingles/downloads/specimen_collection_form.pdf)

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Skin lesions, scab, saliva, cerebrospinal fluid (CSF), urine, and whole blood

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Minimum Volume Required 200 uL

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Storage & Preservation of Specimen Prior to Shipping Frozen or refrigerated for saliva, cerebrospinal fluid (CSF), urine or whole blood. Room temperature, dry skin lesions and scabs. Blood should be collected in EDTA or citrate tubes.

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Transport Medium Not Applicable

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship specimen Monday–Thursday, overnight. Cold packs or dry ice for liquid specimen. Ambient temperature for scabs and lesions. Ship as an etiologic agent.

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Methodology Polymerase Chain Reaction (PCR), DNA sequencing

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Turnaround Time 1 Week

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Interferences & Limitations None

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Additional Information None

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CDC Points of Contact Scott Schmid  
(404) 639-0066  
[dss1@cdc.gov](mailto:dss1@cdc.gov)  
Jennifer Folster  
(404) 639-3668  
[apz5@cdc.gov](mailto:apz5@cdc.gov)

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**Test Order**  
**Varicella Zoster Virus (VZV) Serology**  
**CDC-10255**

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Synonym(s) Chicken pox, shingles

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**Pre-Approval Needed** None

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**Supplemental Information Required** See Supplemental Form

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**Supplemental Form** [http://www.cdc.gov/shingles/downloads/specimen\\_collection\\_form.pdf](http://www.cdc.gov/shingles/downloads/specimen_collection_form.pdf)

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Performed on Specimens From Human

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Acceptable Sample/ Specimen Type for Testing Serum, plasma or cerebrospinal fluid (CSF)

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Minimum Volume Required 200 uL

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Storage & Preservation of Specimen Prior to Shipping Keep specimen either refrigerated or frozen

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Transport Medium None

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Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

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Shipping Instructions which Include Specimen Handling Requirements Ship overnight Monday - Thursday, with cold packs or dry ice as an etiologic agent.

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Methodology IgG antibody detected by EIA, IgM antibody detected by EIA

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Turnaround Time 2 Days

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Interferences & Limitations None

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Additional Information None

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CDC Points of Contact Scott Schmid  
(404) 639-0066  
dss1@cdc.gov  
Kay Radford  
(404) 639-2192  
kjr7@cdc.gov

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**Test Order**  
*Vibrio cholerae* Identification  
CDC-10119

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Synonym(s) Cholera

**Pre-Approval Needed** None

**Supplemental Information Required** Prior approval is not required for human specimens; Please call for approval prior to sending, other specimen types.

Provide any preliminary results available.

**Supplemental Form** None

Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing Isolates

Minimum Volume Required Not Applicable

Storage & Preservation of Specimen Prior to Shipping No Specific Requirements

Transport Medium Ship cultures on nonselective nutrient or similar agar (TSA, HIA, etc.) in tubes with leak-proof screw cap closures. Agar plates are not acceptable.

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship Monday–Thursday, overnight to avoid weekend deliveries

Every suspect *Vibrio cholerae* isolate should be sent to EDLB as soon as possible. Ship at ambient temperature in compliance with Federal and local guidelines.

Methodology Phenotypic Characterization (Serogrouping for O1, O139, O75, and O141), PCR for Virulence Markers (Toxin and tcpA biotype)

Turnaround Time 8 Weeks

Interferences & Limitations None

Additional Information Every suspect *Vibrio cholerae* isolate should be sent to EDLB as soon as possible

CDC Points of Contact Cheryl Bopp  
(404) 639-1798  
cab4@cdc.gov  
Michele Parsons  
(404) 639-1965  
zcp9@cdc.gov

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**Test Order**  
*Vibrio cholerae* serology  
CDC-10454

