State of Maryland
Department of Health and Mental Hygiene
Laboratories Administration

Guide to Public Health Laboratory Services

The J. Mehsen Joseph Public Health Laboratory
1770 Ashland Avenue, Baltimore MD 21205
Telephone: 443-681-3800 Fax: 443-681-4501
http://dhmh.maryland.gov/laboratories/

December 2016
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Dear Health Professionals:

This reference guide lists public health laboratory services available to health officers, physicians, and other health professionals to assist in the prevention, diagnosis, and control of human diseases. The listing of laboratory services is arranged alphabetically by test and includes contact information for the laboratory that performs the test.

Specimens and samples submitted to the central and regional laboratories should be collected and submitted in special kits provided by the Laboratories Administration. These kits may also be obtained from the regional laboratories or county health departments. Use of these kits assures collection of the proper type of specimen, preservation of specimen integrity, proper demographic/epidemiological information, and prompt distribution for examination when received in the laboratory.

Records of patient information and test results are treated as confidential information and will be released only to the submitting physician or other legally authorized individual.

Public Health professionals and physicians using the Administration's services are invited to visit the central laboratory in Baltimore or their regional laboratory. A few minutes spent in the laboratory can often result in clarification of points regarding types of tests performed, specimen kits available, and many other points important to effective use of laboratory services. This personal contact not only improves services but also can be informative to the physician and stimulating to the laboratorian in supporting the practice of modern scientific medicine.

The most up-to-date version of this guide is available for downloading and printing off the internet at: 

(Please note the attached listing of new contact numbers, all extensions will be updated in the future)

Robert A. Myers, Ph.D.

Director
GENERAL ORGANIZATION OF THE LABORATORIES ADMINISTRATION

REGISTRATION & LABORATORY REPORTS ................................................................. 443-681-3820
SPECIMEN ACCESSIONING LABORATORY .......................................................... 443-681-3793/443-681-3842
SPECIMEN KIT PREPARATION UNIT ................................................................. 443-681-3777

OFFICE OF FISCAL ADMINISTRATION: Fax# 443-681-4503
BILLING OFFICE .................................................................................................. 443-681-3812
PROCUREMENT OFFICE ..................................................................................... 443-681-3813

OFFICES OF LABORATORY QUALITY ASSURANCE, SAFETY, and TRAINING: Fax# 443-681-4503
QUALITY ASSURANCE OFFICER .................................................................. 443-681-3791
TRAINING COORDINATOR ............................................................................... 443-681-3792
OFFICE OF SAFETY AND SECURITY ................................................................. 443-681-3792

DIVISION OF PUBLIC HEALTH MICROBIOLOGY: Fax# 443-681-4506
DIVISION CHIEF ................................................................................................. 443-681-3941
DIVISION MANAGER .......................................................................................... 443-681-3951
BIOTERRORISM LABORATORY ......................................................................... 443-681-3878
CLINICAL MICROBIOLOGY ............................................................................. 443-681-3952/443-681-3953
DAIRY BACTERIOLOGY/CHEMISTRY ............................................................... 443-681-4568/443-681-3958
ENTERIC BACTERIOLOGY ............................................................................... 443-681-4568
FOOD/SHELLFISH ............................................................................................. 443-681-4571
GC ...................................................................................................................... 443-681-3952/443-681-3953
GLASSWARE PREPARATION ........................................................................... 443-681-3856/443-681-3957
MEDIA PREPARATION ....................................................................................... 443-681-3955
MYCOBACTERIOLOGY (TB) ............................................................................. 443-681-4569/443-681-3950
PARASITOLOGY .................................................................................................. 443-681-3952/443-681-3953
WATER MICROBIOLOGY ..................................................................................... 443-681-3959/443-681-3960

DIVISION OF MOLECULAR BIOLOGY: Fax # 443-681-4504 - Molecular Epi., Viral Disease Assess., Core Seq. and Retrovirology
Fax# 443-681-3899 Molecular Diagnostics
DIVISION CHIEF ................................................................................................. 443-681-3800
CORE SEQUENCING LABORATORY ................................................................ 443-681-3874
MOLECULAR DIAGNOSTICS LABORATORY ................................................. 443-681-3924
MOLECULAR EPIDEMIOLOGY LABORATORY ................................................. 443-681-3879
RETROVIROLOGY LABORATORY ..................................................................... 443-681-3877
VIRAL DISEASE ASSESSMENT LABORATORY ............................................. 443-681-3878

DIVISION OF NEWBORN AND CHILDHOOD LABORATORY SCREENING: Fax# 443-681-4505
DIVISION CHIEF ................................................................................................. 443-681-3900
NEWBORN SCREENING:
BIOCHEMICALS ................................................................................................. 443-681-3913
ENDOCRINOLOGY ............................................................................................. 443-681-3913/443-681-3912
HEMOGLOBINOPATHIES ................................................................................... 443-681-3913
SEVERE COMBINED IMMUNODEFICIENCY DISEASE (SCID) ................. 443-681-3915
TANDEM MASS SPECTROMETRY ................................................................. 443-681-4590/443-681-3910

DIVISION OF VIROLOGY and IMMUNOLOGY: Fax # 443-681-3844
DIVISION CHIEF ................................................................................................. 443-681-3930
ARBOVIRUS SEROLOGY ................................................................................... 443-681-3937
CHLAMYDIA ........................................................................................................ 443-681-3937
HEPATITIS .......................................................................................................... 443-681-3889
MICROBIAL SEROLOGY ................................................................................... 443-681-3938
RABIES & ZOONOTIC DISEASES ................................................................. 443-681-3772
SPHILLIS & TREPONEMAL SEROLOGY ............................................................ 443-681-3938
VACCINE PREVENTABLE DISEASES ........................................................... 443-681-3889
VIRUS ISOLATION ............................................................................................ 443-681-3934
OFFICE OF LABORATORY EMERGENCY PREPAREDNESS and RESPONSE: Fax# 443-681-4509

BIOTERRORISM CHIEF ........................................................................................................ 443-681-3787
BIOTERRORISM COORDINATOR .................................................................................. 443-681-3788
BIOLOGICAL AGENTS REGISTRY (BAR) PROGRAM ............................................... 443-681-3789

DIVISION OF ENVIRONMENTAL CHEMISTRY: Fax# 443-681-4507

[Refer to "Guide to Environmental Chemistry Laboratory Services" for information on testing in this division]

DIVISION CHIEF ............................................................................................................. 443-681-3851
AIR QUALITY SECTION .............................................................................................. 443-681-3855
CHEMICAL EMERGENCY PREPAREDNESS AND RESPONSE .................................. 443-681-3857
ENVIRONMENTAL METALS SECTION ....................................................................... 443-681-4596
GENERAL CHEMISTRY SECTION .............................................................................. 443-681-3856
NUTRIENTS SECTION ................................................................................................ 443-681-3855
QUALITY ASSURANCE OFFICE .............................................................................. 443-681-3856
RADIATION SECTION ................................................................................................ 443-681-4596
SEMI-VOLATILES SECTION ........................................................................................ 443-681-3857
VOLATILES ORGANICS SECTION .............................................................................. 443-681-3857
A. GENERAL INFORMATION

A.1. CENTRAL LABORATORY

Hours: Monday thru Friday 8:00 a.m. – 4:30 p.m.
Saturday 7:30 a.m. – 10:30 a.m.  Sunday Closed
Location: 1770 Ashland Avenue
   Baltimore, MD 21205
Mailing Address: Laboratories Administration
   P.O. Box 2355
   Baltimore, MD 21203-2355

NON-EMERGENCY NUMBERS:
   DIRECTOR’S OFFICE .......................................................................................................  443-681-3800
   CENTRAL LABORATORY FAX ..........................................................................................  443-681-4501
   REGISTRATION and LABORATORY REPORTS .................................................................  443-681-3820
   SPECIMEN ACCESSIONING LABORATORY....................................................................... 443-681-3793/443-681-3842

24-HOUR EMERGENCY NUMBERS:

ANIMAL RABIES EMERGENCY EXAMINATION REQUESTS (See page 16)

NON-RABIES CASES

LABORATORY EMERGENCY PREPAREDNESS
   AND RESPONSE CELL PHONE: ................................................................................  410-925-3121

DIRECTOR’S EMERGENCY CELL PHONE:
   DR. ROBERT MYERS ................................................................................................  443-928-0925

A.2. REGIONAL PUBLIC HEALTH LABORATORIES HOURS AND LOCATIONS

A.2.a. EASTERN SHORE REGIONAL LABORATORY (ESRL-Salisbury):

Hours: Monday thru Friday 8:00 a.m. – 4:30 p.m.
Saturday/Sunday Closed
Location: 926 Snow Hill Road-Cottage 500
   Salisbury, MD 21804-1939
   Director, Robert A. Myers, Ph.D. ................................................................................... 443-928-0925
   ESRL Office .............................................................................................................  410-219-9005
   ESRL FAX .................................................................................................................  410-749-1173

24-HOUR EMERGENCY NUMBER: 443-523-5056 (cell-Primary)
   443-928-0925 (cell-Backup)

A.2.b. WESTERN MARYLAND REGIONAL LABORATORY (WMRL – Cumberland):

Hours: Monday thru Friday 8:00 a.m. – 4:30 p.m.
Saturday/Sunday Closed
Location: 12503 Willowbrook Road
   The Brook Building, Entrance #6
   Cumberland, MD 21502
   Director, Robert A. Myers, Ph.D. ................................................................................... 443-928-0925
   Chief, Jo Ann Flinn ......................................................................................................... 301-759-5115
   WMRL FAX ................................................................................................................. 301-777-2021

24-HOUR EMERGENCY NUMBER: 301-268-4468 (cell)
A.3. COURIER SERVICE

The Laboratories Administration contracts to provide specimen courier service for many local health departments. Problems concerning the courier service should be reported immediately by calling 443-681-3820.

A.4. SPECIMEN REJECTION POLICY

The Laboratories Administration’s “Specimen/Sample Acceptance and Rejection Criteria” policy helps to assure the accuracy, reliability, and timeliness of laboratory test results by eliminating the testing of unacceptable specimens. When the laboratory determines that a specimen is unacceptable for testing, the laboratory, whenever feasible, notifies the submitter immediately by telephone, confirms the notification in writing, and temporarily retains the specimen for possible future testing (e.g., in cases where additional information provided by the submitter would make the specimen acceptable for testing).

A.5. BILLING

Questions concerning client billing, laboratory billing, and laboratory reimbursement by the Maryland Medical Assistance Program or other third party payer should be directed to the Head of the Laboratory Administration’s Billing Unit by telephoning 443-681-3810.

B. SPECIMEN SUPPLIES, PACKAGING, TRANSPORT, AND DELIVERY

B.1. PACKAGING FOR TRANSPORT:

Care must be taken to ensure a proper transport environment for specimens. Collect recommended quantities of test specimen and follow all directions for recording date and, where appropriate, time of specimen collection. Also make every effort to see that specimens are transported at required temperatures and in appropriate collection containers. Collection containers and other specimen supplies are available from the Laboratory’s Supply Unit (443-681-3777). In addition, always separate glass tubes by using either protective material or separate biohazard bags to prevent breakage and cross-contamination during transport (see Basic Triple Packaging on page 10). A submitter using a courier service should take similar precautions by submitting individual tubes and requisition slips in separate, sealable plastic biohazard bags protected in an appropriate shipping container.

TEST COLLECTION COMPONENTS AND OTHER LABORATORY SUPPLIES:

The Laboratories Administration provides test request forms and specimen collection components (e.g., tubes, bags, etc.). Requests and questions about supplies should be directed to the nearest Regional Laboratory or the Central Laboratory Supplies Unit at 443-681-3777 or fax the “Requisition for Specimen-Mailing Assemblies” form to 443-681-3850. To obtain the “Requisition for Specimen-Mailing Assemblies” visit our website at http://dhmh.maryland.gov/laboratories/docs/Requisition%20for%20Specimen-Mailing%20Assemblies.pdf.

