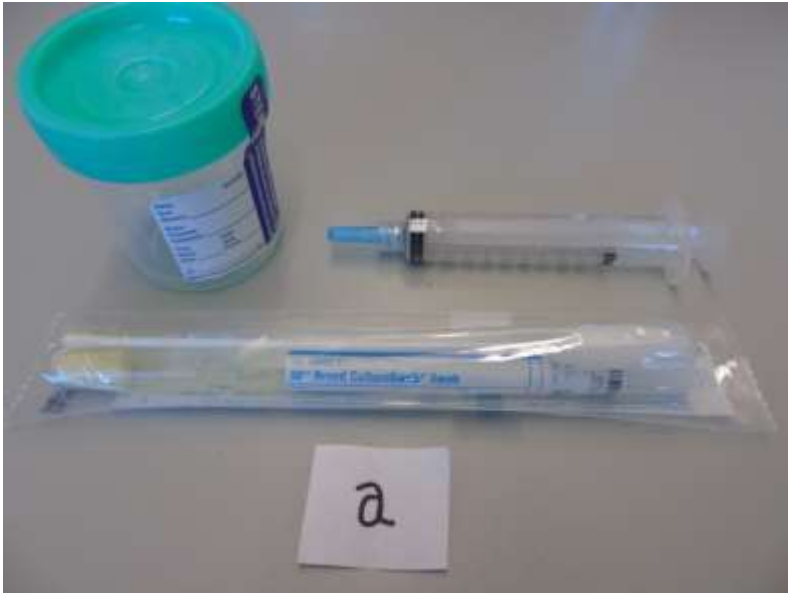


## **Aerobic Culture** Test Code 63060323

**Containers:** Sterile Container, syringe or culturette

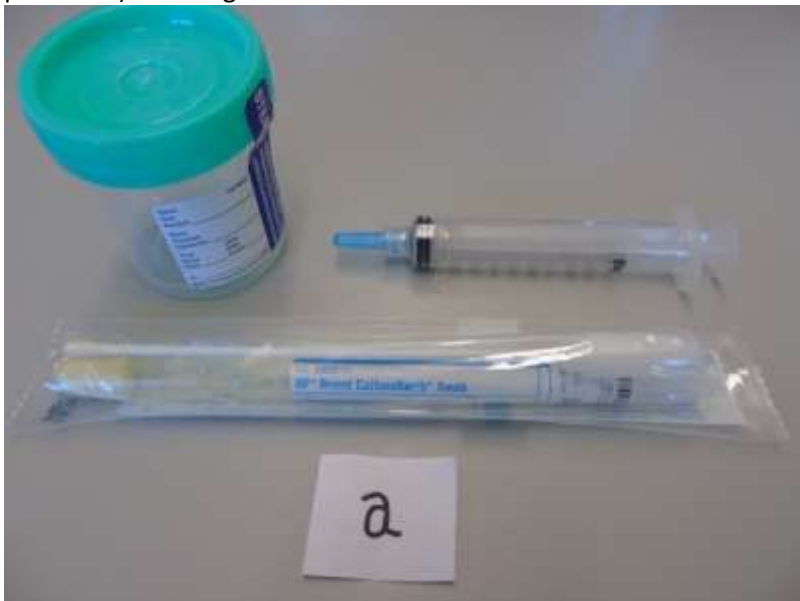
**Specimen types:** Abscess, Blister, Boil, Burn, Cath Site, Cath tip, Cervix, Decubitus, Eye conjunctiva, Fluid, Penis, Pustule, Ulcer, Urethra, Vagina, Wound



## **Acid Fast Bacilli Culture with Stain** Test Code 63060220

**Container:** Sterile Container, syringe or culturette

**Specimen Types:** Abscess, Ascites fluid; BAL; Blood; Bone; Bone Marrow; Bronchial biopsy; Bronchial washing; CSF; Fine needle aspiration specimen; Liver; Lung; Lung aspirate; Lymph node; Pericardial fluid; Pleural fluid; Skin; Sputum; Stool; Synovial Fluid; Tissue; Tracheal aspirate; Urine: One specimen per day (>15 ml entire single 1st AM specimen preferred). Pooling over 24 hours is NOT recommended. If other source, must indicate.

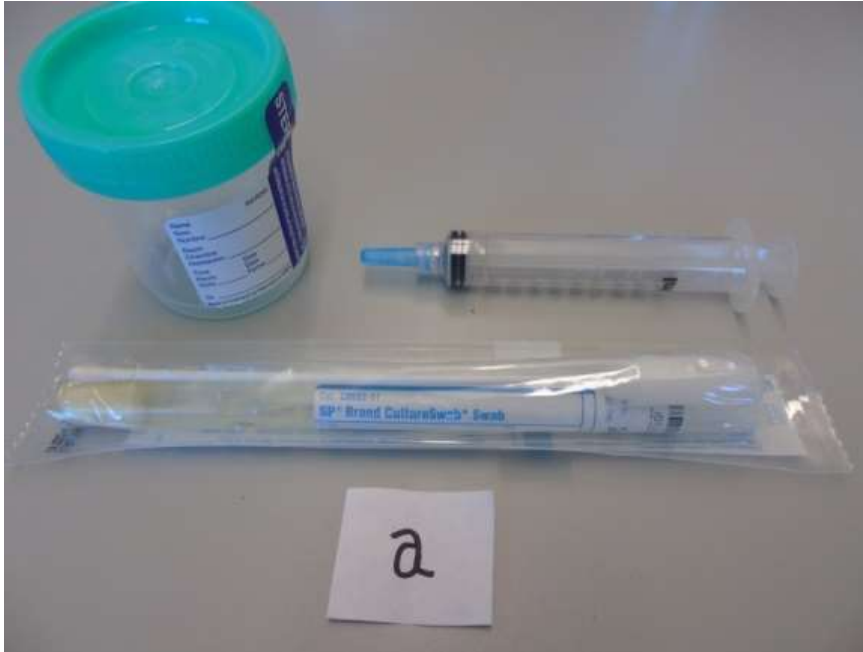


To Search by Test: Ctrl F

### **Acid Fast Bacilli Stain** Test Code 63060227

**Container:** Sterile Container, syringe or culturette

**Specimen Types:** BAL, Bronchial washing, Sputum, Tracheal aspirate



### **AFB Blood Culture** Test Code 63060332

**Container:** Isolator yellow top tube

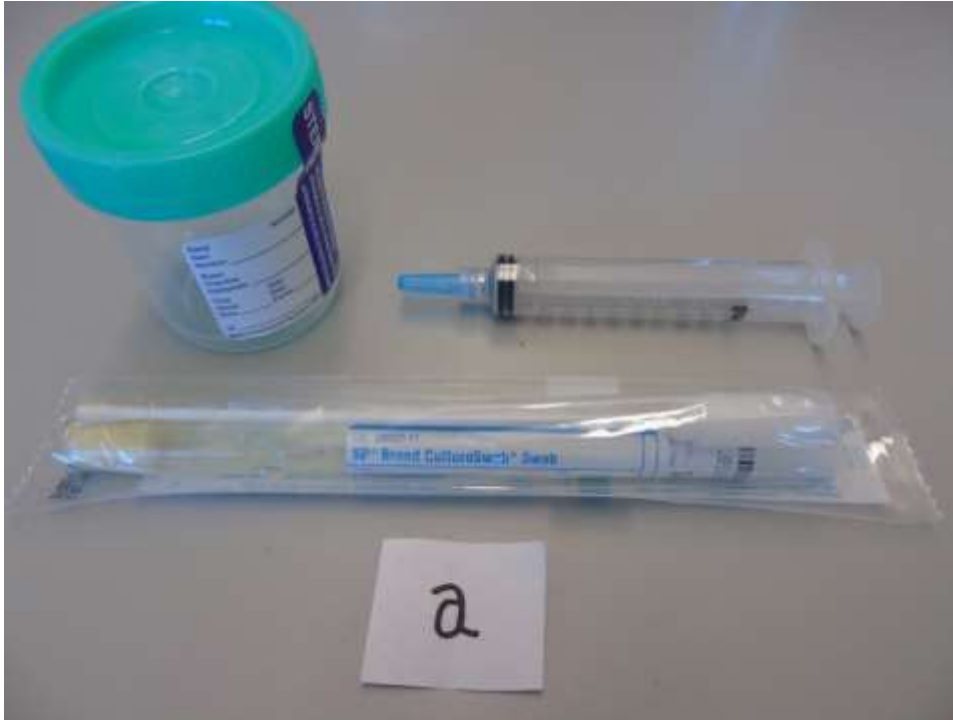
**Specimen Types:** Blood, Bone Marrow



## Anaerobic/Aerobic Culture Test Code 63060235

**Container:** Sterile Container

**Specimen Types:** Abscess, amniotic fluid, appendix, ascites fl, bile, bite, blister, boil, bone, bone marrow, brain, cellulitis, draining, endomet asp, exudate, fluid, granuloma, liver, lung, m ear fl, other source, pericardial fl, peritoneal fl, placenta, pleural fluid, pustule, rectal abscess, sinus ethmoid, sinus maxillary, stump, synov fl, tissue, ulcer



## APT Test Test Code 63060388

**Container:** Sterile container

**Specimen Types:** Gastric fluid and stool

**Additional Information:**

1. Specimen must contain bright **red** blood (not brown or reddish brown).
2. Deliver to laboratory as soon as possible.