Synonym(s)	Enteric Pathogen
<b>Pre-Approval Needed</b>	Talkington, Deborah, (404) 639-3918, Dft1@cdc.gov Pruckler, Jim, (404) 639-3816, jmp3@cdc.gov
<b>Supplemental Information Required</b>	Date of illness onset, date of serum collection, clinical diagnosis. Indicate if patient is currently on antibiotics.
<b>Supplemental Form</b>	None
Performed on Specimens From	Human
Acceptable Sample/ Specimen Type for Testing	Paired serum is preferred. Serum is always preferred but plasma is acceptable. Do not pool specimens.
Minimum Volume Required	100 uL (more preferred)
Storage & Preservation of Specimen Prior to Shipping	Maintain serum at 4°C (preferred); frozen specimens acceptable
Transport Medium	Separate serum from the clot and ship in a sterile labeled tube with the top tightly closed.
Specimen Labeling	Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday–Thursday, overnight to avoid weekend deliveries. Please notify Deborah Talkington (dft1@cdc.gov) and Jim Pruckler (jmp3@cdc.gov) once specimens have been shipped to provide the tracking number.  Ship with cold packs in compliance with federal and local guidelines
Methodology	Various methods utilized; Consultation required
Turnaround Time	3 Months
Interferences & Limitations	None
Additional Information	Paired serum specimens always preferred.  Please send one tube per specimen submission form. Submit multiple forms if needed.
CDC Points of Contact	Deborah Talkington (404) 639-3918 Dft1@cdc.gov Jim Pruckler (404) 639-3816 jmp3@cdc.gov

**Test Order**  
***Vibrio* Subtyping**  
**CDC-10122**

Synonym(s) None

**Pre-Approval Needed** None

**Supplemental Information Required** Prior approval is not required for human specimens, but is required for all other specimen types.

Specify type of subtyping requested in 'Previous Laboratory Results' on back of form.

**Supplemental Form** None

Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing Isolates

Minimum Volume Required Not Applicable

Storage & Preservation of Specimen Prior to Shipping No Specific Requirements

Transport Medium Ship cultures on nonselective nutrient or similar agar (TSA, HIA, etc.) in tubes with leak-proof screw cap closures. Agar plates are not acceptable.

Specimen Labeling Not Applicable

Shipping Instructions which Include Specimen Handling Requirements Ship Monday–Thursday, overnight to avoid weekend deliveries

Ship at ambient temperature in compliance with Federal and local guidelines

Methodology PFGE, MLST, MLVA, AST

Turnaround Time 8 Weeks

Interferences & Limitations None

**Additional Information** Turn around time depends on the nature of subtyping performed; and, results are typically not reported directly back to the submitter, but deposited in surveillance databases. If the surveillance database is not accessible to submitters, results are posted on the PulseNet and OutbreakNet discussion board.

**CDC Points of Contact** Cheryl Tarr  
(404) 639-2011  
crt6@cdc.gov  
Maryann Turnsek  
(404) 639-5178  
hud4@cdc.gov

**Test Order**  
*Vibrio, Aeromonas, and Related Organisms Identification*  
 CDC-10120

Synonym(s) *Grimontia* species, *Photobacterium* species, *Salinivibrio* species

**Pre-Approval Needed** None

**Supplemental Information Required** Prior approval is not required for human specimens, but is required for all other specimen types.

Provide any preliminary results that are available.

**Supplemental Form** None

Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing Isolates

Minimum Volume Required Not Applicable

Storage & Preservation of Specimen Prior to Shipping No Specific Requirements

Transport Medium Ship cultures on nonselective nutrient or similar agar (TSA, HIA, etc.) in tubes with leak-proof screw cap closures. Agar plates are not acceptable.

Specimen Labeling Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

Shipping Instructions which Include Specimen Handling Requirements Ship Monday–Thursday, overnight to avoid weekend deliveries

Ship at ambient temperature in compliance with Federal and local guidelines

Methodology Phenotypic Identification, Genetic Identification

Turnaround Time 8 Weeks

Interferences & Limitations None

Additional Information Turnaround times for routine isolates may be extended during major foodborne outbreak activities or due to limited availability of resources.

CDC Points of Contact Cheryl Tarr  
 (404) 639-2011  
 crt6@cdc.gov  
 Maryann Turnsek  
 (404) 639-5178  
 hud4@cdc.gov

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**Test Order**  
*Vibrio, Aeromonas, and Related Organisms Study*  
CDC-10121

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Synonym(s) None

**Pre-Approval Needed** Tarr, Cheryl, (404) 639-2011, crt6@cdc.gov  
Turnsek, Maryann, (404) 639-5178, hud4@cdc.gov

**Supplemental Information Required** None

**Supplemental Form** None

Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing To be determined

Minimum Volume Required To be determined

Storage & Preservation of Specimen Prior to Shipping To be determined

Transport Medium To be determined

Specimen Labeling To be determined

Shipping Instructions which Include Specimen Handling Requirements To be determined

Methodology

Turnaround Time

Interferences & Limitations To be determined

Additional Information To be determined

CDC Points of Contact Cheryl Tarr  
(404) 639-2011  
crt6@cdc.gov  
Maryann Turnsek  
(404) 639-5178  
hud4@cdc.gov