Note that various tests and specimens require different types of collection devices, transport media, and transport containers. Using the incorrect kit, collection component, or container will often render a test specimen unacceptable for analysis. If you have a question regarding the acceptable collection container contact the testing laboratory.
B.1.a. VIA STATE CONTRACTED COURIER

Counties using the state contracted courier service must pack specimens and/or samples according to the temperature storage requirements. Specimens requiring freezing should be frozen and packed with adequate cooling (dry ice) material to maintain their proper temperature for up to 36 hours. Coolers are required to transport all specimens and/or samples through the state contracted courier. Therefore, it is essential that all coolers be properly labeled. Each cooler should specify the conditions for storage on all visible outer surfaces – “ROOM TEMPERATURE”, “REFRIGERATE”, or “FREEZE”. Each cooler for specific laboratories should be labeled on all visible outer surfaces for “ENVIRONMENTAL” or “RABIES”. Both Environmental and Rabies coolers must only be used as labeled. DO NOT use or re-use Environmental or Rabies coolers for any other types of specimens/samples, or add any other types of specimens to these coolers. A “RABIES” cooler must only be used for rabies samples, and an “ENVIRONMENTAL” cooler must only be used for environmental specimens. Specimens/samples that are received in an Environmental or Rabies cooler that are not intended for Environmental or Rabies testing will be rejected and discarded for safety reasons. (Please see Rabies Section on page 15 for detailed information on animal rabies submissions).

B. 1. b. VIA U.S. MAIL OR OTHER CARRIER:

Due to regulations published by IATA (International Air Transportation Association), US DOT (United States Department of Transportation), and the USPS (United States Postal Service), the Laboratories Administration’s specimen collection components may be used only when sending specimens via private or state-contracted courier. These containers are not approved or certified for use in the USPS system or other common carriers (e.g., FedEx, UPS, etc.). Infectious substances sent through the mail or by other common carriers must be packaged by individuals trained and certified in Infectious Substances shipping. Certified packaging systems are not supplied by the Laboratories Administration.

Before using the USPS or other carrier, the shipper must refer to the current IATA, USPS and DOT regulations. IATA has divided infectious substances into two categories. IATA "Category A Infectious Substance" includes substances that are "transported in a form that, when exposure to it occurs, is capable of causing permanent disability, life-threatening or fatal disease in otherwise healthy humans or animals." "Category A Infectious Substances" are subject to the more stringent packing requirements described in IATA Packing Instruction 602. An IATA "Category B Infectious Substance" is defined as "an infectious substance that does not meet the criteria for inclusion in Category A." The proper shipping name of UN 3373 is Biological substance Category B. This includes human or animal material transported for research, diagnosis, disease treatment, etc., and diagnostic or clinical cultures. These specimens must be mailed and transported in packaging that meets IATA Packing Instruction 650.

BASIC TRIPLE PACKAGING (Refer to tests for specific details)

Basic triple packaging systems include a primary receptacle such as a tube with adhesive tape around the screw cap or a plate with parafilm around the edges. The primary (1°) receptacle, along with required absorbent and cushioning material, is placed inside a secondary (2°) container. The 2° container for diagnostic specimens should be a sealed biohazard or Ziploc bag. The 2° container is then securely placed within an outer shipping container (tertiary (3°) container), generally a corrugated cardboard box with cushioning material inside to surround the 2° container. This outermost container bears the name, address, and telephone number of shipper, name of person responsible with 24/7 telephone number, and the complete name, shipping address, and telephone number of the recipient, plus all the required markings. Include an itemized list of contents in a sealed plastic bag, placed between the 3° and 2° containers. Specific instructions for various tests can be found in the test list section of this guide.
Example of a correctly prepared and labeled triple package for Biological specimen, Category B (UN 3373) (previously known as Clinical specimen and Diagnostic Specimen. A Category B infectious substance is one that does not meet the criteria for inclusion in Category A. A Category B infectious substance does not cause permanent disability or life-threatening or fatal disease to humans or animals when exposure to it occurs. The proper shipping name for a Category B infectious substance, “Biological specimen, Category B,” is assigned to identification number “UN 3373.” The proper shipping names “Diagnostic specimen” and “Clinical specimen” may no longer be used (as of January 1, 2007).

(Modified from Biosafety in Microbiological and Biomedical Laboratories [BMBL], 5th edition)

**BASIC TRIPLE PACKAGING:**

1) A watertight primary receptacle.
2) A watertight secondary receptacle.
3) An outer packaging of adequate strength for its capacity, mass and intended use.

Note: For a liquid specimen, absorbent material must be placed between the primary and secondary containers and be capable of absorbing the entire contents of the primary receptacle(s).

Certified packaging systems are designed to withstand specific pressure changes and drop tests. Packaging systems that meet the packing instruction standards are currently available from vendors specializing in products certified to meet the IATA, USPS, and other carriers’ requirements. Packaging systems using fiberboard or aluminum canisters, zip-lock bags, or other uncertified components may not be in compliance.

**IT IS THE RESPONSIBILITY OF THE SHIPPER TO COMPLY WITH ALL LAWS AND REGULATIONS REGARDING THE SHIPPING OF INFECTIOUS SUBSTANCES.**

Questions may be referred to the DHMH Laboratories Administration’s Quality Assurance Officer, Heather Peters, by calling 443-681-3791 or by email heather.peters@maryland.gov.

Resources:

B.2. DELIVERY/DROP-OFF TO CENTRAL LABORATORY

Specimens intended for the Central Laboratory should be directed to 1770 Ashland Avenue Baltimore, MD 21205. The Laboratory facility is located at the corner of Ashland and Rutland Avenues. All specimen and sample deliveries to the laboratory must be delivered to the loading dock located on Rutland Avenue. Temporary parking is available at the loading dock. Couriers delivering specimens are required to sign a loading dock security log sheet upon arrival.

B.2.a. Specimen/Sample Deliveries Accepted

Clinical
- Monday-Friday 8:00am-6:00pm
- Saturday: 7:30am-10:30am

Newborn Screening
- Monday-Friday 8:00am-6:00pm
- Saturday: 7:30am-2:00pm

Rabies specimens and testing: Contact Rabies on-call staff (see page 15).

B.2.b. HOLIDAYS

A detailed holiday schedule can be found on the Laboratories Administration website at http://dhmh.maryland.gov/laboratories/

B.2.c. OTHER EMERGENCY REQUESTS INVOLVING DROP OFF OR LABORATORY SERVICES

Emergency on-call numbers:

(1.) Biological, chemical or radiological terrorism:

Jim Svrljcek .................................................................410-925-3121 (cell)

Robert Myers.................................................................443-928-0925 (cell)

(2.) Microbiology emergency:

Prince Kassim .............................................................202-271-4447 (cell)

Robert Myers.................................................................443-928-0925 (cell)

(3.) Environmental Chemistry emergency:

Prince Kassim .............................................................202-271-4447 (cell)

Robert Myers.................................................................443-928-0925 (cell)

For unknown powders and environmental samples for bioterrorism/chemical terrorism see the Laboratories Administration website at http://dhmh.maryland.gov/laboratories/ or call a phone number under B.2.c.(1.), above.
C. SPECIMEN COLLECTION, PREPARATION, AND HANDLING

C.1. GENERAL

Specimen quality is a product of the nature of the specimen itself, how well it was collected, and the manner in which it is or was transported to the laboratory. A laboratory can provide accurate and clinically relevant test results only if it receives good test specimens. Before attempting to collect a specimen, look up the desired test(s) in this reference guide. Check to see if there are specific requirements for:

1. Specimen type or volume;

2. Collecting procedures;

3. Collecting devices or containers.

Use the correct test request form and properly and legibly complete this form to ensure accurate and efficient laboratory service. Use a soft pencil or black ballpoint to print the information. Be sure to include proper identifying information on the test request form and the specimen itself.

Please note the clinic’s full mailing address, test request authorized by personnel, and telephone number to assure proper return of test results. Then see that the test request form accompanies the specimen. The following sections provide practical guidelines to physicians, nurses, and other non-laboratory health personnel who must routinely collect and submit clinical specimens to one of the State’s public health laboratories (i.e., Department of Health and Mental Hygiene’s Laboratories Administration).

C.1.a. PATIENT PREPARATION

Prior to the time scheduled to collect a patient’s specimen the patient should receive appropriate instructions concerning fasting, diet, and medication restriction. For example, a patient about to submit a specimen for a microbiology culture should have specimen(s) collected before starting antimicrobial therapy.

C.1.b. SPECIMEN HANDLING BY SUBMITTER

The most common specimen handling errors include failing to:

1. Tighten specimen container lids or caps;

2. Label a specimen correctly; and

3. Provide all pertinent clinical information.

Properly identifying specimens is extremely important. Legibly label each specimen container or tube with the patient’s full name, and date of specimen collection, just as they appear on the test request form. Information on specimens should be checked against information on the test request form for agreement before the specimen is sent to the laboratory.
C.2. PROCUREMENT AND SUBMISSION REQUIREMENTS, PRECAUTIONS, AND PROBLEMS BY SPECIMEN TYPE

C.2.a. BLOOD/SERUM

C.2.a.(1.) HEMOLYSIS

In general, grossly or even moderately hemolyzed blood specimens may not be acceptable for testing. Hemolyzed serum is pink or red, rather than the normal clear straw color. Most cases of hemolysis can be avoided by observing the steps below.

1. Use a needle no smaller than 20- or 21- gauge. (On occasion, however, it may be necessary to use a 22- or 23- gauge needle for patients from elderly and pediatric populations with small or difficult veins.) Hemolysis can be avoided by not placing small gauge Butterfly needles into Vacutainer tubes. Carefully and safely remove Butterfly and replace with a 16-gauge needle before penetrating Vacutainer tube.

2. If there is air leakage around the needle or loss of vacuum in the tube, replace the vacuum tube.

3. Collect blood in room temperature containers unless the specimen requirement specifies otherwise.

4. When a vacuum tube fills too slowly due to an incomplete venipuncture, damage to the red blood cells may result. Correct by deeper vein entry or select another puncture site and collect a second specimen.

5. Do not remove the needle from the vein until the vacuum tube is completely filled or the tube is pulled back from holder to release pressure. Premature removal causes a rush of air to enter the tube, with resultant damage to the red cells.

C.2.a.(2.) PAIRED SERA/PARALLEL TESTING

Both acute and convalescent sera are required to determine recent infection. Acute sera may be tested immediately and then stored until the convalescent sera are submitted. When both sera are available parallel testing under identical testing conditions will be performed to ensure an accurate comparison of acute and convalescent antibody titers. See Submission of Specimen for requested serological test.
C.2.a.(3.) VACUUM TUBES CONTAINING ANTICOAGULANTS

When using vacuum tubes containing anticoagulants and preservatives:

1. Tap the tube gently at a point just below the stopper to release any additive adhering to the tube or stopper.
2. Permit the tube to fill completely to ensure the proper ratio of blood to additive.
3. To ensure adequate mixing of blood with the anticoagulant or preservative, use a slow rolling wrist motion to invert the tube gently five or six times. Rapid wrist motion or vigorous shaking contributes either to small clot formation or hemolysis and fails to initiate proper mixing action.
4. Check to see that all the preservative or anticoagulant is dissolved. If any preservative powder is visible, continue inverting the tube slowly until the powder is dissolved.

C.2.a.(4.) VACUUM TUBES WITHOUT ANTICOAGULANTS

When using vacuum tubes containing no anticoagulants or preservatives, or SST serum Separator Tubes:

1. Permit the tube to fill completely.
2. Let the specimen stand for a minimum of 30 minutes and not longer than 45 minutes prior to centrifugation. This allows time for the clot to form. If the specimen is allowed to stand longer than 45 minutes, chemical activity and degeneration of the cells within the tube will take place, and test results will be altered as a consequence.
3. Centrifuge the specimen at the end of the 30 to 45 minute period in strict accordance with manufacturer’s instructions for speed and duration of centrifugation.

C.2.a.(5.) QUANTITY NOT SUFFICIENT (QNS)

One of the most common errors in specimen collection is the submission of an insufficient quantity of specimen for testing. To ensure an adequate amount of specimen:

1. Always draw whole blood in an amount 2 ½ times the required volume of serum needed for a particular test. For example, if 4mL serum are required, draw at least 10mL whole blood.
2. For most profile testing submit one full tube of serum (8-10mL).