## Blood Culture Test Code 63060244

**Container:** Blood Culture Bottles (Aerobic and Anaerobic)

**Specimen Types:** Blood



## Bordetella PCR Test Codes: TMMC- 62871682, MAYO - BPRP

**Submit only 1 of the following specimens:**

**Preferred:**

**Supplies:**

Transwab Nasopharyngeal With Charcoal System (T286)

Nasopharyngeal Swab (Rayon Mini-Tip Swab) (T515)

**Specimen Type:** Nasopharyngeal swab

**Container/Tube:** Rayon swab with an aluminum shaft placed in transport medium such as Stuart's with or without charcoal, or Amies with or without charcoal (Transwab Nasopharyngeal with Charcoal System [T286]) or a green-top nasopharyngeal swab (rayon mini-tip) with Stuart's media (no charcoal) (T515).

**Additional Information:**

1. Swab transport containers without charcoal must contain a pledget saturated with either Stuart's or Amies liquid media. **Clear semi-solid/solid media is gel and will be rejected.**
2. Other swab or media types may be inhibitory to PCR testing and will be rejected.



## Bordetella PCR (Cont'd)

### Acceptable:

**Specimen Type:** Nasopharyngeal (not throat) aspirate/wash or nasal aspirate/wash

**Container/Tube:** Sterile container with a screw top cap (no transport media)

**Specimen Volume:** Entire collection



## Cell Count Ascites Fluid Test Code 265293097

**Container/Tube:** Sterile Container

**Additional instructions:** None

**Specimen Transport Temperature:** Ambient

Specimen should be delivered to Laboratory as soon as possible after collection.



## Cell Count Body Fluid w/ Diff if indicated Test Code 62870935

**Container/Tube:** Sterile Container

**Specimen Type:** Non-blood specimens other than ascites, CSF, pleural, synovial.

**Fluid type must be specified.** (Place order specific to specimen when available.)

**Additional instructions:** None

**Specimen Transport Temperature:** Ambient

Specimen should be delivered to Laboratory as soon as possible after collection.



### Cell Count CSF w/ Diff if indicated Test Code 62872794

**Specimen Type:** Cerebrospinal fluid

**Container/Tube:** Sterile Container

**Additional instructions:** None

**Specimen Transport Temperature:** Ambient

Specimen should be delivered to Laboratory as soon as possible after collection.



### Cell Count Pleural Fluid Test Code 62872794

**Specimen Type:** Pleural fluid

**Container/Tube:** Sterile Container

**Additional instructions:** None

**Specimen Transport Temperature:** Ambient

Specimen should be delivered to Laboratory as soon as possible after collection.



### Cell Count Synovial Fluid Test Code 265294902

**Specimen Type:** Synovial fluid

**Container/Tube:** Sterile Container

**Additional instructions:** None

**Specimen Transport Temperature:** Ambient

Specimen should be delivered to Laboratory as soon as possible after collection.



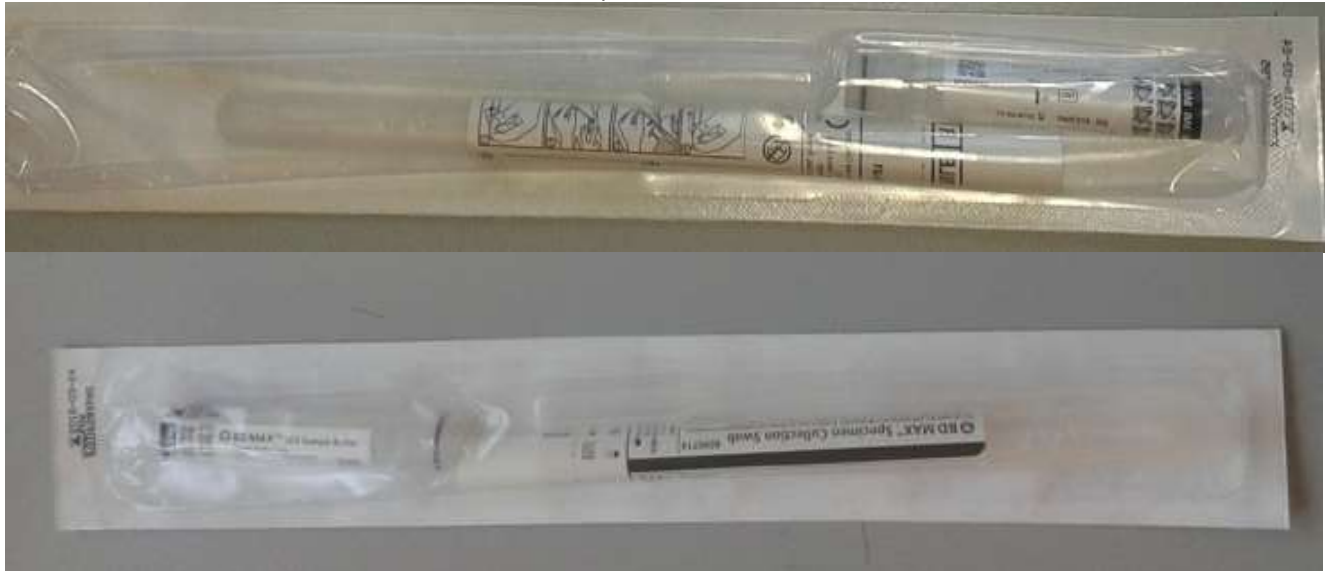
To Search by Test: Ctrl F

## Chlamydia trachomatis/ Neisserria gonorrhoeae PCR Test Code 308072110

**Container:** Specific to specimen

**Specimen Types:** Cervix or Vagina: BD Max

Urine: BD Max or sterile urine cup





## **Chlamydia trachomatis, Miscellaneous Sites, by Nucleic Acid Amplification (GEN-PROBE)**

Test Code: TMMC- 256129889 , Mayo- MCRNA

**Swab specimen must be collected** using an APTIMA Collection Unisex Swab (T583) or APTIMA Collection Vaginal Swab (T584). These swabs are contained in the APTIMA Collection Kit.

**Specimen Type:** Oral/throat **or** ocular (corneal/conjunctiva) **or** rectal/anal

**Container/Tube:** APTIMA Swab Collection System (T583)

**Specimen Volume:** Swab

### **Collection Instructions:**

1. Swab site using APTIMA Collection Unisex Swab.

**Note:** The white swab provided within the collection kit is a cleaning swab and should not be used for collection. Discard the white cleaning swab.

2. Place swab in transport tube provided in collection kit. Snap off swab at score line so swab fits into closed tube.

3. Cap tube securely, and label tube with patient's entire name, and date and time of collection.

4. Transport swab container to laboratory and store (refrigerated is preferred) within 60 days of collection.

**Reject Due To:** Nose, nasal, or throat swab; calcium alginate or cotton-tipped swab; **swab sent in gel transport medium**, viral/universal transport medium, or Regan Lowe media; ESwab; swabs with solid plastic shaft; dry swab



## **Clostridium difficile Toxin B by PCR Test Code 145890910**

**Container:** Sterile Container

**Specimen types:** Submit ONE unformed (soft, loose or liquid) stool.

Due to the high sensitivity and specificity of the test, additional specimens submitted within 7 days will be rejected.