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**Test Order**  
***Yersinia* (non-*Y. pestis*) and Other *Enterobacteriaceae***  
**Identification**  
**CDC-10123**

**Synonym(s)** *Arsenophonus, Biostraticola, Brenneria, Buchnera, Budvicia, Buttiauxella, Calymmatobacterium, Cedecea, Citrobacter, Cosenzaea, Cronobacter, Dickeya, Edwardsiella, Enterobacter, Erwinia, Ewingella, Gibbsiella, Hafnia, Klebsiella, Kluyvera, Leclercia, Leminorella, Levinea, Lonsdalea, Mangrovibacter, Moellerella, Morganella, Obesumbacterium, Pantoea, Pectobacterium, Phaseolibacter, Photorhabdus, Plesiomonas, Pragia, Proteus, Providencia, Rahnella, Raoultella, Saccharobacter, Samsonia, Serratia, Shimwellia, Sodalis, Tatumella, Thorsellia, Trabulsiella, Wigglesworthia, Xenorhabdus, Yersinia, Yokenella*

**Pre-Approval Needed** None

**Supplemental Information Required** Prior approval is not required for human specimens, but is required for all other specimen types.

Provide any preliminary results that are available.

**Supplemental Form** None

**Performed on Specimens From** Human, Animal, and Food/Environmental/Medical Devices/Biologics

**Acceptable Sample/ Specimen Type for Testing** Isolates

**Minimum Volume Required** Not Applicable

**Storage & Preservation of Specimen Prior to Shipping** No Specific Requirements

**Transport Medium** Ship cultures on nonselective nutrient or similar agar (TSA, HIA, etc.) in tubes with leak-proof screw cap closures. Agar plates are not acceptable.

**Specimen Labeling** Test subject to CLIA regulations and requires two patient identifiers on the specimen container and the test requisition.

**Shipping Instructions which Include Specimen Handling Requirements** Ship Monday–Thursday, overnight to avoid weekend deliveries

Ship at ambient temperature in compliance with Federal and local guidelines

**Methodology** Phenotypic Identification, Genetic Identification

**Turnaround Time** 8 Weeks

**Interferences & Limitations** None

**Additional Information** Turnaround times for routine isolates may be extended during major foodborne outbreak activities or due to limited availability of resources.

**CDC Points of Contact** Cheryl Tarr  
(404) 639-2011  
crt6@cdc.gov  
Lori Gladney  
(404) 639-1219  
hze1@cdc.gov

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**Test Order**  
***Yersinia* (non-*Y. pestis*) Subtyping**  
**CDC-10124**

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Synonym(s) None

**Pre-Approval Needed** None

**Supplemental Information Required** Prior approval is not required for human specimens, but is required for all other specimen types.

Indicate subtyping method(s) requested on specimen submission form

**Supplemental Form** None

Performed on Specimens From Human, Animal, and Food/Environmental/Medical Devices/Biologics

Acceptable Sample/ Specimen Type for Testing Isolates

Minimum Volume Required Not Applicable

Storage & Preservation of Specimen Prior to Shipping No Specific Requirements

Transport Medium Ship cultures on nonselective nutrient or similar agar (TSA, HIA, etc.) in tubes with leak-proof screw cap closures. Agar plates are not acceptable.

Specimen Labeling Not Applicable

Shipping Instructions which Include Specimen Handling Requirements Ship Monday-Thursday, overnight to avoid weekend deliveries

Ship at ambient temperature in compliance with Federal and local guidelines

Methodology Serotyping, PFGE, MLST

Turnaround Time 8 Weeks

Interferences & Limitations None

**Additional Information** Specify type of subtyping requested in 'Previous Laboratory Results' on back of form.

Turn around time depends on the nature of subtyping performed; and, results are typically not reported directly back to the submitter, but deposited in surveillance databases. If the surveillance database is not accessible to submitters, results are posted on the PulseNet and OutbreakNet discussion board.