C.2.b. ENTOMOLOGICAL SPECIMENS

Identification of insects of medical importance (e.g., ticks) can be provided as a referral service. Please call the Microbiology Division (443-681-3943/443-681-3952) prior to submitting insect specimens.
C.2.c. RABIES SPECIMENS

C.2.c.(1.) HOURS OF OPERATION

The DHMH Laboratories Administration Rabies Laboratory operates from 8:00 AM to 4:30 PM weekdays (Monday through Friday except on holidays. On-call laboratory scientists are available for requests that require test results as soon as possible so that a medical determination on rabies post-exposure prophylaxis (PEP) can be made.

Specimens must be received at the DHMH Laboratories Administration by 12:00 PM on Fridays to have the test results reported by Friday 4:30 PM. Specimens received on Fridays after 12:00 PM will have the results ready the next regular workday.

Specimens received on evenings from Monday through Friday, Fridays from 12:00 PM to 4:30 PM, on a weekend, or on a State holiday will be processed on the next regular workday, except for situations that require test results as soon as possible so that a medical determination about rabies PEP can be made (emergency examination). In these situations, prior approval by epidemiology staff in the DHMH Office of Infectious Disease Epidemiology and Outbreak Response (IDEOR) is necessary before testing will be initiated by on-call laboratory scientists. (For details, please see the Emergency Examination Requests section below).

C.2.c.(2.) DELIVERY PROCEDURES

Delivery of specimens must be from Monday through Friday 7:30AM to 6:00PM (regular workdays) to the DHMH Laboratories Administration Loading Dock at 1770 Ashland Ave Baltimore, Maryland 21205. All animal submission of specimen must be routed through the local health department and sent via courier service. Do not use the U.S. Postal Service or other public transportation service to send specimens. (For emergency examination situations, please see the Emergency Examination Requests section below).

C.2.c.(3.) ORDERING TESTS

For routine testing Monday through Friday, all local health departments must use the DHMH Laboratories Administration’s MyLIMS (Laboratory Information Management Systems) [http://starlims.dhmh.md.gov/starlims10.dhmhlabs.prod/] for submission of specimens. The updated rabies submission form (DHMH 1188 11/10) will print out automatically when the animal rabies test is ordered through the MyLIMS system, and must be included in the cooler and attached to the specimen being submitted. One Rabies Submission Form should accompany each animal submitted. Specimens approved for emergency testing must be accompanied by a fully completed handwritten Rabies Submission Form if access to MyLIMS is not possible. An emergency contact name and phone number must be listed on the Rabies Submission Form. The updated rabies submission form (DHMH 1188 11/10) can be downloaded from our website at [http://dhmh.maryland.gov/laboratories/Pages/Rabies.aspx].

C.2.c.(4.) CRITERIA FOR ANIMAL SUBMISSION

Live animals will NOT be accepted in the laboratory. Terrestrial animals acceptable for submission to DHMH are rabies vector species (e.g., raccoons, foxes, skunks, etc.) that expose humans, livestock, or pets. Exposure is defined as a bite that breaks the skin or contact of mucous membranes or broken skin with either animal saliva or nervous tissue. Birds, fish, reptiles and amphibians will not be accepted for rabies testing under any circumstances. Small rodents, including squirrels, chipmunks, gerbils, guinea pigs, hamsters, rabbits, mice, rats, voles, shrews and moles, will not be accepted for testing unless (1) the animal has bitten a human and (2) prior approval for testing has been authorized by the DHMH IDEOR epidemiology staff. Most recent human cases of rabies in the U.S. have been associated with bats, and bat bites may be difficult to recognize. Bats should be submitted for testing in all cases of direct human contact with a bat or when bite or mucous membrane contact cannot be ruled out. Live animals will NOT be accepted in the laboratory.

Please Note: Large animal heads (e.g. horse and cow) should be submitted to the Maryland Department of Agriculture for brain tissue extraction.
C.2.c.(5.) EMERGENCY EXAMINATION REQUESTS

Some situations that occur after regular business hours may require rabies test results as soon as possible so that a medical determination about rabies PEP can be made. In these situations, on-call laboratory scientists are available; and specimens may be examined Fridays from 12:00 PM to 4:30 PM, on a weekend, or on a State holiday, with prior approval of DHMH PHPA (Prevention and Health Promotion Administration) epidemiology staff. To reach the epidemiology staff during regular business hours, contact the DHMH PHPA for Zoonotic and Vector-borne Diseases (CZVBD) at 410-767-5649 (main); 410-767-6703 (DHMH State Public Health Veterinarian ); or 410-767-6618 (CZVBD Rabies Chief). After hours, use the DHMH IDEORB (Infectious Disease Epidemiology and Outbreak Response Bureau) Epidemiologist-On-Call pager at 410-716-8194 or call the SYSCOM operator at 410-795-7365 and ask to be directed to the Epidemiologist-on-Call for all rabies consultations.

After receiving approval for an emergency examination request, contact one of the following DHMH Laboratories Administration staff (in the order listed below) to arrange for testing and appropriate submission. (NOTE In addition to the rabies submission form, the specimen should be accompanied by the submitter's after-hours contact information to receive results).

1) Rabies Lab On-Call No: 443-735-1291
2) Rabies Lab Supervisor (Kenneth Okogi): 443-799-9490
3) OLEPR (Jim Svrjcek or BT Coordinator): 410-925-3121
5) Laboratory Director, Dr. Robert Myers: 443-928-0925

C.2.c.(6.) SPECIMEN COLLECTION

Live animals will NOT be accepted in the laboratory. Animals should be euthanized in a manner that will not destroy the brain tissues to be examined in the diagnosis of rabies. When possible, only the animal’s head should be submitted for diagnostic purposes. For animals weighing more than 20 pounds, particularly large dogs, only the head may be submitted for testing. If an animal is being submitted to DHMH Labs from an animal pathology or diagnostic laboratory, and the animal has already been prepared for necropsy, the submitter should submit all or a cross section of the brainstem and half of the cerebrum.

Please Note: Large animal heads (e.g. horse and cow) should be submitted to the Maryland Department of Agriculture for brain tissue extraction.

C.2.c.(7.) PACKAGING AND SHIPPING

• All rabies specimens must be placed into coolers that are clearly marked as rabies coolers. No other non-rabies clinical samples may be placed into rabies coolers or these samples will be rejected.  
• Rabies coolers must fully close and must be waterproof.  
• Each specimen must be individually packaged in a leak-proof bag and clearly labeled.  
• Each specimen must be accompanied by a Rabies Submission Form for proper identification.  
• All Rabies Submission Forms must be filled out correctly and legibly including exposure type.  
• Coolers may be shipped with ice or ice packs but the ice should not occupy more than 1/3 of the cooler.  
• Live animals will NOT be accepted in the laboratory.  
• Submitters should avoid freezing specimens. If frozen specimens are received, testing will be delayed.  
• Trash MUST not be sent in rabies coolers.  
• Animal rabies packaging and training video available at http://dhmh.maryland.gov/laboratories/Pages/Rabies-Animal-DFA.aspx
### D. GUIDE TO PUBLIC HEALTH LABORATORY TESTS:

<table>
<thead>
<tr>
<th>TEST:</th>
<th>ABCs (previously BIDS) includes <em>Neisseria meningitidis</em>, <em>Haemophilus influenzae</em>, Group A streptococcus, Group B Streptococcus, and <em>Streptococcus pneumoniae</em>. <em>Listeria monocytogenes</em> is handled as an ABCs isolate and evaluated by the National Antimicrobial Resistance Monitoring Systems (NARMS) Program.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synonym:</td>
<td>Active Bacterial Core Surveillance (Bacterial Invasive Disease Surveillance)</td>
</tr>
<tr>
<td>Laboratory/Phone:</td>
<td>Microbiology / 443-681-3952</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>N/A</td>
</tr>
<tr>
<td>Specimen Required:</td>
<td>Pure culture on agar slant in screw cap tube.</td>
</tr>
<tr>
<td>Specimen Identification:</td>
<td>Specimen should be labeled with patient’s last and first name, patient’s address, DOB, specimen type/source, and the date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.</td>
</tr>
<tr>
<td>Specimen Volume (Optimum):</td>
<td>Bacterial isolate</td>
</tr>
<tr>
<td>Specimen Volume (Minimum):</td>
<td>N/A</td>
</tr>
<tr>
<td>Collect:</td>
<td>N/A</td>
</tr>
<tr>
<td>Form:</td>
<td>DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777) Indicate ABCs # and organism identification on test request form. Indicate specimen type using the “Specimen Code” on form.</td>
</tr>
<tr>
<td>Packaging and Shipping*:</td>
<td>Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 &amp; 10 for triple packing guidance). *Refer to current Federal regulations for specific shipping requirements.</td>
</tr>
<tr>
<td>Transport Conditions:</td>
<td>AT ROOM TEMPERATURE - DO NOT REFRIGERATE ISOLATE - DO NOT FREEZE.</td>
</tr>
</tbody>
</table>
| Specimen Rejection Criteria: | The following rejection criteria are designed to prevent the reporting of inaccurate results and to avoid misleading information that might lead to misdiagnosis and inappropriate therapy. A request for a new specimen will provide appropriate materials and clinically relevant information to support good patient care.
  - Unlabeled or improperly labeled specimen
  - Non-sterile or leaking container
  - Inappropriate specimen transport conditions
  - Illegible, or no submitter information on the request form
  - Mismatched form and specimen
  - Broken specimen/sample container
  - The wrong specimen for test request
  - Inappropriate outfit for requested test
  - Illegible or no patient information on the specimen
  - Expired transport media
  - Specimen frozen |
| Availability: | Monday through Friday |
| Results and Interpretation: | N/A |
| Reference Range: | N/A |
| Additional Information: | SUBCULTURE TO AGAR SLANT BEFORE TRANSPORTING. DO NOT SEND CULTURE PLATES. |
| Purpose of Test: | Active Bacterial Core Surveillance (ABCs) is a core component of the CDC's Emerging Infections Programs Network (EIP). |
| Method: | Isolate is subcultured and identified prior to submission to CDC. |
| Interfering Substances/Limitations: | N/A |
| Testing Site: | DHMH Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, Maryland 21205 |

Continued Next Page>
Comment: Active Bacterial Core Surveillance (ABCs) is a core component of the CDC's Emerging Infections Programs Network (EIP), collaboration between CDC, state health departments, and universities. ABCs is an active laboratory and population-based surveillance system for invasive bacterial pathogens of public health importance. For each case of invasive disease in the surveillance population, a case report with basic demographic information is completed and bacterial isolates are sent to CDC and other reference laboratories for additional laboratory evaluation.

ABCs was initially established in four (4) states in 1995. It currently operates among ten (10) EIP sites across the United States, representing a population of over 38 million persons. At this time, ABCs conducts surveillance for six (6) pathogens: Group A and Group B streptococcus (GAS, GBS), Haemophilus influenzae, Neisseria meningitidis, Streptococcus pneumoniae, and Listeria monocytogenes. The Maryland Department of Health and Mental Hygiene is an EIP site with partner Johns Hopkins Bloomberg School of Public Health.