## Crystal Analysis Test Code 62871890

### Specimen Requirements

**Submit 1 of the following specimens (MUST arrive within 24 hours of collection):**

**Specimen Type:** Fluid or fresh tissue

**Container/Tube:**

**Fluid:** Heparin without gel OR other sterile container

**Tissue:** Sterile container for crystals only. (If physician suspects gout, it should not be put in formalin as it will remove crystals from the tissue)

**Specimen Volume:** 2 mL (fluid)

**Specimen Minimum Volume:** 0.5mL (fluid)

### Additional Instructions:

1. If specimen is not submitted the same day of collection, send specimen refrigerated.
2. If submitting tissue, DO NOT PLACE IN FORMALIN.
3. If a tissue culture is requested along with the tissue crystals, it is preferred that the specimen is split, one sample in sterile container for culture, the other in a sterile container for crystals.
4. Tissue specimens are to be sent to Pathology for evaluation.



## CSF (Cerebrospinal Fluid) Culture Test Code 63060248

**Container:** Sterile Container

**Specimen Types:** CSF, Ventricular CSF

(For lumbar puncture, **also** consider Meningitis/Encephalitis PCR for multiple bacteria, viruses and fungus)



## Cytomegalovirus (CMV), Molecular Detection, PCR

Test Code: TMMC- 62871902, Mayo- LCMV

**Source Dependent, call lab (Micro)**

**Specimen Type:** Fluid

**Sources:** Spinal, body, amniotic, ocular

**Container/Tube:** Sterile container

**Specimen Volume:** 0.5 mL

**Collection Instructions:** Do not centrifuge.



**Spinal**

**Specimen Type:** Respiratory

**Sources:** Bronchial washing, bronchoalveolar lavage, nasopharyngeal aspirate or washing, sputum, tracheal aspirate

**Container/Tube:** Sterile container

**Specimen Volume:** 1.5 mL



## **Cytomegalovirus (CMV), Molecular Detection, PCR (Cont'd)**

**Specimen Type:** Genital

**Sources:** Cervix, vagina, urethra, anal/rectal, other genital sources

**Container/Tube:** BBL CultureSwab (T092)

**Specimen Volume:** Swab

**Collection Instructions:** Place swab back into swab cylinder.



**Specimen Type:** Miscellaneous

**Sources:** Dermal, eye, nasal, saliva, throat

**Container/Tube:** BBL CultureSwab (T092)

**Specimen Volume:** Swab

**Collection Instructions:** Place swab back into swab cylinder.



## Cytomegalovirus (CMV), Molecular Detection, PCR (Cont'd)

**Specimen Type:** Tissue

**Sources:** Brain, colon, kidney, liver, lung, etc.

**Container/Tube:** Sterile container with 1 to 2 mL of sterile saline or multi-microbe medium (M5) (T484)

**Specimen Volume:** Entire collection

**Collection Instructions:** Submit only fresh tissue.



**Specimen Type:** Urine

**Container/Tube:** Sterile container

**Specimen Volume:** 1 mL

**Collection Instructions:** Collect a random urine specimen.



**Specimen Type:** Bone marrow

**Container/Tube:** Lavender top (EDTA)

**Specimen Volume:** 0.5 mL



## Enterovirus PCR CSF (Cerebrospinal Fluid) Test Code 138585545

**Container:** Sterile Container

**Specimen Types:** CSF

**Specimen Type:** Spinal fluid

**Container/Tube:** Sterile vial

**Specimen Volume:** 0.5 mL

**Collection Instructions:** Do not centrifuge.

(Consider Meningitis/Encephalitis PCR for multiple viruses, bacteria, and fungus)



## Enterovirus PCR non CSF (Enterovirus, Molecular Detection) PCR Test Code: Mayo- LENT

**Source dependent, call lab (Micro)**

**Specimen source is required.**

**Submit only 1 of the following specimens:**

**Specimen Type:** Body fluid

**Sources:** Pericardial, peritoneal, or pleural

**Container/Tube:** Sterile container

**Specimen Volume:** 0.5 mL

**Collection Instructions:** Do not centrifuge.



**Specimen Type:** Respiratory

**Sources:** Bronchial washing, bronchoalveolar lavage, nasopharyngeal aspirate, swab or washing, throat or nasal swab, sputum, or tracheal aspirate

**Container/Tube:** Sterile container

**Specimen Volume:** 1.5 mL



## Enterovirus PCR non CSF (Enterovirus, Molecular Detection) PCR (Cont'd)

**Specimen Type:** Swab

**Sources:** Dermal, eye, rectal, genital, nasopharyngeal, throat, nasal or urethral

**Container/Tube:** BBL CultureSwab (T092)

**Specimen Volume:** Entire specimen

**Collection Instructions:** Rectal swab must have no visible stool.



## Enterovirus, Molecular Detection, PCR, Plasma Test Code 351583594

**Collection Container/Tube:** Lavender top (EDTA)

**Submission Container/Tube:** Screw-capped, sterile container

**Specimen Volume:** 1 mL

**Collection Instructions:** Spin down promptly.



## Epstein-Barr Virus (EBV), Molecular Detection, PCR Test Code 62872915

**Specimen source is required.**

**Specimen Type:** Fluid

**Sources:** Spinal, body, amniotic, ocular

**Container/Tube:** Sterile container

**Specimen Volume:** 0.5 mL

**Collection Instructions:** Do not centrifuge.



**Specimen Type:** Respiratory

**Sources:** Bronchial washing, bronchoalveolar lavage, nasopharyngeal aspirate or washing, sputum, or tracheal aspirate

**Container/Tube:** Sterile container

**Specimen Volume:** 1.5 mL



**Specimen Type:** Miscellaneous

**Sources:** Eye, nasal, throat

**Container/Tube:** BBL CultureSwab (T092)

**Specimen Volume:** Swab

**Collection Instructions:** Place swab back into swab cylinder

**Reject Due To** Calcium alginate-tipped swab, wood swab, or **transport swab containing gel**; formalin-fixed and/or paraffin-embedded tissues





## Epstein-Barr Virus (EBV), Molecular Detection, PCR (Cont'd)

**Specimen Type:** Bone marrow

**Container/Tube:** Lavender top (EDTA) only

**Specimen Volume:** 0.5 mL



**Specimen Type:** Tissue

**Sources:** Brain, colon, kidney, liver, lung, etc.

**Container/Tube:** Sterile container with 1 to 2 mL of sterile saline or multi-microbe medium (M5) (T484)

**Specimen Volume:** Entire collection

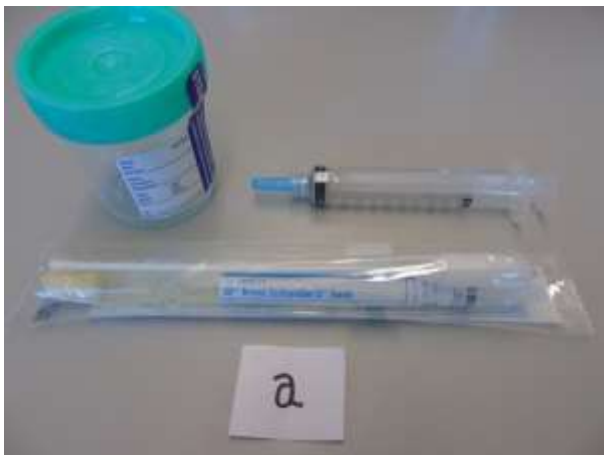
**Collection Instructions:** Submit only fresh tissue.



## Fungus Culture Test Code 63060259

**Container:** Sterile Container, syringe, culturette

**Specimen Types:** Abscess, Ascites Fl, BAL, Blood, Bone, Bone Marrow, Bronch Wash, CSF, Liver, Lung, Lymph Node, Nasal, other source, Pericardial Fl, Peritoneal Fl, Pleural Fl, Sinus Ethmoid, Sinus Maxillary, Sputum, Synov Fl, Tissue, Tracheal Aspirate, Urine, Vagina, Wound



## **Fungus Culture Blood** Test Code 63060259

**Container:** Isolator



## **Fungus Culture Skin, Hair, Nails** Test Code 95259277

**Container:** Sterile Container



## **Gonorrhea Culture** Test Code 63060263

**Container:** Sterile Container (container "c" - culturette)

**Specimen Types:** Bartholin cyst, cervix, other source, penis, rectal abscess, rectum, urethra, vagina



### **Gram Stain** Test Code 63060311

**Container:** Sterile Container (container "s" - click link under "Resources" to see picture)

**Specimen Types:** Other source, urine



### **Group A Strep Antigen Throat** Test Code 95265754

**Container:** Culturette (no gel) (container "c")

**Specimen Types:** Throat



### **Group B Strep Culture** Test Code 95259283

**Container:** Culturette (no gel) (container "c")

**Specimen Types:** Vagina and Rectum



**Group B Strep DNA PCR Test Code 96231516**

**Container:** Red top double swab transport (container "d")

**Specimen Types:** Vagina and Rectum



**Herpes Simplex Virus (HSV), Molecular Detection, PCR Test Code 62872094 (Mayo)LHSV**

**Specimen source is required.**

**Specimen Required**

**Submit only 1 of the following specimens:**

**Specimen Type:** Fluid

**Sources:** Body, amniotic, ocular

**Container/Tube:** Sterile container

**Specimen Volume:** 0.5 mL

**Collection Instructions:** Do not centrifuge.



## Herpes Simplex Virus (HSV), Molecular Detection, PCR (Cont'd)

**Specimen Type:** Genital

**Sources:** Cervix, vagina, urethra, anal/rectal, other genital sources

**Container/Tube:** BBL CultureSwab (T092)

**Specimen Volume:** Swab

**Collection Instructions:** Place swab back into swab cylinder or into multi-microbe media (M5 media) (T484) or M4 media.