**CDC Points of Contact** Cheryl Tarr  
(404) 639-2011  
crt6@cdc.gov  
Lori Gladney  
(404) 639-1219  
hze1@cdc.gov

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**Test Order**  
***Yersinia pestis* Culture and Identification**  
**CDC-10418**

Synonym(s)	Plague
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	Please include submitting agency, contact name, address, phone number, specimen identifier, patient name, specimen source and type, sex and date of birth, symptoms of onset, sample collection date, and clinical information including type and date of treatment patient has received.
<b>Supplemental Form</b>	None
Performed on Specimens From	Human, Animal, and Food/Environmental/Medical Devices/Biologics
Acceptable Sample/ Specimen Type for Testing	Human: lymph node aspirate, sputum, bronchial/tracheal wash, pleural fluid, blood, ulcer swab, biopsy/autopsy specimens (sections of lymph node, lung, liver, spleen); Animal: necropsy specimen (lymph node, lung, liver or spleen); Environmental: fleas
Minimum Volume Required	Not Applicable
Storage & Preservation of Specimen Prior to Shipping	Store specimens containing suspected live bacteria at 2°–8°C to maintain viability. If processing is delayed, tissue samples can be directly frozen at –70°C. Store samples for culture of live bacteria without preservatives (formaldehyde, alcohol), at 2°–8°C (not frozen). Anticoagulants such as heparin, citrate and EDTA are acceptable because they do not inhibit the viability of bacteria.
Transport Medium	Respiratory specimens, lymph node aspirates, blood, tissue/biopsy/autopsy/necropsy specimens should all be transported at 4°C. Swabs must be in a Cary–Blair or Amies medium, not frozen. If tissue biopsy/autopsy/necropsy transport is delayed, tissue samples can be directly frozen at –70°C.
Specimen Labeling	Specimen identifier and patient name
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday–Thursday, overnight to avoid weekend deliveries. All packages must be addressed to:  Centers for Disease Control and Prevention Bacterial Diseases Branch Attn: John Young 3156 Rampart Road Fort Collins, CO 80521  Frozen specimen should be shipped on dry ice Refrigerated specimen should be shipped on ice packs
Methodology	Culture, Direct Fluorescent Antibody (DFA), Bacteriophage Lysis
Turnaround Time	3 Weeks
Interferences & Limitations	Samples for testing by culture should be taken prior to antibiotic treatment
Additional Information	None
CDC Points of Contact	Marty Schriefer (970) 221–6479 mms7@cdc.gov Jeannine Petersen (970) 266–3524 nzp0@cdc.gov

**Test Order**  
*Yersinia pestis* Serology  
CDC-10419

Synonym(s)	Plague
<b>Pre-Approval Needed</b>	None
<b>Supplemental Information Required</b>	Please include submitting agency, contact name, address, phone number, specimen identifier, patient name, specimen source and type, sex and date of birth, symptoms of onset, sample collection date, and clinical information including type and date of treatment patient has received.
<b>Supplemental Form</b>	None
Performed on Specimens From	Human and Animal
Acceptable Sample/ Specimen Type for Testing	Serum
Minimum Volume Required	500 uL
Storage & Preservation of Specimen Prior to Shipping	Sera may be stored at 2°–8°C for up to 14 days. If testing is delayed for a longer period, serum samples may be frozen.
Transport Medium	Not Applicable
Specimen Labeling	Specimen identifier and patient name
Shipping Instructions which Include Specimen Handling Requirements	Ship Monday–Thursday, overnight to avoid weekend deliveries. All packages must be addressed to:  Centers for Disease Control and Prevention Bacterial Diseases Branch Attn: John Young 3156 Rampart Road Fort Collins, CO 80521  Frozen specimen should be shipped on dry ice Refrigerated specimen should be shipped on ice packs
Methodology	Passive Hemagglutination, Passive Hemagglutination Inhibition
Turnaround Time	2 Weeks
Interferences & Limitations	Hemolyzed samples may interfere with test results
Additional Information	None
CDC Points of Contact	Marty Schriefer (970) 221-6479 mms7@cdc.gov Jeannine Petersen (970) 266-3524 nzp0@cdc.gov

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**Test Order**  
*Yersinia pestis* Special Study  
CDC-10420

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Synonym(s) None

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**Pre-Approval Needed** Schriefer, Marty, (970) 221-6479, mms7@cdc.gov  
Petersen, Jeannine, (970) 266-3524, nzp0@cdc.gov

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**Supplemental Information  
Required** None

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**Supplemental Form** None

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Performed on Specimens From Human and Animal

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Acceptable Sample/ Specimen Type for Testing To be determined

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Minimum Volume Required To be determined

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Storage & Preservation of Specimen Prior to Shipping To be determined

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Transport Medium To be determined

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Specimen Labeling To be determined

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Shipping Instructions which Include Specimen Handling Requirements To be determined

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Methodology

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Turnaround Time

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Interferences & Limitations To be determined

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Additional Information To be determined

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CDC Points of Contact Marty Schriefer  
(970) 221-6479  
mms7@cdc.gov  
Jeannine Petersen  
(970) 266-3524  
nzp0@cdc.gov

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