TEST: Adenovirus, Viral Culture
Synonym: Adenovirus: Virus Culture, Virus isolation: Refer to instructions for Virus Culture.
Laboratory/Phone: Virology: 443-681-3934
Turnaround Time: 3-28 days

TEST: AFB/Acid-fast Bacilli culture (Mycobacterium tuberculosis identification)
Synonym: AFB/Acid Fast Bacteria Identification (Acid Fast Bacilli); M. Tuberculosis culture: Refer to instructions for Mycobacterium tuberculosis culture.
Laboratory/Phone: Mycobacteriology / 443-681-3942

TEST: Amoebiasis (Ova and Parasites Microscopic Examination)
Synonym: Amoebiasis; Amebiasis: Refer to instructions for Ova and Parasites Microscopic Examination.
Laboratory/Phone: Microbiology / 443-681-3952

TEST: Anthrax, Cutaneous
Synonym: Bacillus anthracis, Woolsorters' disease
Laboratory/Phone: Office of Laboratory Emergency Preparedness and Response: 410-925-3121 (24/7 emergency contact number)
Select Agents Microbiology Laboratory: 443-681-3954
Division of Microbiology Laboratory: 443-681-3952
Turnaround Time: 2-7 days [from specimen receipt in the Laboratory]
Specimen Required:
1. Vesicular Stage: Vesicular fluid
2. Eschar Stage: Eschar material
3. Isolate

Specimen Identification: Specimen should be labeled with patient’s last and first name, patient’s address, DOB, specimen type/source, and the date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.
Specimen Volume (Optimum): N/A
Specimen Volume (Minimum): N/A
Collect:
1. Vesicular Stage: Collect vesicular fluid on sterile swab from previously unopened vesicles.
2. Eschar Stage: Collect eschar material by carefully lifting the eschar’s outer edge, insert sterile swab, then slowly rotate for 2-3 seconds beneath the edge of the eschar without removing it.
3. Isolate: Pure culture, 24 hours old, growing on sheep blood agar plate.

Form: DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777) Indicate specimen type using the “Specimen Code” on the form.
Packaging and Shipping*: Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).  
*Refer to current Federal regulations for specific shipping requirements.

Transport Conditions:  
1. Swabs: Transport directly to laboratory at room temperature. For transport time > 1 hour, transport at 2-8°C.  
2. Isolate: Transport the specimen at room temperature on a sealed sheep blood agar plate.

Specimen Rejection Criteria: The following rejection criteria are designed to prevent the reporting of inaccurate results and to avoid misleading information that might lead to misdiagnosis and inappropriate therapy. A request for a new specimen will provide appropriate materials and clinically relevant information to support good patient care.  
- Unlabeled or improperly labeled specimen  
- Non-sterile or leaking container  
- Inappropriate specimen transport conditions  
- Illegible, or no submitter information on the request form  
- Mismatched form and specimen  
- Broken specimen/sample container  
- The wrong specimen for test request  
- Inappropriate outfit for requested test  
- Illegible or no patient information on the specimen  
- Expired transport media

Availability: 24 hours/day, 7 days/week

Results and Interpretation: Bacillus anthracis isolated/detected. Bacillus anthracis not found.

Additional Information: Call 410-925-3121 before sending specimen to the Laboratory.

Purpose of Test: To confirm diagnosis of cutaneous anthrax.

Method: LRN Methods

Interfering Substances: N/A

Testing Site: DHMH Laboratories Administration, Central Laboratory  
1770 Ashland Avenue, Baltimore, Maryland

Comment: Call 410-925-3121 before sending to the Laboratory.

TEST: Anthrax, Gastrointestinal

<table>
<thead>
<tr>
<th>Synonym:</th>
<th>Bacillus anthracis, Woolsorters’ disease</th>
</tr>
</thead>
</table>
| Laboratory/Phone: | Office of Laboratory Emergency Preparedness and Response: 410-925-3121 (24/7 emergency contact number)  
Select Agents Microbiology Laboratory: 443-681-3954  
Division of Microbiology Laboratory: 443-681-3952 |
| Turnaround Time: | 2-7 days [from specimen receipt in the Laboratory] |
| Specimen Required: | 1. Blood Cultures  
2. Stool  
3. Rectal swab (for patients unable to pass a specimen)  
4. Isolate |
| Specimen Identification: | Specimen should be labeled with patient’s last and first name, patient’s address, DOB, specimen type/source, and the date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order. |
| Specimen Volume (Optimum): | N/A |
| Specimen Volume (Minimum): | N/A |
| Collect: | 1. Blood Cultures: Collect appropriate blood volume and number of sets per routine laboratory protocol.  
2. Stool: Transfer ≥ 5g of stool directly into a clean, dry, sterile, wide-mouth, leak-proof container.  
3. Rectal swab: Insert a sterile swab one (1) inch beyond the anal sphincter.  
4. Isolate: Pure culture, 24 hours old, growing on a sheep blood agar plate. |
| Form: | DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777)  
Indicate specimen type using the “Specimen Code” on the form. |
Packaging and Shipping*: Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).  
*Refer to current Federal regulations for specific shipping requirements.

Transport Conditions:
1. Blood Cultures: Transport directly to the laboratory at room temperature.
2. Stool: Transport unpreserved stool to laboratory within one (1) hour. For transport time > 1 hour, transport at 2-8°C. Cary-Blair or equivalent transport media is acceptable.
3. Rectal Swab: Transport swab(s) directly to laboratory at room temperature. For transport time > 1 hour, transport at 2-8°C.
4. Isolate: Transport the specimen at room temperature on a sealed sheep blood plate.

Specimen Rejection Criteria: The following rejection criteria are designed to prevent the reporting of inaccurate results and to avoid misleading information that might lead to misdiagnosis and inappropriate therapy. A request for a new specimen will provide appropriate materials and clinically relevant information to support good patient care.
- Unlabeled or improperly labeled specimen
- Non-sterile or leaking container
- Inappropriate specimen transport conditions
- Illegible, or no submitter information on the request form
- Mismatched form and specimen
- Broken specimen/sample container
- The wrong specimen for test request
- Inappropriate outfit for requested test
- Illegible or no patient information on the specimen
- Expired transport media

Availability: 24 hours/day, 7 days/week

Results and Interpretation: **Bacillus anthracis** is isolated/detected. **Bacillus anthracis** not found.

Additional Information: Call 410-925-3121 before sending specimen to the Laboratory.

Purpose of Test: To confirm diagnosis of gastrointestinal anthrax.

Method: LRN Methods

Interfering Substances: N/A

Testing Site: DHMH Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, Maryland 21205

Comment: Call 410-925-3121 before sending specimen to the Laboratory.

**TEST:** Anthrax, Inhalational

Synonym: **Bacillus anthracis**, Woolsorters’ disease

Laboratory/Phone: Office of Laboratory Emergency Preparedness and Response: 410-925-3121 (24/7 emergency contact number) Select Agents Microbiology Laboratory: 443-681-3954 Division of Microbiology Laboratory: 443-681-3952

Turnaround Time: 2-7 days [from specimen receipt in the Laboratory]

Specimen Required:
1. Blood Cultures
2. Sputum
3. Isolate

Specimen Identification: Specimen should be labeled with patient’s last and first name, patient’s address, DOB, specimen type/source, and the date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.

Specimen Volume (Optimum): N/A

Specimen Volume (Minimum): N/A

Collect:
1. Blood Cultures: Collect appropriate blood volume and number of sets per routine laboratory protocol.
2. Sputum: Collect > 1 ml of a lower respiratory specimen into a sterile container.
3. Isolate: Pure culture, 24 hours old, growing on a sheep blood agar plate.

Form: DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777) **Indicate specimen type using the “Specimen Code” on the form.**

Packaging and Shipping*: Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).  
*Refer to current Federal regulations for specific shipping requirements.

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Transport Conditions:
1. Blood Cultures: Transport directly to the laboratory at room temperature.
2. Sputum: Transport in sterile, screw-capped container at room temperature when transport time is <1 hour. For transport time >1 hour, transport at 2-8°C.
3. Isolates: Transport at room temperature on a sealed sheep blood agar plate.

Specimen Rejection Criteria:
The following rejection criteria are designed to prevent the reporting of inaccurate results and to avoid misleading information that might lead to misdiagnosis and inappropriate therapy. A request for a new specimen will provide appropriate materials and clinically relevant information to support good patient care.
- Unlabeled or improperly labeled specimen
- Non-sterile or leaking container
- Inappropriate specimen transport conditions
- Illegible, or no submitter information on the request form
- Mismatched form and specimen
- Broken specimen/sample container
- The wrong specimen for test request
- Inappropriate outfit for requested test
- Illegible or no patient information on the specimen
- Expired transport media

Results and Interpretation:
Bacillus anthracis isolated/detected; Bacillus anthracis not found.

Additional Information:
Call 410-925-3121 before sending specimen to the Laboratory.

Purpose of Test:
To confirm diagnosis of Inhalational Anthrax.

Method:
LRN Methods

Interfering Substances:
N/A

Testing Site:
DHMH Laboratories Administration, Central Laboratory
1770 Ashland Avenue, Baltimore, Maryland 21205

Comment:
Call 410-925-3121 before sending to the Laboratory.

TEST: Antimicrobial Susceptibility Test

Synonym:
Disk Diffusion Susceptibility Testing, E-test, Susceptibility Testing or Microbroth Dilution Susceptibility Testing

Laboratory/Phone:
Microbiology / 443-681-3952

Turnaround Time:
48-72 hrs [from specimen receipt in the Laboratory]

Specimen Required:
Original specimen or pure isolate of rapidly growing non-fastidious aerobic bacteria.

Specimen Identification:
Specimen should be labeled with patient’s last and first name, patient’s address, DOB, specimen type/source, and the date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.

Specimen Volume (Optimum):
Viable pure isolate on an appropriate slant.

Specimen Volume (Minimum):
N/A

Collect:
N/A

Form:
DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777)

Packaging and Shipping*:
Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).

*Refer to current Federal regulations for specific shipping requirements.

Transport Conditions:
Room temperature

Specimen Rejection Criteria:
The following rejection criteria are designed to prevent the reporting of inaccurate results and to avoid misleading information that might lead to misdiagnosis and inappropriate therapy. A request for a new specimen will provide appropriate materials and clinically relevant information to support good patient care.
- Unlabeled or improperly labeled specimen
- Non-sterile or leaking container
- Inappropriate specimen transport conditions
- Illegible, or no submitter information on the request form
- Mismatched form and specimen
- Broken specimen/sample container
- The wrong specimen for test request
- Inappropriate outfit for requested test
- Illegible or no patient information on the specimen
- Expired transport media
- Non-viable organism

Availability:
Monday through Friday
Results and Interpretation: Results are reported as S-I-R, following Clinical Laboratory Standards Institute (CLSI) criteria for organism/source combination.

Reference Range: CLSI guidelines

Additional Information: If original specimen is submitted, pathogenic bacteria should be isolated from it.

Purpose of Test: To assist the physician in choosing an appropriate antimicrobial agent(s) for therapy.

Method: Disk Diffusion

Interfering Substances: Administration of antimicrobial agents before specimen collection.

Testing Site: DHMH Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, Maryland 21205

Comment: The antibiotics tested and reported will follow the latest CLSI recommendations appropriate for the bacterial species submitted for testing; the methodology used will also follow CLSI recommendations.