**Specimen Type:** Respiratory

**Sources:** Bronchial washing, bronchoalveolar lavage, nasopharyngeal aspirate or washing, sputum, tracheal aspirate

**Container/Tube:** Sterile container

**Specimen Volume:** 1.5 mL



## Herpes Simplex Virus (HSV), Molecular Detection, PCR (Cont'd)

**Specimen Type:** Miscellaneous

**Sources:** Dermal, eye, nasal, throat

**Container/Tube:** BBL CultureSwab (T092)

**Specimen Volume:** Swab

**Collection Instructions:** Place swab back into swab cylinder or into M4 or M5 media (T484)

**Reject Due To:** Calcium alginate-tipped swab, wood swab, or **transport swab containing gel**; formalin-fixed and/or paraffin-embedded tissues



**Specimen Type:** Tissue

**Sources:** Brain, colon, kidney, liver, lung, etc.

**Container/Tube:** Sterile container containing 1 mL to 2 mL of sterile saline or multi-microbe medium (M5) (T484)

**Specimen Volume:** Entire collection

**Collection Instructions:** Submit only fresh tissue.



## Herpes Simplex Virus (HSV), Molecular Detection, PCR (Cont'd)

**Specimen Type:** Urine (<1 month old infant)

**Container/Tube:** Sterile container

**Specimen Volume:** 0.5 mL



## Herpes Simplex Virus (HSV), Molecular Detection, PCR, Spinal Fluid Test Code 638126815

(Mayo) HSVC

**Specimen Type** CSF

**Specimen Required**

**Specimen Type:** Spinal fluid

**Container/Tube:** Sterile container (12 x 75-mm screw cap vial: T465)

**Specimen Volume:** 0.2 mL

**Collection Instructions:** Do not centrifuge.

(Consider Meningitis/Encephalitis PCR for multiple viruses, bacteria, and fungus)



## India Ink Test Code 63060360

**Specimen Requirements**

**Container:** Sterile Container (container "s")

**Specimen Types:** CSF, other source

**Specimen Transport Temperature** Ambient

**Stability:** 30 minutes





**Influenza/Respiratory Syncytial Virus PCR** Test Code 155312485

**Specimen Requirements**

**Container:** utm/flocked swab system (container "u")

**Specimen Type:** NP Swab



**KOH** Test Code 63060358

**Specimen Requirements**

**Container:** Sterile Container (container "s" - click link under "Resources" to see picture)

**Specimen Types:** Hair, Nail, other source, Skin



***Legionella* Culture** Test Code 2225900660 (Mayo) LEGI

**Specimen Required**

**Specimen Type:** Bronchial washing, bronchoalveolar lavage, bronchus fluid, chest fluid, chest tube drainage, empyema, endotracheal specimen, fresh lung tissue, heart valves, induced sputum, lingula (lung), lung biopsy, pericardial fluid or tissue, pleura, pleural fluid, protected catheter brush, sputum, thoracentesis fluid, tracheal secretion, transbronchial biopsy, or transtracheal aspirate

**Container/Tube:** Sterile container

**Additional Information:** Specimen source is required.



***Legionella* species, Molecular Detection, PCR** Test Code 137855241 (Mayo) LEGRP

**Specimen source is required.**

**Specimen Type:** Respiratory

**Sources:** Sputum, tracheal secretions/aspirates, transtracheal aspirate, bronchial washing/aspirate, bronchoalveolar lavage, lung fluid or pleural fluid

**Container/Tube:** Sterile container

**Specimen Volume:** 1 mL



**Specimen Type:** Fresh tissue or biopsy

**Sources:** Lung tissue

**Container/Tube:** Sterile container

**Specimen Volume:** Entire collection



## **Legionella Urinary Antigen Test Code 262136585**

### **Specimen Requirements**

**Container:** Sterile container (container "s")

**Specimen Types:** Urine



## **Lyme Disease, Molecular Detection, PCR Test Code 62872204 (Mayo) PBORR**

**Specimen source is required.**

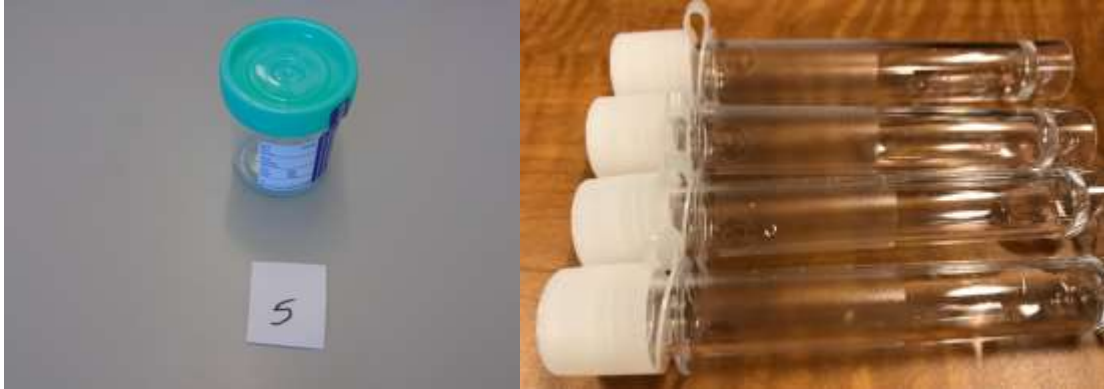
**Submit only 1 of the following specimens:**

**Specimen Type:** Spinal fluid

**Container/Tube:** Sterile vial

**Specimen Volume:** 1 mL

**Collection Instructions:** Label specimen as spinal fluid.



**Specimen Type:** Synovial fluid

**Container/Tube:** Sterile vial

**Specimen Volume:** 1 mL

**Collection Instructions:** Label specimen as synovial fluid.



## Lyme Disease, Molecular Detection, PCR (Cont'd)

**Specimen Type:** Tissue (fresh only)

**Sources:** Skin or synovial biopsy

**Container/Tube:** Sterile container with normal saline



## Malaria Smear Test Code 63060348

**Specimen Requirements**

**Container:** Purple top or thick and thin smears

**Specimen Types:** Blood

**Specimen Transport Temperature**

Ambient

**Stability:** Smears: 30 minutes



## Measles (Rubeola) Virus Culture Test Code 387159324

Please submit one of the following specimens:

**Specimen Types:** Nasopharyngeal aspirate or washing, throat swab, conjunctival swab, lung tissue, CSF, or urine.

**Container/Tube:** Fluid - sterile container; swab



CSF

## **Meningitis/Encephalitis PCR** Test Code 745099721

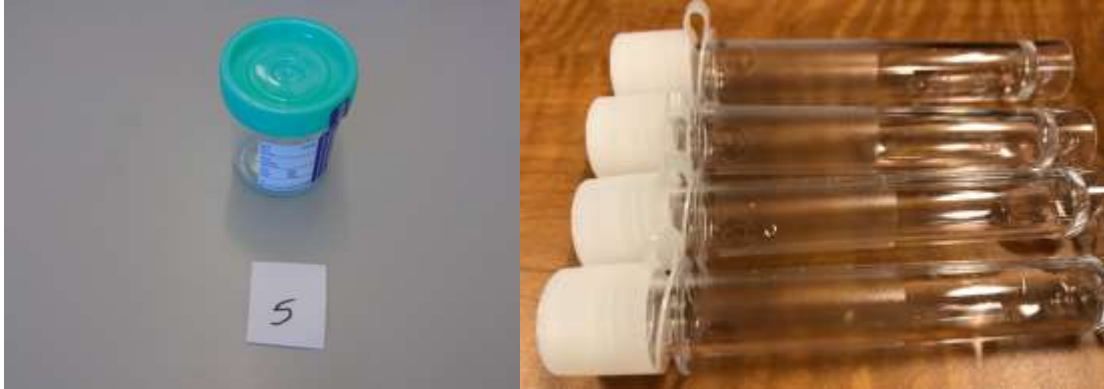
**Specimen Type:** Spinal fluid

**Container/Tube:** Sterile vial

**Specimen Volume:** 1 mL

**Collection Instructions:** Label specimen as spinal fluid.

(Multiplex PCR for Cryptococcus, CMV, Enterovirus, E. coli, Haemophilus influenzae, HSV, Parechovirus, Listeria, Neisseria meningitidis, Strep agalactiae, Strep pneumoniae, Varicella Zoster Virus)



