

LSUHSC-SHREVEPORT
 CLINICAL LABORATORY POLICY AND INFORMATION MANUAL
 Specimen Collection Links

DIAGNOSTIC VIROLOGY LABORATORY

CONTACT PERSON: DR. J. M-GREER, Ph.D , EXTENSION 56087 or 54739 beeper 564-3001
AFTER HOURS CONTACT: K. L. MCRAE, MS, Pager 2433;
J. M-GREER, Ph.D., Pager 564-3001
HOURS OF OPERATION: 8:00 AM - 4:30 PM, MONDAY THROUGH FRIDAY

Test Description	Specimen Type	Tube Type	Special Instructions or Information
Rotavirus Antigen	1 gram/ml of stool. 2-8° C if < 72 hrs. -20 if > 72hrs.	Any screw cap	Send to Main Laboratory Office as soon as possible.
Virus isolation and identification	Swab, tissue, respiratory aspirate or respiratory wash placed in Viral Transport Media or any body fluid submitted without dilution. 2-8° C as soon as possible.	Any screw cap. Do not use calcium alginate swabs or wooden-shafted swabs. Do not dilute body fluids.	Send to Main Laboratory Office as soon as possible. Viral transport tubes available in Virology and in refrigerator outside of 5-335 on 5 th floor of medical school. Negative cultures held for two weeks.
Cytomegalovirus Culture	Multiple specimen types (see blood specimen*). 2-8° C as soon as possible.	Any sterile screw cap tube/container.	Send to Main Laboratory Office as soon as possible. *Blood specimens are not accepted and should be sent out for CMV PCR.
Chlamydia Culture	Genital swabs (Pediatric cases of suspected sexual abuse only).	Viral /Chlamydia transport tube. Available in Virology.	Send to Main Laboratory Office as soon as possible Reserved for pediatric patients only.
<i>Chlamydia trachomatis/Neisseria gonorrhoeae</i> TMA screen	Endocervical, vaginal or urethral swabs and male or female urine; Pre-aliquotted Thin-Prep Pap specimens.	CT/NG TMA transport tubes – choose from swab or urine tubes. Available from central medical supply (Swab CMS #602893; Urine CMS #602873)	Send to Main Laboratory Office as soon as possible Assay validated for these specimen types in teens and adults only. Specific for these two species only. If liquid Pap is to be submitted, a pre-aliquot taken prior to cytology is required. The laboratory cannot accept liquid Pap specimens after cycling through the automated cytology instrument.
HSV Real Time PCR	CSF, Blood. Do <u>Not</u> dilute or freeze specimen.	Any screw cap; Lavender top 4 ml X 1	Send to Main Laboratory Office as soon as possible

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Test Description	Specimen Type	Tube Type	Special Instructions or Information
Hepatitis C RNA Viral Load Real Time RT-PCR	EDTA Blood 4ml X 2. 2-25° C within 4 hrs.	Lavender top (EDTA) 4 ml X 2.	Laboratory accepts specimens 8 a.m. – 4 p.m. Mon – Fri. This test is quantitative and cannot be used for diagnosis. It is recommended use in prognosis and/or monitoring therapy.
HIV-1 RNA Viral Load Real Time RT-PCR	EDTA Blood 4ml X 2. 2-25° C within 4 hrs.	Lavender top (EDTA) 4 ml X 2.	Laboratory accepts specimens 8 a.m. – 4 p.m. Mon – Fri. This test is quantitative and cannot be used for diagnosis. It is recommended use in prognosis and/or monitoring therapy.
Enterovirus Real Time RT-PCR	CSF	CSF – screw top tube	Send to Main Laboratory Office as soon as possible.
Respiratory Virus Screen	Nasal aspirates/washes; endotracheal aspirates; BALs; NP swabs in Viral Transport Media	Sterile screw top or Viral Transport Media Tube	Send to Main Laboratory Office as soon as possible. Includes RSV, Influenza A and Influenza B by EIA and by Multiplex Real Time RT-PCR. This is reflexed to RESVS+ for all respiratory specimens from patients less than 5 years, unless RESVS+ is specified.
Respiratory Virus Screen Plus	Nasal aspirates/washes; endotracheal aspirates; BALs; NP swabs in Viral Transport Media	Sterile screw top or Viral Transport Media Tube	Includes RSV, Influenza A and Influenza B by EIA and by Multiplex Real Time RT-PCR, plus a shell vial (rapid) culture for Parainfluenza 1-3 and Adenovirus. This is reflexed for all respiratory specimens on patients less than 5 years of age, but is recommended for older immunocompromised patients as well.

Department Approval:

Stephen M. Bonsib, M.D./Director, Department of Pathology

Date: Nov. 16, 2011

Division Approval:

James Cotelingam, M.D./Medical Director, Clinical Division

Date: Nov. 17, 2011