<table>
<thead>
<tr>
<th>TEST:</th>
<th>Antimicrobial Susceptibility Test, Minimum Inhibitory Concentration (MIC), Aerobic Bacteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synonym:</td>
<td>N/A</td>
</tr>
<tr>
<td>Laboratory/Phone:</td>
<td>Microbiology 443-681-3952</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>48-72 hrs [from specimen receipt in the Laboratory]</td>
</tr>
<tr>
<td>Specimen Required:</td>
<td>Original specimen or a pure isolate of aerobic bacteria.</td>
</tr>
<tr>
<td>Specimen Identification:</td>
<td>Specimen should be labeled with patient’s last and first name, patient’s address, DOB, specimen type/source, and the date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.</td>
</tr>
<tr>
<td>Specimen Volume (Optimum):</td>
<td>Viable pure isolate on an appropriate slant.</td>
</tr>
<tr>
<td>Specimen Volume (Minimum):</td>
<td>N/A</td>
</tr>
<tr>
<td>Collect:</td>
<td>N/A</td>
</tr>
<tr>
<td>Form:</td>
<td>DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777) Indicate specimen type using the “Specimen Code” on form.</td>
</tr>
<tr>
<td>Packaging and Shipping*:</td>
<td>Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 &amp; 10 for triple packing guidance). *Refer to current Federal regulations for specific shipping requirements.</td>
</tr>
<tr>
<td>Transport Conditions:</td>
<td>Room temperature</td>
</tr>
<tr>
<td>Specimen Rejection Criteria:</td>
<td>The following rejection criteria are designed to prevent the reporting of inaccurate results and to avoid misleading information that might lead to misdiagnosis and inappropriate therapy. A request for a new specimen will provide appropriate materials and clinically relevant information to support good patient care. ▪ Unlabeled or improperly labeled specimen ▪ Non-sterile or leaking container ▪ Inappropriate specimen transport conditions ▪ Illegible, or no submitter information on the request form ▪ Mismatched form and specimen ▪ Broken specimen/sample container ▪ The wrong specimen for test request ▪ Inappropriate outfit for requested test ▪ Illegible or no patient information on the specimen ▪ Expired transport media</td>
</tr>
<tr>
<td>Availability:</td>
<td>Monday through Friday</td>
</tr>
<tr>
<td>Results and Interpretation:</td>
<td>Results are reported as S-I-R following Clinical Laboratory Standard Institute (CLSI) criteria for organism/source combination.</td>
</tr>
<tr>
<td>Reference Range:</td>
<td>CLSI guidelines</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>Test is performed on aerobic possible pathogens.</td>
</tr>
<tr>
<td>Purpose of Test:</td>
<td>To assist the physician in choosing an appropriate drug therapy, monitoring emerging resistance, monitoring percentage susceptibility trend.</td>
</tr>
<tr>
<td>Method:</td>
<td>E-Test, Microbroth Dilution, or Vitek</td>
</tr>
<tr>
<td>Interfering Substances:</td>
<td>Administration of antimicrobial before specimen collection.</td>
</tr>
<tr>
<td>Testing Site:</td>
<td>DHMH Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, Maryland 21205</td>
</tr>
<tr>
<td>Comment:</td>
<td>N/A</td>
</tr>
</tbody>
</table>
### Arbovirus Culture

**TEST:** Arbovirus Culture  
**Synonym:**  
**Laboratory/Phone:** Virology: 443-681-3937  
**Turnaround Time:** 3-6 weeks for both negatives and positives  
**Specimen Required:** CSF, throat washing, brain and spinal cord tissue  
**Specimen identification:** Label container with patient’s last name, first name, DOB, specimen type, date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.  
**Specimen Volume (Optimum):** > 2ml or 4 grams of tissue  
**Specimen Volume (Minimum):** 2ml or 4 grams of tissue  
**Collect:** Sterile container with leak-proof lid.  
**Form:** DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777) Indicate specimen type using the “Specimen Code” on form.  
**Packaging and Shipping**: Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).  
**Transport Conditions:** Deliver on dry ice.  
**Specimen Rejection Criteria:** Unlabeled specimen, mismatch between labeling of specimen and test request form.  
**Availability:** Monday-Friday  
**Results and Interpretation:** Isolated or No viruses isolated  
**Additional Information:** The term “Arbovirus” has no taxonomic significance, but is a shortened name given to viruses that are transmitted by blood feeding arthropods (mosquitoes, ticks, etc). Arboviruses that cause human encephalitis are members of three virus families: The Togaviridae (genus Alphavirus), Flaviviridae, and Bunyaviridae. For more information, see the CDC link at: [https://www.cdc.gov/ncezid/dvbd/](https://www.cdc.gov/ncezid/dvbd/)  
**Purpose of Test:** Virus isolation to determine probable cause of infection and aid in the diagnosis of viral disease or to further characterization for epidemiological purposes.  
**Method:** Viral culture  
**Interfering Substances:**  
**Testing Site:** DHMH Laboratories Administration, Central Laboratory  
1770 Ashland Avenue, Baltimore, Maryland 21205  
**Comment:**

### Arbovirus Endemic Panel

**TEST:** Arbovirus Endemic Panel  
**Panel includes:** WNV and SLE IgM MIA and EEEV IgM EIA. LaCrosse (LAC) IgM testing available based on patient’s travel history.  
**Synonym:**  
**Laboratory/Phone:** Virology: 443-681-3937  
**Turnaround Time:** 5-10 working days during Arbovirus Season (excluding PRNT Testing)  
**Specimen Required:** Serum (blood); CSF  
**Specimen identification:** Label container with patient’s last name, first name, DOB, specimen type, date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.  
**Specimen Volume (Optimum):** 2 ml serum; 2ml CSF  
**Specimen Volume (Minimum):** 1 ml serum; 0.5 ml CSF  
**Collect:** Red top vacuum tube, transfer serum to sterile tube: CSF in sterile container with leak-proof cap.  
**Request Form:** DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)  
**For testing to be initiated, the following information MUST be provided: date of onset, and date specimen collected. Also please provide: patient’s date of birth, diagnosis, symptoms, fatality, travel history, immunizations, and immunocompromised.**  
**Packaging and Shipping**: Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).  
**For more information, see the CDC link at:** [https://www.cdc.gov/ncezid/dvbd/](https://www.cdc.gov/ncezid/dvbd/)  
**Purpose of Test:**

Continued Next Page>
Transport Conditions: Store refrigerated and ship on cold packs in a cooler. If shipping is delayed beyond 48 hours, CSF must be frozen at -20°C and shipped on dry ice.

Specimen Rejection Criteria: Grossly hemolyzed specimens, unlabeled specimen, leaking container, duplicate specimen type (ex: two CSF specimens collected the same day- one tube will not be tested), and mismatch between labeling of specimen and test request form.

Availability: Monday through Friday.

Results and Interpretation: (EIA) IgM: Negative, High Background, Equivocal, Positive (MIA) IgM: Positive, Negative, Nonspecific Serum and CSF that tests positive for IgM is consistent with acute infection. A positive IgG antibody and a negative IgM antibody are consistent with infection in the distant past and are not consistent with acute infection.

Additional Information: The term “Arbovirus” has no taxonomic significance, but is a shortened name give to viruses that are transmitted by blood feeding arthropods (mosquitoes, ticks, etc). Arboviruses that cause human encephalitis are members of three virus families: The Togaviridae (genus Alphavirus), Flaviviridae, and Bunyaviridae. For more information, see the CDC link at: [http://www.cdc.gov/ncidod/dvbid/arbor/arbdet.htm](http://www.cdc.gov/ncidod/dvbid/arbor/arbdet.htm)

The MD State DHMH laboratory routinely tests for IgM ab to WNV, SLEV and EEEV, which are endemic to this area. Confirmatory testing by PRNT (plaque reduction neutralization test) may be necessary on positive samples. A convalescent serum sample (collected > 10 days after onset date) is needed for PRNT testing. Please contact the Arbovirus laboratory with any questions regarding PRNT. Patients with travel history supporting suspicion of other arboviruses will be forwarded to the CDC for testing. LAC IgM serology testing is available based on patient’s travel history.

Purpose of Test: For the presumptive detection of IgM antibody to WNV, SLEV, EEEV, and LAC.

Confirmatory testing by PRNT may be required.

Method: EIA, MIA (Microimmunoassay), PCR, PRNT

Interfering Substances:

Testing Site: DHMH Laboratories Administration, Central Laboratory
1770 Ashland Avenue, Baltimore, Maryland 21205

Comment: If eligible for PCR (all CSF specimens and acute serum samples (<10 days between onset date and collection date.) If the laboratory receives both serum and CSF, only the CSF will be tested by PCR.) PCR testing is performed first. If the volume is low, the PCR assay cannot be performed.

Paired specimens are NOT required:

IgM antibody for WNV & SLEV is performed on all specimens. If the sample volume permits, EEEV IgM testing will also be performed.

TEST: Arthropod Identification

Synonym: Tick identification/Ectoparasite Laboratory/Phone: Microbiology/ 443-681-3952

Turnaround Time: 48-72 hrs [from specimen receipt in the Laboratory]

Specimen Required: Whole parasite

Specimen Identification: Specimen should be labeled with patient’s last and first name, patient’s address, DOB, specimen type/source, and the date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.

Specimen Volume (Optimum): Whole parasite

Specimen Volume (Minimum): N/A

Collect: Collect the whole parasite; put it in a clean container with a tight fitting lid with alcohol.

Form: DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777)

Indicate specimen type using the “Specimen Code” on form.

Packaging and Shipping*: Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).

*Refer to current Federal regulations for specific shipping requirements.

Transport Conditions: Room temperature

Continued Next Page>
### Specimen Rejection Criteria:
The following rejection criteria are designed to prevent the reporting of inaccurate results and to avoid misleading information that might lead to misdiagnosis and inappropriate therapy. A request for a new specimen will provide appropriate materials and clinically relevant information to support good patient care.

- Unlabeled or improperly labeled specimen
- Non-sterile or leaking container
- Inappropriate specimen transport conditions
- Illegible, or no submitter information on the request form
- Mismatched form and specimen
- Broken specimen/sample container
- The wrong specimen for test request
- Inappropriate outfit for requested test
- Illegible or no patient information on the specimen
- Expired transport media
- Received only partial parasite

### Availability:
Monday through Friday

### Results and Interpretation:

#### Positive
Antibodies against \((A. \text{fumigatus}, A. \text{flavus}, A. \text{niger})\) detected.

#### Negative
Antibodies against \((A. \text{fumigatus}, A. \text{flavus}, A. \text{niger})\) not detected.

### Additional Information:
Purpose of Test:
For the detection of antibody to \(A. \text{fumigatus}, A. \text{flavus}, A. \text{niger}\)

Method:
Micro-immunodiffusion

Interfering Substances:
Hemolysis

Testing Site:
DHMH Laboratories Administration, Central Laboratory
1770 Ashland Avenue, Baltimore, Maryland 21205

Comment:
Serologic results should not be used as a sole means for diagnosis, treatment, or for the assessment of a patient’s health. Clinical correlation is required.
### Babesia serology

<table>
<thead>
<tr>
<th>TEST:</th>
<th>Babesia serology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synonym:</td>
<td>Babesia microti, Babesiosis</td>
</tr>
<tr>
<td>Laboratory/Phone:</td>
<td>Virology: 443-681-3938/3931</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>5 business days</td>
</tr>
<tr>
<td>Specimen Required:</td>
<td>Serum</td>
</tr>
<tr>
<td>Specimen Identification:</td>
<td>The specimen/sample must be properly labeled and include patient’s name or unique patient/sample identifier matching the test requisition or electronic test order.</td>
</tr>
<tr>
<td>Specimen Volume (Optimum):</td>
<td>2 ml. (Whole Blood)</td>
</tr>
<tr>
<td>Specimen Volume (Minimum):</td>
<td>1 ml. (Whole Blood)</td>
</tr>
<tr>
<td>Collect:</td>
<td>Red-top vacutainer tube</td>
</tr>
<tr>
<td>Form:</td>
<td>DHMH 4677 Serological Testing (Order Forms: 443-681-3777)</td>
</tr>
<tr>
<td>Indicate specimen type using the “Specimen Code” on form.</td>
<td></td>
</tr>
<tr>
<td>Packaging and Shipping*:</td>
<td>Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 &amp; 10 for triple packing guidance).</td>
</tr>
<tr>
<td>Transport Conditions:</td>
<td>Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).</td>
</tr>
<tr>
<td>Specimen Rejection Criteria:</td>
<td>Hemolysis, specimen collected &gt; 5 days prior to arrival without being frozen</td>
</tr>
<tr>
<td>Availability:</td>
<td>Monday through Friday</td>
</tr>
<tr>
<td>Results and Interpretation:</td>
<td>≥1:64: Reflect infection at an undetermined time by Babesia microti &lt;1:64: Babesia antibody not detected. Another specimen should be drawn if the original was taken soon after onset</td>
</tr>
<tr>
<td>Purpose of Test:</td>
<td>Detect IgG antibodies which may be due to a Babesia microti infection</td>
</tr>
<tr>
<td>Method:</td>
<td>IFA</td>
</tr>
<tr>
<td>Interfering Substances:</td>
<td>Cross reaction with Plasmodium spp. has been documented. Cross-reactivity with Babesia divergens, which causes a more severe infection in European patients is possible.</td>
</tr>
<tr>
<td>Testing Site:</td>
<td>DHMH Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, MD 21205</td>
</tr>
<tr>
<td>Comment:</td>
<td>Serologic results should not be used as a sole means for diagnosis, treatment, or for the assessment of a patient’s health. Clinical correlation is required.</td>
</tr>
</tbody>
</table>