## **Microsporidia species, Molecular Detection, PCR** Test Code 394487873 (Mayo) LCMSP

**Specimen Required**

**Submit only 1 of the following specimens:**

**Preferred:**

**Specimen Type:** Unpreserved stool

**Supplies:** Stool container, Small (Random), 4 oz (T288); Stool Collection Kit, Random (T635)

**Container/Tube:** Stool container (T288)

**Specimen Volume:** 5 g

**Specimen Stability Information:** Refrigerated 7 days (preferred)/Frozen 7 days



## Microsporidia species, Molecular Detection, PCR (Cont'd)

**Specimen Type:** Preserved stool

**Supplies:** ECOFIX Stool Transport Vial (Kit) (T219); Stool Collection Kit, Random (T635)

**Container/Tube:**

**Preferred:** ECOFIX preservative (T219)

**Specimen Volume:** 5 g

**Specimen Stability Information:** Ambient 7 days (preferred)/Refrigerated 7 days/Frozen 7 days



**Specimen Type:** Urine

**Container/Tube:** Sterile container

**Specimen Volume:** 5 mL

**Collection Instructions:** Mid-stream, clean-catch, suprapubic aspirates and catheterization collections are acceptable. Please submit in a clean, sterile container free from preservatives. The first portion of the voided urine (first void) is also acceptable.

**Specimen Stability Information:** Refrigerated 7 days (preferred)/Frozen 7 days



## **MRSA Evaluation Test Code 95259289**

### **Specimen Requirements**

**Container:** Culturette (no gel) (container "c")

**Specimen Types:** Nares



## **MTB DNA PCR direct (Not in Test Catalog) Mayo Test ID: MTBRP**

**Preferred Specimens:** Body fluid, cerebrospinal fluid (CSF), ocular fluid, respiratory (eg, bronchoalveolar lavage [BAL], bronchial washing, sputum), stool, fresh tissue, bone, bone marrow, or urine

**Acceptable Specimens:** If no fresh specimen is available, digested respiratory specimens treated with N-acetyl-L-cysteine (NALC)/NaOH are acceptable (eg, BAL, bronchial washing, respiratory fluid, sputum, or tracheal secretion), as are NALC/NaOH-treated gastric washings.

**Submit only 1 of the following specimens:**

**Specimen Type:** Body fluid

**Sources:** Body, bone marrow aspirate, ocular, or CSF

**Container/Tube:** Sterile container

**Specimen Volume:** 1 mL

**Additional Information:** Only fresh, non-NALC/NaOH-digested body fluid is acceptable.





## MTB DNA PCR direct (Not in Test Catalog) Mayo Test ID: MTBRP (Cont'd)

**Specimen Type:** Gastric washing

**Container/Tube:** Sterile container

**Specimen Volume:** 2 mL

**Collection Instructions:** Neutralize specimen within 4 hours of collection with 20 mg of sodium carbonate per 2 mL of gastric washing.



**Specimen Type:** Respiratory

**Sources:** BAL, bronchial washing, or sputum

**Container/Tube:** Sterile container

**Specimen Volume:** 1 mL if only PCR ordered or 3 mL if PCR ordered with smear and culture



**Specimen Type:** Stool

**Container/Tube:** Sterile container

**Specimen Volume:** 5-10 g

**Additional Information:** Only fresh, non-NALC/NaOH-digested stool is acceptable.



## MTB DNA PCR direct (Not in Test Catalog) Mayo Test ID: MTBRP (Cont'd)

**Specimen Type:** Tissue

**Sources:** Fresh tissue, bone, or bone marrow biopsy

**Container/Tube:** Sterile container

**Specimen Volume:** 5-10 mm

**Collection Instructions:** Keep moist with sterile water or sterile saline

**Additional Information:** Only fresh, non-NALC/NaOH-digested tissue is acceptable.



**Specimen Type:** Urine

**Container/Tube:** Sterile container

**Specimen Volume:** 1 mL

**Collection Instructions:** Collect a random urine specimen.



### Acceptable

**Specimen Type:** NALC/NaOH-digested respiratory specimens

**Sources:** Lavage fluid, bronchial washing, gastric washing, respiratory fluid, sputum, or tracheal secretion

**Container/Tube:** Sterile container

**Specimen Volume:** 2 mL

**Collection Instructions:**

1. Submit digested specimen treated with NALC/NaOH.
2. Clearly indicate on container and order form that specimen is a digested specimen.



### Shipping Instructions

Specimen must arrive within 7 days of collection; specimen >7 days will be rejected.

### Necessary Information

Specimen source is required

## ***Mycoplasma hominis*, Molecular Detection, PCR/ Ureaplasma , Molecular Detection, PCR**

Test Code 275298552 (Custom Order Set)

### **Specimen Type**

Varies

**Submit only 1 of the following specimens:**

**Supplies:** M5 (T484) media

**Specimen Type:** Swab

**Sources:** Vaginal, cervix, urethra, urogenital, chest/mediastinal, bronchus (donor swab), upper respiratory sources (only infants <3 months: nasopharynx, nose, throat)

### **Container/Tube:**

**Preferred:** Culture swab transport system (Dacron or rayon swab with aluminum or plastic shaft with either Stuart or Amies liquid medium)

**Acceptable:** Swab in transport media: M4, M5 (T484), universal transport media, or ESwab

**Specimen Volume:** 1 swab

### **Collection Instructions:**

Vaginal:

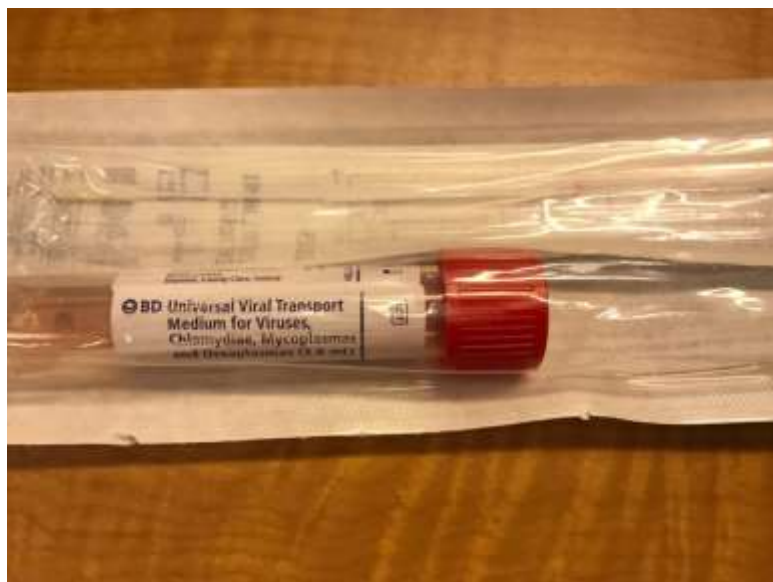
1. Collect specimen by swabbing back and forth over mucosa surface to maximize recovery of cells.
2. Place swab back into swab cylinder.

Urethra or Cervical:

1. Collect specimen by inserting swab 1 to 3 cm and rotating 360 degrees.
2. Place swab back into swab cylinder.

Wound:

1. Collect specimen by swabbing back and forth over wound surface to maximize recovery of cells.
2. Place swab back into swab cylinder.



## ***Mycoplasma hominis*, Molecular Detection, PCR/ Ureaplasma , Molecular Detection, PCR (cont'd)**

**Supplies:** M5 (T484) media

**Specimen Type:** Fluid

**Sources:** Pelvic fluid, amniotic fluid, prostatic secretions, semen, reproductive drainage or fluid, synovial fluid, pleural/chest fluid, chest tube fluid, pericardial fluid, sputum, tracheal secretions, bronchial washings, bronchoalveolar lavage, lung fluid; nasal washings (only infants <3 months)

**Container/Tube:**

**Preferred:** Sterile container

**Acceptable:** Specimen in 3 mL of transport media: M4, M5 (T484), or universal transport media

**Specimen Volume:** 1-2 mL



**Specimen Type:** Urine, kidney/bladder stone, ureter

**Container/Tube:** Sterile container

**Specimen Volume:** 10 mL or entire specimen



**Specimen Type:** Tissue

**Sources:** Placenta, products of conception, respiratory, bronchus, chest/mediastinal, bone, joint

**Container/Tube:** Sterile container

**Specimen Volume:** 5 mm(3)

**Collection Instructions:** Submit only fresh tissue.



***Mycoplasma pneumoniae*, Molecular Detection, PCR** Test Code 335225746 (Mayo) MPRP

**Specimen source is required.**

**Submit only 1 of the following specimens:**

**Specimen Type:** Respiratory

**Sources:** Bronchial washing, bronchoalveolar lavage, tracheal secretions, sputum

**Container/Tube:**

**Preferred:** Sterile container

**Acceptable:** Specimen in M4, M5, or UTM

**Specimen Volume:** 1 mL



**Specimen Type:** Swab

**Sources:** Throat, nasal, or nasopharyngeal

**Container/Tube:**

**Preferred:** Culture swab transport system (Dacron or rayon swab with aluminum or plastic shaft with either Stuart or Amies liquid medium)

**Acceptable:** Culture transport swab (Stuart's media) or place swab in M4, M5, UTM, or ESwab

**Specimen Volume:** Swab

**Collection Instructions:**

1. Collect specimen by swabbing back and forth over mucosa surface to maximize recovery of cells.
2. Place swab back into swab cylinder.

**Specimen Type:** Fluid

**Sources:** Pleural, pericardial, cerebrospinal

**Container/Tube:** Sterile vial

**Specimen Volume:** 0.5 mL



## Norovirus (EIA), Stool (not in test catalog)- Mayo Test ID: FNLV

**Specimen Type:** Fecal

### Specimen Required

Collect 2 grams of fresh unpreserved stool in sterile container. Send specimen frozen.

**NOTE:** Separate specimens must be submitted when multiple tests are ordered.

### Specimen Minimum Volume

1 gram

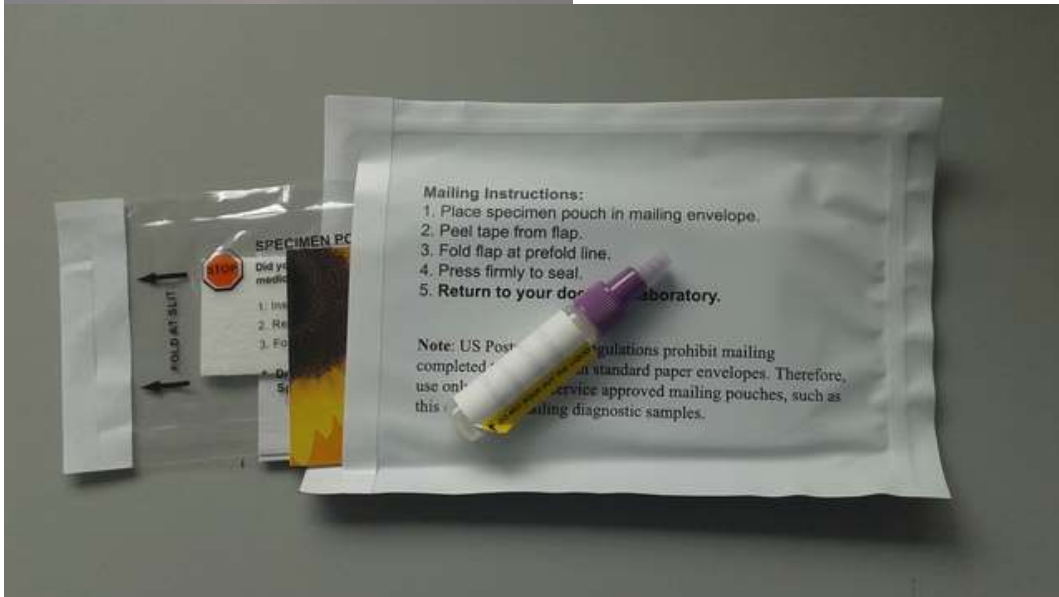


## Occult Blood Stool iFOB Test Code 262181617

### Specimen Requirements

**Container:** Sterile Container (container "s") or occult blood (container "m")

**Specimen Types:** Stool, Colonic Wash



## Ova and Parasites (OP Stool) Test Code 63060313

### Specimen Requirements

**Container:** Sterile Container (container "s") or formalin/PVA vial set (container "f")

**Specimen Types:** Stool, Colonic Wash, other source



## Occult Blood Gastric Test Code 95259291

### Specimen Requirements

**Container:** Sterile Container (container "s")

**Specimen Types:** Gastric aspirate, vomitus



## Parvovirus B19, Molecular Detection, PCR Test Code 130918557 (Mayo) PARVO

Specimen source is required.

Submit only 1 of the following specimens:

### Preferred:

**Specimen Type:** Amniotic fluid

**Container/Tube:** Amniotic fluid container

**Specimen Volume:** 0.5 mL

### Collection Instructions:

1. Do not centrifuge.
2. Label specimen as amniotic fluid.

**Specimen Stability Information:** Refrigerated (preferred) 7 days/Frozen 7 days





## Parvovirus B19, Molecular Detection, PCR (Cont'd)

**Specimen Type:** Spinal fluid

**Container/Tube:** Sterile vial

**Specimen Volume:** 0.5 mL

**Collection Instructions:**

1. Do not centrifuge.
2. Label specimen as spinal fluid.

**Specimen Stability Information:** Refrigerated (preferred) 7 days/Frozen 7 days



**Specimen Type:** Synovial fluid

**Container/Tube:** Sterile vial or lavender top (EDTA)

**Specimen Volume:** 0.5 mL

**Collection Instructions:** Label specimen as synovial fluid.

**Specimen Stability Information:** Refrigerated (preferred) 7 days/Frozen 7 days



### Alternate:

**Specimen Type:** Bone marrow

**Container/Tube:** Sterile container or lavender top (EDTA)

**Specimen Volume:** 0.5 mL

**Collection Instructions:** Label specimen as bone marrow.

**Specimen Stability Information:** Refrigerated 7 days



## **Pinworm Prep** Test Code 63060316

### **Specimen Requirements**

**Container:** Pinworm prep (container "q")

**Specimen Types:** Pinworm prep



## ***Pneumocystis* Smear** Test Code 220436999 (Mayo) SPN

### **Specimen Type**

Varies

### **Specimen Required**

**Specimen source is required.**

**Submit only 1 of the following specimens:**

### **Preferred:**

**Specimen Type:** Bronchoalveolar lavage

**Container/Tube:** Sterile container

**Specimen Volume:** Minimum of 2 mL



**Specimen Type:** Lung or open lung tissue

**Container/Tube:** Sterile container

**Specimen Volume:** Minimum of a rice size piece

**Collection Instructions:** Tissue should be placed in small amount of sterile saline or sterile water.



## ***Pneumocystis* Smear (Cont'd)**

### **Alternate:**

**Specimen Type:** Bronchial washing, sputum, or tracheal secretion

**Container/Tube:** Sterile container

**Specimen Volume:** Minimum of 1 mL



## ***Pneumocystis jiroveci*, Molecular Detection, PCR Test Code 62873065 (Mayo) PNRP**

**Specimen Type**

Varies

**Specimen Required**

The high sensitivity of amplification by PCR requires the specimen to be processed in an environment in which contamination of the specimen by *Pneumocystis* species DNA is unlikely.

**Submit only 1 of the following specimens:**

### **Preferred**

**Specimen Type:** Body fluid

**Sources:** CSF or pleural

**Container/Tube:** Sterile container

**Specimen Volume:** 1 mL



CSF

**Specimen Type:** Respiratory

**Sources:** Bronchoalveolar lavage, bronchial washing, or sputum

**Container/Tube:** Sterile container

**Specimen Volume:** 1 mL



## ***Pneumocystis jiroveci*, Molecular Detection, PCR (Cont'd)**

**Specimen Type:** Tissue

**Sources:** Respiratory

**Container/Tube:** Sterile container

**Specimen Volume:** 5-10 mm

**Collection Instructions:**

1. Submit fresh tissue.
2. Keep tissue moist with sterile water or sterile saline



### **Acceptable**

**Specimen Type:** NALC/NaOH-digested respiratory specimens

**Sources:** Lavage fluid, bronchial washing, respiratory fluid, sputum, or tracheal secretion

**Container/Tube:** Sterile container

**Specimen Volume:** 2 mL

**Collection Instructions:**

1. Submit digested specimen treated with NALC/NaOH.
2. Clearly indicate on container and order form that specimen is a digested specimen.