### Bacillus anthracis Culture

<table>
<thead>
<tr>
<th>TEST:</th>
<th>Bacillus anthracis Culture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synonym:</td>
<td>For Bacillus anthracis culturing: Refer to Anthrax, Cutaneous, Anthrax, Gastrointestinal, or Anthrax, Inhalational, for specific instructions as required.</td>
</tr>
<tr>
<td>Laboratory/Phone:</td>
<td>Office of Laboratory Emergency Preparedness and Response: 410-925-3121 (24/7 emergency contact number) Select Agents Microbiology Laboratory: 443-681-3954 Division of Microbiology Laboratory: 443-681-3952</td>
</tr>
</tbody>
</table>

### Bacillus cereus Culture

<table>
<thead>
<tr>
<th>TEST:</th>
<th>Bacillus cereus Culture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synonym:</td>
<td>Bacillus cereus Culture: For specific instructions refer to Foodborne Pathogens (Bacillus cereus, Clostridium perfringens, Staph aureus).</td>
</tr>
<tr>
<td>Laboratory/Phone:</td>
<td>Microbiology / 443-681-3952</td>
</tr>
</tbody>
</table>

### Bacterial Culture, Routine

<table>
<thead>
<tr>
<th>TEST:</th>
<th>Bacterial Culture, Routine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synonym:</td>
<td>Aerobic culture, routine culture, eye culture, ear culture, genital culture, nose culture, respiratory culture, throat culture, urine culture, wound culture, sterile fluid culture.</td>
</tr>
<tr>
<td>Laboratory/Phone:</td>
<td>Microbiology / 443-681-3952</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>Varies depending on culture site and organisms isolated, usually 2-4 days (or longer if fastidious organism isolate) [from specimen receipt in the Laboratory].</td>
</tr>
</tbody>
</table>

Continued Next Page>
### Specimen Required:
- Swab from site in transport media (Amies, Stuarts, culturette)
- Aseptically aspirated pus or tissue
- Clean-catch urine
- Fluid in sterile container with leak-proof lid

**Do not send a syringe with needle attached. (Specimen will be rejected)**

### Specimen identification:
Specimen should be labeled with patient’s last and first name, patient’s address, DOB, specimen type/source, and the date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.

### Specimen Volume (Optimum):
Swab or 0.5 ml fluid

### Specimen Volume (Minimum):
N/A

### Collect:
- **Most sites:** Use swab to collect and place in transport media (Amies or Stuarts).
- **Urine:** fresh, clean-catch urine in screw cap jar, refrigerate, must reach lab within 24 hours, ship promptly on cold packs.
- **Wound:** Disinfect contiguous areas of skin or mucous membrane containing resident normal flora prior to culture collection. Collect exudates from the interior of productive lesions. Keep tissue samples moist.
- A thin, air-dried smear for Gram stain obtained from the same site as the culture is recommended.

### Form:
DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777) Indicate specimen type using the “Specimen Code” on form.

### Packaging and Shipping*:
Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).

*Refer to current Federal regulations for specific shipping requirements.

### Transport Conditions:
- **Room temperature:** abscesses, burn swabs, dental cultures, ear (inner ear), eye specimens, sterile body fluids, genital, Intra Uterine Device (IUD), spore testing, tissues, wound swabs, nasopharynx, upper respiratory cultures.
- **At refrigerator (4°C) if kept > 2 hours:** catheters, ear (external ear), feces for C. difficile Toxin A&B (frozen if test not done within three (3) days), sputum, urine – all types, autopsy tissue.
- **At 37°C (or room temperature, if unavailable):** blood culture bottles, bone marrow, cerebrospinal fluid (CSF)

### Specimen Rejection Criteria:
The following rejection criteria are designed to prevent the reporting of inaccurate results and to avoid misleading information that might lead to misdiagnosis and inappropriate therapy. A request for a new specimen will provide appropriate materials and clinically relevant information to support good patient care.
- Unlabeled or improperly labeled specimen
- Non-sterile or leaking container
- Inappropriate specimen transport conditions
- Illegible, or no submitter information on the request form
- Mismatched form and specimen
- Broken specimen/sample container
- The wrong specimen for test request
- Inappropriate outfit for requested test
- Illegible or no patient information on the specimen
- Expired transport media
- Specimen received after prolonged delay (usually more than 72 hours)

### Availability:
Monday through Friday

### Results and Interpretation:
Identification of potentially pathogenic organisms and antimicrobial susceptibilities, if clinically appropriate.

### Reference Range:
No growth, routine/normal skin flora, routine/normal “body site” flora.

### Additional Information:
N/A

### Purpose of Test:
Isolation, identification and if clinically appropriate, antimicrobial susceptibilities of potentially pathogenic organisms.

### Method:
Culture, staining, biochemical testing, antimicrobial susceptibility testing.

### Interfering Substances/Limitations:
Only rapid-growing, no fastidious aerobic organisms can be recovered and identified by routine culture methods. “Bacterial culture, routine” will not detect anaerobic bacteria, chlamydia, viruses, fungi, or mycobacteria.

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**Continued Next Page**
### Bacterial Referred Culture for ID

**Synonym:** Isolate for Identification; referred culture  
**Laboratory/Phone:** Microbiology / 443-681-3952  
**Turnaround Time:** Varies depending on organisms submitted.  
**Specimen Required:** Isolate subcultured on agar slant with a leak-proof screw top lid.  
**Specimen Identification:** Specimen should be labeled with patient’s last and first name, patient’s address, DOB, specimen type/source, and the date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.  
**Specimen Volume (Optimum):** N/A  
**Specimen Volume (Minimum):** N/A  
**Collect:** N/A  
**Form:** DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777)  
**Indicate specimen type using the “Specimen Code” on form.**  
**Packaging and Shipping**: Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).  
*Refer to current Federal regulations for specific shipping requirements.*  
**Transport Conditions:** Store and ship at the proper temperature  
**Specimen Rejection Criteria:** The following rejection criteria are designed to prevent the reporting of inaccurate results and to avoid misleading information that might lead to misdiagnosis and inappropriate therapy. A request for a new specimen will provide appropriate materials and clinically relevant information to support good patient care.  
- Unlabeled or improperly labeled specimen  
- Non-sterile or leaking container  
- Inappropriate specimen transport conditions  
- Illegible, or no submitter information on the request form  
- Mismatched form and specimen  
- Broken specimen/sample container  
- The wrong specimen for test request  
- Inappropriate outfit for requested test  
- Illegible or no patient information on the specimen  
- Expired transport media  
- Specimen received after prolonged delay (usually more than 72 hours)  
**Availability:** Monday through Friday  
**Results and Interpretation:** Identification of submitted isolate.  
**Reference Range:** N/A  
**Additional Information:** N/A  
**Purpose of Test:** Identification and if clinically appropriate, antimicrobial susceptibilities of potentially pathogenic organisms.  
**Method:** Culture, staining, biochemical testing, and MALDI-TOF.  
**Interfering Substances/Limitations:** N/A  
**Testing Site:** DHMH Laboratories Administration, Central Laboratory  
1770 Ashland Avenue, Baltimore, Maryland 21205  
**Comment:** N/A

### Bang’s Disease (Brucella serology and Brucella species culture)

**Synonym:** Bang’s Disease, Undulant fever, Malta Fever, and Rock of Gibraltar Fever: Refer to instructions for Brucella serology or Brucella species, culture.  
**Laboratory/Phone:** Office of Laboratory Emergency Preparedness and Response: 410-925-3121 (24/7 emergency contact number)  
Select Agents Microbiology Laboratory: 443-681-3954  
Division of Microbiology Laboratory: 443-681-3952
### TEST: Blood Culture (limited to Medical Examiner and special requests only)

<table>
<thead>
<tr>
<th>Synonym:</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory/Phone:</td>
<td>Microbiology 443-681-3952</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>Seven (7) days [from specimen receipt in the Laboratory]</td>
</tr>
<tr>
<td>Specimen Required:</td>
<td>Blood collected in B-D blood culture bottle</td>
</tr>
<tr>
<td>Specimen Identification:</td>
<td>Specimen should be labeled with patient’s last and first name, patient’s address, DOB, specimen type/source, and the date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.</td>
</tr>
<tr>
<td>Specimen Volume (Optimum):</td>
<td>10 ml of right-heart blood</td>
</tr>
<tr>
<td>Specimen Volume (Minimum):</td>
<td>N/A</td>
</tr>
<tr>
<td>Collect:</td>
<td>Best collected before body is handled too much or opened. Decontaminate skin or seal surface of heart or other organ before inserting needle.</td>
</tr>
<tr>
<td>Form:</td>
<td>DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777)</td>
</tr>
<tr>
<td>Packaging and Shipping*:</td>
<td>Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 &amp; 10 for triple packing guidance).</td>
</tr>
<tr>
<td>Transport Conditions:</td>
<td>Room temperature</td>
</tr>
<tr>
<td>Specimen Rejection Criteria:</td>
<td>The following rejection criteria are designed to prevent the reporting of inaccurate results and to avoid misleading information that might lead to misdiagnosis and inappropriate therapy. A request for a new specimen will provide appropriate materials and clinically relevant information to support good patient care.</td>
</tr>
<tr>
<td>▪ Unlabeled or improperly labeled specimen</td>
<td></td>
</tr>
<tr>
<td>▪ Non-sterile or leaking container</td>
<td></td>
</tr>
<tr>
<td>▪ Inappropriate specimen transport conditions</td>
<td></td>
</tr>
<tr>
<td>▪ Illegible, or no submitter information on the request form</td>
<td></td>
</tr>
<tr>
<td>▪ Mismatched form and specimen</td>
<td></td>
</tr>
<tr>
<td>▪ Broken specimen/sample container</td>
<td></td>
</tr>
<tr>
<td>▪ The wrong specimen for test request</td>
<td></td>
</tr>
<tr>
<td>▪ Inappropriate outfit for requested test</td>
<td></td>
</tr>
<tr>
<td>▪ Illegible or no patient information on the specimen</td>
<td></td>
</tr>
<tr>
<td>▪ Expired transport media</td>
<td></td>
</tr>
<tr>
<td>Availability:</td>
<td>Monday through Friday</td>
</tr>
<tr>
<td>Results and Interpretation:</td>
<td>If (&lt; 3) organisms then Genus/species. (\geq 3) organisms – no identification (hold organism for 10 days).</td>
</tr>
<tr>
<td>Reference Range:</td>
<td>No growth after seven (7) days incubation.</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>N/A</td>
</tr>
<tr>
<td>Purpose of Test:</td>
<td>Assist Medical Examiner to establish the cause of death.</td>
</tr>
<tr>
<td>Method:</td>
<td>Culture, biochemical, and MALDI-TOF.</td>
</tr>
<tr>
<td>Interfering Substances:</td>
<td>Antibiotic therapy</td>
</tr>
<tr>
<td>Testing Site:</td>
<td>DHMH Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, Maryland 21205</td>
</tr>
<tr>
<td>Comment:</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### TEST: Bordetella Pertussis Culture

<table>
<thead>
<tr>
<th>Synonym:</th>
<th>Pertussis, Whooping cough; \textit{B. pertussis} culture, PCR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory/Phone:</td>
<td>Microbiology 443-681-3952</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>7-10 days [from receipt in the Laboratory], preliminary as soon as positive is detected.</td>
</tr>
<tr>
<td>Specimen Required:</td>
<td>Nasopharyngeal aspirates or nasopharyngeal swabs are both acceptable. Throat swabs are less suitable since \textit{B. pertussis} exhibits tropism for ciliated respiratory epithelium, which is not found in the pharynx. However, throat swabs may be suitable for PCR diagnosis. Dacron™ swabs are to be used for both culture and PCR. Cotton-tipped swabs are to be avoided since they contain fatty acids that are toxic and may inhibit the growth of \textit{B. pertussis}.</td>
</tr>
<tr>
<td>Specimen Identification:</td>
<td>Specimen should be labeled with patient’s last and first name, patient’s address, DOB, specimen type/source, and the date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.</td>
</tr>
</tbody>
</table>