## **Respiratory Culture with Gram Stain Test Code 63060288**

**Specimen Requirements**

**Container:** Sterile Container

**Specimen Types:** BAL, Bronchial brushing, Bronchial biopsy, Bronchial washing, Lung aspirate, Sinus/Nasopharyngeal aspirate, Sputum, Tracheal Aspirate



## **Respiratory Viral Panel – order Respiratory PCR Panel Test Code 394064397**

### **Specimen Requirements**

**Container:** utm/flocked swab system (container "u")

**Specimen Type:** NP Swab

(Multiplex PCR for Adenovirus, Coronavirus, Metapneumovirus, Rhinovirus/Enterovirus, Influenza Virus, Parainfluenza Virus, RSV, Bordetella pertussis, Chlamydomphila pneumoniae, and Mycoplasma pneumoniae)



## **Rotavirus Antigen Stool Test Code 394064397**

### **Specimen Requirements**

**Container:** Sterile Container (container "s")

**Specimen Types:** Rectal swab, stool



## **RSV Antigen – See: Influenza/Respiratory Syncytial Virus PCR Test Code 155312485**

This test now includes RSV and replaces RSV test code 63060363.

**Container:** utm/flocked swab system (container "u")

**Specimen Type:** NP Swab

**Specimen Transport Temperature:** Ambient

**Stability:** Refrigerated: 3 days in utm



***Streptococcus pneumoniae* Antigen, Spinal Fluid** Test Code 286626579 (Mayo) SPNC

**Specimen Type:** CSF

**Specimen Required**

**Container/Tube:** Sterile vial

**Specimen Volume:** 1 mL



***Streptococcus pneumoniae* Antigen, Urine** Test Code SPNEU

**Specimen Type** Urine

**Specimen Required**

**Container/Tube:** Plastic, 10-mL urine tube (Supply T068)

**Specimen Volume:** 2 mL

**Collection Instructions:** Collect a random urine specimen.



**Stool Bacterial Panel PCR (Stool Culture)** Test Code 416387516

**Outpatients and Outreach - use following container:**

**Container:** Orange top vial stool preservative (container "o") or sterile container "s"

**Specimen Type:** Stool

**Specimen Transport Temperature:** Ambient



## **Stool Culture Additional Pathogen Test Code 63060307**

### **Specimen Requirements**

**Container:** Sterile Container (container "s") or orange top vial stool preservative (container "o")

**Specimen Types:** Stool

### **Specimen Transport Temperature**

Ambient

### **Stability:**

Sterile container without preservative: 1 hour

Container with preservative: 4 days



## ***Ureaplasma* species, Molecular Detection, PCR/ *Mycoplasma hominis*, Molecular Detection, PCR Test Code 275298552**

### **Specimen Type**

Varies

### **Specimen Required**

The high sensitivity of amplification by PCR requires the specimen to be processed in an environment in which contamination of the specimen by *Ureaplasma* DNA is not likely.

### **Submit only 1 of the following specimens:**

**Supplies:** M5 (T484) media

**Specimen Type:** Swab

**Sources:** Vaginal, cervix, urethra, urogenital, chest/mediastinal, bronchus (donor swab), upper respiratory sources (only infants <3 months: nasopharynx, nose, throat)

### **Container/Tube:**

**Preferred:** Culture swab transport system (Dacron or rayon swab with aluminum or plastic shaft with either Stuart or Amies liquid medium)

**Acceptable:** Swab in transport media: M4, M5 (T484), universal transport media, or ESwab

**Specimen Volume:** 1 swab

### **Collection Instructions:**

Vaginal:

1. Collect specimen by swabbing back and forth over mucosa surface to maximize recovery of cells.
2. Place swab back into swab cylinder.

Urethra or Cervical:

1. Collect specimen by inserting swab 1 to 3 cm and rotating 360 degrees.
2. Place swab back into swab cylinder.

Wound:

1. Collect specimen by swabbing back and forth over wound surface to maximize recovery of cells.
2. Place swab back into swab cylinder.

To Search by Test: Ctrl F

***Ureaplasma* species, Molecular Detection, PCR/ *Mycoplasma hominis*, Molecular Detection, PCR (Cont'd)**



**Supplies:** M5 (T484) media

**Specimen Type:** Fluid

**Sources:** Pelvic fluid, amniotic fluid, prostatic secretions, semen, reproductive drainage or fluid, synovial fluid, pleural/chest fluid, chest tube fluid, pericardial fluid, sputum, tracheal secretions, bronchial washings, bronchoalveolar lavage, lung fluid; nasal washings (only infants <3 months)

**Container/Tube:**

**Preferred:** Sterile container

**Acceptable:** Specimen in 3 mL of transport media: M4, M5 (T484), or universal transport media

**Specimen Volume:** 1-2 mL

**Specimen Type:** Urine, kidney/bladder stone, ureter

**Container/Tube:** Sterile container

**Specimen Volume:** 10 mL or entire specimen



**Specimen Type:** Tissue

**Sources:** Placenta, products of conception, respiratory, bronchus, chest/mediastinal, bone, joint

**Container/Tube:** Sterile container

**Specimen Volume:** 5 mm(3)

**Collection Instructions:** Submit only fresh tissue.





## Urine Culture Test Code 63060302

- **Specimen Requirements**
- **Container:** Sterile container (container "s") or gray top boric acid (container "g")  
**Specimen Types:** Urine; urine - cysto bladder; urine - foley' urine ILEAL loop; urine - kidney, left; urine - kidney, right; urine - pedibag; urine - straight catheter; urine - suprapubic; urine - voided
- **Specimen Transport Temperature:** Ambient or Refrigerated  
**Stability:** Unpreserved: 2 hours room temperature  
 Refrigerated: 24 hours  
 In preservative tube: 48 hours at room temperature



## Vaginal Pathogen Panel by DNA Probe Test Code 326408865

### Panel includes:

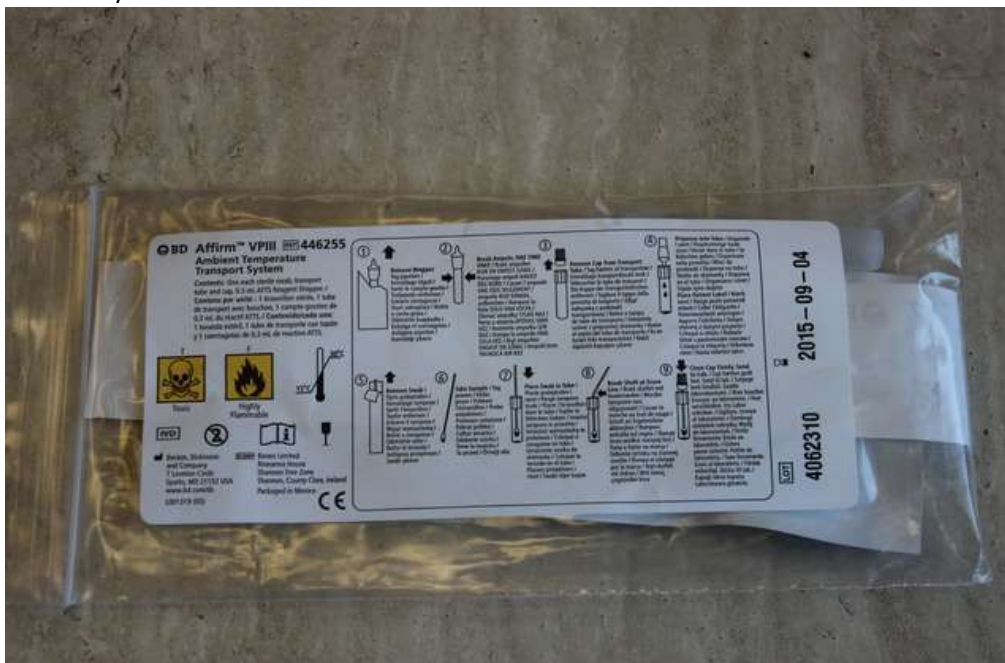
1. Candida sps
2. Gardnerella vaginalis
3. Trichomonas vaginalis

**Performing Laboratory:** ARUP Laboratory

### Submit the following specimen:

Specimen Type: Vaginal fluid

Container/Tube: BD Affirm collection kit



**Specimen Transport Temperature:** Refrigerated

**Storage Temp stability:** Refrigerated specimen must be set up within 72 hours of collection.

## **Varicella-Zoster Virus by PCR (Blood) Test Code 513917093**

**Specimen Type:** EDTA Plasma

**Container/Tube:** Lavender (EDTA)

**Also acceptable:** Pink (K<sub>2</sub>EDTA) or serum separator tube

**Specimen Transport Temperature:** Frozen

**Storage Temp Stability**

**Room Temperature:** 24 hours

**Refrigerated:** 5 days



## **Varicella-Zoster Virus, Molecular Detection, PCR Test Code 62873126 (Mayo) LVZV**

**Source Dependent, call lab (Micro)**

**Specimen Type**

Varies

**Specimen source is required.**

**Submit only 1 of the following specimens:**

**Specimen Type:** Fluid

**Sources:** Spinal, body, amniotic, ocular

**Container/Tube:** Sterile container

**Specimen Volume:** 0.5 mL

**Collection Instructions:** Do not centrifuge.



**Spinal**

## Varicella-Zoster Virus, Molecular Detection, PCR (Cont'd)

**Specimen Type:** Miscellaneous

**Sources:** Dermal, eye, nasal, throat

**Container/Tube:** BBL CultureSwab (T092)

**Specimen Volume:** Swab

**Collection Instructions:** Place swab back into swab cylinder or place in multi-microbe media (M5) (T484) or M4 media.

**Reject Due To** Calcium alginate-tipped swab, wood swab, or **transport swab containing gel**; formalin-fixed and/or paraffin-embedded tissues



**Specimen Type:** Genital

**Sources:** Cervix, vagina, urethra, anal/rectal, other genital sources

**Container/Tube:** BBL CultureSwab (T092)

**Specimen Volume:** Swab

**Collection Instructions:** Place swab back into swab cylinder or place in multi-microbe media (M5) (T484) or M4 media.



## Varicella-Zoster Virus, Molecular Detection, PCR (Cont'd)

**Specimen Type:** Respiratory

**Sources:** Bronchial washing, bronchoalveolar lavage, nasopharyngeal aspirate or washing, sputum, tracheal aspirate

**Container/Tube:** Sterile container

**Specimen Volume:** 1.5 mL



## Viral Culture, Non-Respiratory Test Code 220438041 (Mayo) VIRNR

**Source Dependent, call lab (Micro)**

**Specimen Type** Varies

**Specimen Required**

**Specimen Type:** Body fluid

**Sources:** Pericardial, peritoneal, amniotic

**Container/Tube:** Sterile container

**Specimen Volume:** 1 mL



**Specimen Type:** Rectal

**Supplies:**

Swab, Sterile Polyester (T507)

M5 Media (T484)

**Container/Tube:** Dacron-tipped swab with plastic handle (T507)

**Specimen Volume:** Swab

**Collection Instructions:** Place swab in M5 (T484) or other viral transport media.



## Viral Culture, Non-Respiratory (Cont'd)

**Specimen Type:** Spinal fluid

**Container/Tube:** Sterile vial

**Specimen Volume:** 1 mL



**Specimen Type:** Stool

**Supplies:** Stool Collection Kit, Random (T635)

**Container/Tube:** Sterile container

**Specimen Volume:** 5-10 g



**Specimen Type:** Tissue

**Sources:** Brain, colon, kidney, liver, etc.

**Supplies:** M5 Media (T484)

**Container/Tube:** Sterile container with 1 to 2 mL of sterile saline or multi-microbe medium (M5) (T484)

**Specimen Volume:** Entire collection



## **Viral Culture, Non-Respiratory (Cont'd)**

**Specimen Type:** Dermal (for enterovirus only)

**Supplies:**

Swab, Sterile Polyester (T507)

M5 (T484)

**Container/Tube:** Dacron-tipped swab with plastic handle (T507)

**Specimen Volume:** Swab

**Collection Instructions:**

1. Place swab in M5 (T484) or other viral transport media.
2. Clearly label "enterovirus" to ensure proper handling and test setup.



## **Viral Culture, Respiratory** Test Code 220437851 (Mayo) VRESP

**Source Dependent, call lab (Micro)**

**Specimen Type**

Varies

**Specimen Required**

**Specimen Type:** Lower respiratory tract specimens such as bronchoalveolar lavage, bronchial washings or aspirates, tracheal aspirates or secretions, pleural fluid, nasal swab or washing or sputum

**Container/Tube:** Sterile container

**Specimen Volume:** 1 mL



## Viral Culture, Respiratory (Cont'd)

### Supplies:

Nasopharyngeal Swab (Rayon Mini-Tip swab) (T515)

M5 Media (T484)

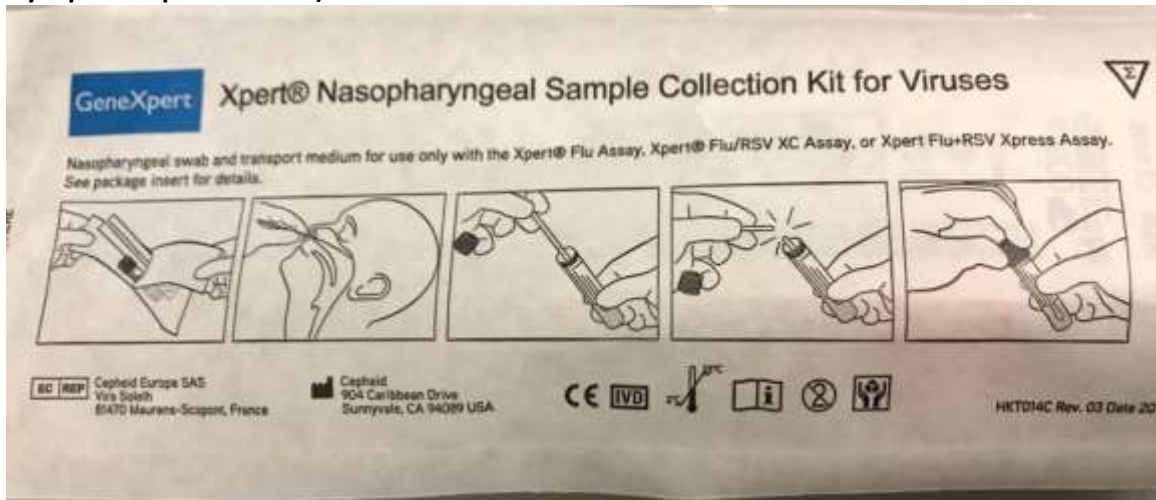
**Specimen Type:** Nasopharynx

**Specimen Volume:** Entire collection

### Collection Instructions:

1. Collect specimen by swabbing back and forth over mucosa surface to maximize recovery of cells.
2. Place swab into M5 media (T484) or other transport media.

**(Consider Respiratory PCR Panel for multiple viruses plus Bordetella pertussis, Chlamydomphila pneumoniae, and Mycoplasma pneumoniae)**





## Viral Culture, Respiratory (Cont'd)

### Supplies:

Culturette (BBL Culture Swab) (T092)

M5 Media (T484)

Swab, Sterile Polyester (T507)

**Specimen Type:** Throat

**Container/Tube:**

**Preferred:** BBL CultureSwab (T092)

**Acceptable:** Dacron-tipped swab with plastic handle (T507)

**Specimen Volume:** Swab

**Collection Instructions:** Place swab into M5 media (T484) or other transport media.



**Supplies:** M5 Media (T484)

**Specimen Type:** Tissue

**Sources:** Lung and others

**Container/Tube:** Sterile container with 1 to 2 mL of sterile saline or M5 transport media (T484)

**Specimen Volume:** Entire collection





## **Viral Culture, Respiratory (Cont'd)**

### **Supplies:**

Swab, Sterile Polyester (T507)

M5 Media (T484)

**Specimen Type:** Oral

**Container/Tube:** Dacron-tipped swab with plastic handle (T507)

**Specimen Volume:** Swab

**Collection Instructions:** Place swab into M5 media (T484) or other transport media.



## **Wet Prep Test Code 63060320**

### **Specimen Requirements**

**Container:** Sterile Container (container "s")

**Specimen Types:** Stool, vagina, other source

**Specimen Transport Temperature**

Ambient

**Stability:**

Vaginal specimens: 30 minutes

Stool specimens: 2 hours

**Outreach clients:** Please call for STAT pick up.