Continued Next Page>
| Specimen Volume (Optimum): | Culture: Nasopharyngeal specimen on Dacron™ swab inserted in Regan-Lowe transport media.  
PCR: Nasopharyngeal specimen on Dacron™ swab, submitted in Regan-Lowe transport media. |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Specimen Volume (Minimum):</td>
<td>N/A</td>
</tr>
<tr>
<td>Collect:</td>
<td>Collect according to kit instructions. To order Pertussis culture kit, call 443-681-3777. Use Dacron™-tipped swabs only.</td>
</tr>
<tr>
<td></td>
<td>1. Remove swabs from sterile package.</td>
</tr>
<tr>
<td></td>
<td>2. Infants and young children should be supine. The infant/child’s head must be held immobile by an assistant.</td>
</tr>
<tr>
<td></td>
<td>3. Pass two (2) swabs simultaneously through one nostril and gently along the floor of the nasopharyngeal cavity until it reaches the posterior nares. <strong>NOTE: Do not force swabs</strong>. Obstructions may be due to septal deviation.</td>
</tr>
<tr>
<td></td>
<td>4. Gently rotate both swabs together and leave in nasopharynx for 15 to 30 seconds to absorb mucus.</td>
</tr>
<tr>
<td></td>
<td>5. Repeat procedure through other nostril using the same two (2) swabs.</td>
</tr>
<tr>
<td></td>
<td>6. Place each swab into a separate tube of transport media, run the swab (streak) up the agar and then put the swab into the media.</td>
</tr>
<tr>
<td></td>
<td>7. Label both transport tubes with patient’s name and place each tube back into the ziploc bag.</td>
</tr>
<tr>
<td>Form:</td>
<td>DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777)</td>
</tr>
<tr>
<td></td>
<td><strong>Indicate specimen type using the “Specimen Code” on form.</strong></td>
</tr>
<tr>
<td>Packaging and Shipping*:</td>
<td>Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 &amp; 10 for triple packing guidance).</td>
</tr>
<tr>
<td></td>
<td>*Refer to current Federal regulations for specific shipping requirements.</td>
</tr>
<tr>
<td>Transport Conditions:</td>
<td>Best results are obtained by transporting specimen at room temperature the same day taken. If delays are expected (not transported the same day), place inoculated tubes into an incubator at 35-37°C. Cooled transport of the specimen significantly decreases the number of bacteria.</td>
</tr>
<tr>
<td>Specimen Rejection Criteria:</td>
<td>The following rejection criteria are designed to prevent the reporting of inaccurate results and to avoid misleading information that might lead to misdiagnosis and inappropriate therapy. A request for a new specimen will provide appropriate materials and clinically relevant information to support good patient care.</td>
</tr>
<tr>
<td></td>
<td>• Unlabeled or improperly labeled specimen</td>
</tr>
<tr>
<td></td>
<td>• Non-sterile or leaking container</td>
</tr>
<tr>
<td></td>
<td>• Inappropriate specimen transport conditions</td>
</tr>
<tr>
<td></td>
<td>• Illegible, or no submitter information on the request form</td>
</tr>
<tr>
<td></td>
<td>• Mismatched form and specimen</td>
</tr>
<tr>
<td></td>
<td>• Broken specimen/sample container</td>
</tr>
<tr>
<td></td>
<td>• The wrong specimen for test request</td>
</tr>
<tr>
<td></td>
<td>• Inappropriate outfit for requested test</td>
</tr>
<tr>
<td></td>
<td>• Illegible or no patient information on the specimen</td>
</tr>
<tr>
<td></td>
<td>• Expired transport media</td>
</tr>
<tr>
<td></td>
<td>• Regan-Lowe media not used</td>
</tr>
<tr>
<td></td>
<td>• Media expired</td>
</tr>
<tr>
<td></td>
<td>• Specimen frozen</td>
</tr>
<tr>
<td></td>
<td>• Unlabeled specimen or name discrepancy between specimen and request label</td>
</tr>
<tr>
<td></td>
<td>• Prolonged delay in transport (usually more than 72 hours)</td>
</tr>
<tr>
<td>Availability:</td>
<td>Monday through Friday</td>
</tr>
<tr>
<td>Results and Interpretation:</td>
<td>N/A</td>
</tr>
<tr>
<td>Reference Range:</td>
<td>No Bordetella pertussis cultured or detected.</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>The best yield is obtained when culture and PCR are used to diagnose this infection.</td>
</tr>
<tr>
<td>Purpose of Test:</td>
<td>Culture: Isolate and identify <em>B. pertussis</em> and <em>B. parapertussis</em>; establish diagnosis of whooping cough.</td>
</tr>
<tr>
<td></td>
<td>PCR: Detect the presence of <em>B. pertussis</em> nucleic acid (DNA).</td>
</tr>
<tr>
<td>Method:</td>
<td>Culture: isolation and identification using culture</td>
</tr>
<tr>
<td></td>
<td>DFA: direct fluorescent antibody stain</td>
</tr>
<tr>
<td></td>
<td>PCR: Polymerase chain reaction, real-time</td>
</tr>
<tr>
<td>Interfering Substances:</td>
<td>N/A</td>
</tr>
</tbody>
</table>
### TESTING Site:

<table>
<thead>
<tr>
<th>Testing Site</th>
<th>DHMH Laboratories Administration, Central Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1770 Ashland Avenue, Baltimore, Maryland 21205</td>
</tr>
<tr>
<td>Comment</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### TEST:

<table>
<thead>
<tr>
<th>TEST:</th>
<th>Bordetella pertussis PCR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synonym:</td>
<td>B. pertussis, pertussis, Whooping Cough</td>
</tr>
<tr>
<td>Laboratory/Phone:</td>
<td>Molecular Biology: 443-681-3924</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>2-3 Business Days</td>
</tr>
<tr>
<td>Specimen Required:</td>
<td>Nasopharyngeal specimen on Dacron swab, submitted in Regan-Lowe transport media.</td>
</tr>
<tr>
<td>Specimen Identification:</td>
<td>Specimen should be labeled with patient’s name, and date of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.</td>
</tr>
<tr>
<td>Specimen Volume (Optimum):</td>
<td>N/A Nasopharyngeal swab</td>
</tr>
<tr>
<td>Specimen Volume (Minimum):</td>
<td>N/A Nasopharyngeal swab</td>
</tr>
</tbody>
</table>

**Collect:**

To order Pertussis PCR/culture kit, call 443-681-3777.

1. Remove swabs from sterile package.
2. Infants and young children should be supine. The infant/child’s head must be held immobile by an assistant.
3. Pass two (2) swabs simultaneously through one nostril and gently along the floor of the nasopharyngeal cavity until it reaches the posterior nares. **NOTE: Do not force swabs.** Obstructions may be due to septal deviation.
4. Gently rotate both swabs together and leave in nasopharynx for 15 to 30 seconds to absorb mucus.
5. Repeat procedure through other nostril using the same two (2) swabs.
6. Place each swab into a separate tube of transport media, run the swab (streak) up the agar and then put the swab into the media.
7. Label both transport tubes with patient’s name and place each tube back into the ziplock bag.

**Form:**

DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777)

**Indicate specimen type using the "Specimen Code" on form.**

**Packaging and Shipping**: Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to Page 9 & 10).

*Refer to current Federal regulations for specific shipping requirements.

**Transport Conditions:**

Best results are obtained by transporting specimen at room temperature the same day taken. If delays are expected (not transported the same day), place inoculated tubes into an incubator at 35-37°C. Cooled transport of the specimen significantly decreases the number of bacteria.

**Specimen Rejection Criteria:**

The following rejection criteria are designed to prevent the reporting of inaccurate results and to avoid misleading information that might lead to misdiagnosis and inappropriate therapy. A request for a new specimen will provide appropriate materials and clinically relevant information to support good patient care.

- Non-sterile or leaking container
- Inappropriate specimen transport conditions
- Illegible, or no submitter information on the request form
- Broken specimen/sample container
- The wrong specimen for test request
- Inappropriate outfit for requested test
- Illegible or no patient information on the specimen
- Expired transport media
- Regan-Lowe media not used
- Media expired
- Specimen frozen
- Unlabeled specimen or name discrepancy between specimen and request label
- Prolonged delay in transport (usually more than 72 hours)

**Availability:**

Monday through Friday
Results and Interpretation:
- **Positive**: B. pertussis DNA WAS DETECTED by real time PCR
- **Negative**: B. pertussis DNA WAS NOT DETECTED by real time PCR

Additional Information:
- PCR cannot be ordered independent of culture. Both assays are performed in parallel.

Purpose of Test:
- Detect the presence of B. pertussis nucleic acid (DNA).

Method:
- PCR: Polymerase chain reaction, real-time

Interfering Substances:
- N/A

Testing Site:
- DHMH Laboratories Administration, Central Laboratory
  1770 Ashland Avenue, Baltimore, Maryland  21205

Comment:
- N/A

### Bordetella Pertussis Toxin IgG Antibody

**Synonym:** IgG Anti-pertussis toxin assay

**Laboratory/Phone:** Vaccine Preventable Disease/443-681-3889

**Turnaround Time:** 2-5 business days

**Specimen Required:** Serum

**Specimen identification:** Label container with patient’s last name, first name, DOB, specimen type, date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.

**Specimen Volume (Optimum):** 5 ml. (Whole blood) or 4 ml. (Serum)

**Specimen Volume (Minimum):** 3 ml. (Whole blood) or 2 ml. (Serum)

**Collect:** Red-top vacutainer

**Form:** For outbreak investigation use only. Prior approval required. Specific specimen criteria applies for details call 443-681-3889

**Transport Conditions:** Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).

**Packaging and Shipping:** Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).

**Specimen Rejection Criteria:** Specimen from patient vaccinated against B.pertussis toxin in < 6months or under age 11 cannot be tested. Discrepancy between name on tube and name on form, unlabeled; hemolytic; gross bacterial contamination. Refer to serology guideline

**Availability:** Monday through Friday

**Results and Interpretation:** Results can be used for investigational use only
- **Positive**: ≥94 IU/ml
- **Negative**: <49 IU/ml
- **Equivocal**: between 49-93 IU/ml

**Additional Information:** For more information, see the CDC link at: [http://www.cdc.gov/hepatitis/index.htm](http://www.cdc.gov/hepatitis/index.htm)

**Purpose of Test:** Test is for detecting elevated antibody titers. This is designed to be used in adult and adolescent populations for epidemiological studies and outbreak response as these patients may not seek medical attention when the isolation of *Bordatella pertussis* by culture or PCR would be likely. At this time, the serologic test results should not be relied for case confirmation of pertussis infection. This assay should not be used to and assess susceptibility/immunity to pertussis or for clinical diagnosis. It is limited to surveillance purposes only.

**Method:** ELISA

**Interfering Substances:** Specimen from patient vaccinated against B.pertussis toxin in < 6months or under age 11yrs cannot be tested.

**Testing Site:** DHMH Laboratories Administration, Central Laboratory
  1770 Ashland Avenue, Baltimore, Maryland  21205

**Comment:** This test is used for surveillance purpose only.
### TEST: Borrelia burgdorferi serology

<table>
<thead>
<tr>
<th>Synonym:</th>
<th><em>Borrelia burgdorferi</em> IgG/IgM Antibody, Lyme Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory/Phone:</td>
<td>443-681-3938/3931</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>5 business days</td>
</tr>
<tr>
<td>Specimen Required:</td>
<td>Serum</td>
</tr>
<tr>
<td>Specimen identification:</td>
<td>The specimen/sample must be properly labeled and include patient’s name or unique patient/sample identifier matching the test requisition or electronic test order.</td>
</tr>
<tr>
<td>Specimen Volume (Optimum):</td>
<td>2 ml whole blood</td>
</tr>
<tr>
<td>Specimen Volume (Minimum):</td>
<td>1 ml whole blood</td>
</tr>
<tr>
<td>Collect:</td>
<td>Red-top vacutainer tube</td>
</tr>
<tr>
<td>Form:</td>
<td>DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)</td>
</tr>
<tr>
<td></td>
<td>Indicate specimen type using the “Specimen Code” on form.</td>
</tr>
<tr>
<td>Packaging and Shipping*:</td>
<td>Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 &amp; 10 for triple packing guidance).</td>
</tr>
<tr>
<td></td>
<td>*Refer to current Federal regulations for specific shipping requirements.</td>
</tr>
<tr>
<td>Transport Conditions:</td>
<td>Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).</td>
</tr>
<tr>
<td>Specimen Rejection Criteria:</td>
<td>Hemolysis; insufficient volume, specimen collected &gt; 5 days prior to arrival without being frozen</td>
</tr>
<tr>
<td>Availability:</td>
<td>Monday through Friday</td>
</tr>
<tr>
<td>Results and Interpretation:</td>
<td>NON-REACTIVE. Indicates no detectable antibodies to <em>Borrelia burgdorferi</em>. A negative result does not exclude a Lyme disease infection. Patients with early stages of infection or who have undergone antibiotic therapy may not produce measurable IgG/IgM antibodies. Additional specimens should be submitted in 2-4 weeks if <em>Borrelia burgdorferi</em> exposure has not been ruled out. REACTIVE. Antibodies to <em>Borrelia burgdorferi</em> have been detected. Sera from individuals with other pathogenic spirochetal diseases, bacterial and viral infections, and individuals with connective tissue autoimmune diseases or anti-nuclear antibody may also have antibodies which cross-react with <em>B. burgdorferi</em>. EQUIVOCAL—Immunological status cannot be determined, please re-draw patient in 2-4 weeks.</td>
</tr>
</tbody>
</table>

### TEST: Botulism (*Clostridium botulinum*—Adult and *Clostridium botulinum*—Infant)

| Synonym:                | Botulism; *Clostridium botulinum*: Refer to instructions for *Clostridium botulinum*—Adult and *Clostridium botulinum*—Infant. |
| Laboratory/Phone:       | Office of Laboratory Emergency Preparedness and Response: 410-925-3121 (24/7 emergency contact number) Select Agents Microbiology Laboratory: 443-681-3954 Division of Microbiology Laboratory: 443-681-3952 |

Your health care provider has ordered a laboratory test for the presence of Lyme Disease for you. Current Laboratory testing for Lyme Disease can be problematic and standard laboratory tests often result in false negative and false positive results, and if done too early, you may not have produced enough antibodies to be considered positive because your immune response requires time to develop antibodies. If you are tested for Lyme Disease and the results are negative, this does not necessarily mean you do not have Lyme Disease. If you continue to experience unexplained symptoms, you should contact your health care provider and inquire about the appropriateness of retesting or initial or additional treatment. The Western blot test will be used to confirm the presence of *B. burgdorferi* specific antibodies detected by the ELFA screening test on all Positive & Equivocal specimens.
### TEST: Brucella serology (CDC Referral)

<table>
<thead>
<tr>
<th>Synonym:</th>
<th>Bang's Disease, Undulant fever, Malta Fever</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory/Phone:</td>
<td>443-681-3938/3931</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>2 weeks (CDC Referral)</td>
</tr>
<tr>
<td>Specimen Required:</td>
<td>Serum</td>
</tr>
<tr>
<td>Specimen identification:</td>
<td>Label tube with patients first and last name. The specimen/sample must be properly labeled and match the test requisition or electronic test order.</td>
</tr>
<tr>
<td>Specimen Volume (Optimum):</td>
<td>2 ml. (Whole Blood)</td>
</tr>
<tr>
<td>Specimen Volume (Minimum):</td>
<td>1 ml. (Whole Blood)</td>
</tr>
<tr>
<td>Collect:</td>
<td>Red-top vacutainer</td>
</tr>
<tr>
<td>Form:</td>
<td>DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777) Indicate specimen type using the “Specimen Code” on form.</td>
</tr>
<tr>
<td>Packaging and Shipping*:</td>
<td>Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 &amp; 10 for triple packing guidance). *Refer to current Federal regulations for specific shipping requirements.</td>
</tr>
<tr>
<td>Transport Conditions:</td>
<td>Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).</td>
</tr>
<tr>
<td>Specimen Rejection Criteria:</td>
<td>Hemolysis; insufficient volume</td>
</tr>
<tr>
<td>Availability:</td>
<td>Monday through Friday</td>
</tr>
<tr>
<td>Results and Interpretation:</td>
<td>Given on CDC report</td>
</tr>
<tr>
<td>Additional Information:</td>
<td><a href="http://www.cdc.gov/brucellosis/index.html">http://www.cdc.gov/brucellosis/index.html</a></td>
</tr>
<tr>
<td>Purpose of Test:</td>
<td>Detect antibody to Brucella</td>
</tr>
<tr>
<td>Method:</td>
<td>Brucella microagglutination test (BMAT)</td>
</tr>
<tr>
<td>Interfering Substances:</td>
<td>No serology available for B. canis or RB51. May have poor sensitivity for chronic or complicated brucellosis.</td>
</tr>
<tr>
<td>Processing Site for CDC referral:</td>
<td>DHMH Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, Maryland 21205</td>
</tr>
<tr>
<td>Comment:</td>
<td>Contact the MD DHMH Epidemiologist at (410)767-6700 for prior approval of specimen submission. Required supplemental information: Exposure and travel history, include other relevant risk factors; clinical symptoms, treatment and relevant lab results.</td>
</tr>
</tbody>
</table>

### TEST: Brucella species, culture

<table>
<thead>
<tr>
<th>Synonym:</th>
<th>Bang’s Disease, Undulant fever, Malta Fever, and Rock of Gibraltar Fever</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory/Phone:</td>
<td>Office of Laboratory Emergency Preparedness and Response: 410-925-3121 (24/7 emergency contact number) Select Agents Microbiology Laboratory: 443-681-3954 Division of Microbiology Laboratory: 443-681-3952</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>5 - 30 days [from specimen receipt in the Laboratory]</td>
</tr>
<tr>
<td>Specimen Identification:</td>
<td>Specimen should be labeled with patient’s last and first name, patient’s address, DOB, specimen type/source, and the date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.</td>
</tr>
<tr>
<td>Specimen Volume (Optimum):</td>
<td>N/A</td>
</tr>
<tr>
<td>Specimen Volume (Minimum):</td>
<td>N/A</td>
</tr>
<tr>
<td>Collect:</td>
<td>1. Blood: Collect appropriate blood volume and number of sets per routine laboratory protocol. Specimens should be inoculated into appropriate culture media within two (2) hours of collection. 2. Biopsied Tissue: Collect per laboratory protocol. Tissues must be kept moist; add several drops of sterile saline if necessary. 3. Serum: At least 1 ml of serum. Follow standard laboratory protocol. Preferably serum refrigerated. 4. Isolate: Pure culture, 24 hours old, growing on a sheep blood agar plate or slant.</td>
</tr>
</tbody>
</table>

Continued Next Page>
Form: DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777)
Indicate specimen type using the “Specimen Code” on form

Packaging and Shipping*: 
Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).
*Refer to current Federal regulations for specific shipping requirements.

Transport Conditions:
1. Blood Cultures: Transport at room temperature. Hold them at ambient temperature until they are incubated. DO NOT REFRIGERATE.
2. Tissue: Transport at room temperature, adding several drops of sterile normal saline to keep tissues moist for immediate processing. Keep the specimen chilled if the processing of the specimen will be delayed.
3. Serum: Keep serum on cold packs.
4. Isolates: Transport at room temperature on a sealed sheep blood agar plate or slant.

Specimen Rejection Criteria
The following rejection criteria are designed to prevent the reporting of inaccurate results and to avoid misleading information that might lead to misdiagnosis and inappropriate therapy. A request for a new specimen will provide appropriate materials and clinically relevant information to support good patient care.
- Unlabeled or improperly labeled specimen
- Non-sterile or leaking container
- Inappropriate specimen transport conditions
- Illegible, or no submitter information on the request form
- Mismatched form and specimen
- Broken specimen/sample container
- The wrong specimen for test request
- Inappropriate outfit for requested test
- Illegible or no patient information on the specimen
- Expired transport media

Availability: 24 hours/day, 7 days/week
Results and Interpretation:
Brucella species isolated/detected
Brucella species not found

Additional Information: Call 410-925-3121 before sending specimen to the Laboratory.
Purpose of Test: To confirm the diagnosis of Brucella species.
Method: LRN protocols
Interfering Substances: N/A
Testing Site: DHMH Laboratories Administration, Central Laboratory
1770 Ashland Avenue, Baltimore, Maryland  21205

Comment: Brucella species are highly infectious. PLEASE use a biological safety cabinet when working with specimens suspected of being Brucella species. Call 410-925-3121 before sending to the laboratory.

TEST: Burkholderia mallei and Burkholderia pseudomallei
Synonym: B. mallei is the causative agent of Glanders; and B. pseudomallei is the causative agent of Melioidosis

Laboratory/Phone: Office of Laboratory Emergency Preparedness and Response: 410-925-3121 (24/7 emergency contact number)
Select Agents Microbiology Laboratory: 443-681-3954
Division of Microbiology Laboratory: 443-681-3952

Turnaround Time: 4 - 8 days [from specimen receipt in the Laboratory]
Specimen Required:
1. Blood: Collect blood specimens before antibiotics are administered.
2. Urine
3. Abscesses, tissue aspirates,body fluids: Collect tissues and fluids rather than swabs, when possible.
4. Isolate

Specimen Identification: Specimen should be labeled with patient’s last and first name, patient’s address, DOB, specimen type/source, and the date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.

Continued Next Page>
Specimen Volume (Optimum): 1. Blood: Collect appropriate volume and number of sets per laboratory protocol. 2. Urine: 5 ml. 3. Abscesses, tissues and body fluids: Collect per routine laboratory protocol.

Specimen Volume (Minimum): N/A

Collect:
1. Blood: Collect appropriate volume and number of sets per routine laboratory protocol.
2. Urine: Collect 5 ml of midstream clean-catch specimen or a catherization specimen.
3. Abscesses, tissues aspirates, body fluids: Collect tissues and body fluids rather than swabs.
4. Isolate: Pure culture, 24 hours old, growing on a sheep blood agar plate or slant.

Form:
DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777)
Indicate specimen type using the “Specimen Code” on form.

Packaging and Shipping*:
Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).
*Refer to current Federal regulations for specific shipping requirements.

Transport Conditions:
1. Blood: Transport at room temperature. Hold them at ambient temperature until they are incubated. DO NOT REFRIGERATE.
2. Urine: Transport in a sterile, well sealed container chilled using wet ice or cold packs.
3. Abscesses, tissues, and fluids: Transport the specimen at room temperature for immediate processing. Keep the specimen chilled if processing of the specimen will be delayed.
4. Isolate: Transport the specimen at room temperature on a sealed sheep blood agar plate or slant.

Specimen Rejection Criteria:
The following rejection criteria are designed to prevent the reporting of inaccurate results and to avoid misleading information that might lead to misdiagnosis and inappropriate therapy. A request for a new specimen will provide appropriate materials and clinically relevant information to support good patient care.
- Unlabeled or improperly labeled specimen
- Non-sterile or leaking container
- Inappropriate specimen transport conditions
- Illegible, or no submitter information on the request form
- Mismatched form and specimen
- Broken specimen/sample container
- The wrong specimen for test request
- Inappropriate outfit for requested test
- Illegible or no patient information on the specimen
- Expired transport media

Availability: 24 hours/day, 7 days/week

Results and Interpretation: B. mallei/B. pseudomallei isolated/detected. B. mallei/B. pseudomallei not found.

Additional Information: Call 410-925-3121 before sending specimen to the Laboratory.

Purpose of Test: To confirm the diagnosis of B. mallei and B. pseudomallei.

Method: LRN Protocols

Interfering Substances: N/A

Testing Site: DHMH Laboratories Administration, Central Laboratory
1770 Ashland Avenue, Baltimore, Maryland  21205

Comment: Call 410-925-3121 before sending to the Laboratory.

TEST:

C. difficile Toxin (A and B)

Synonym: Clostridium difficile toxin, C. diff

Laboratory/Phone: Microbiology: 443-681-3952

Turnaround Time: Two (2) days [from specimen receipt in the Laboratory]

Specimen Required: Fresh, unpreserved stool specimen

Specimen Identification: Specimen should be labeled with patient’s last and first name, patient’s address, DOB, specimen type/source, and the date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.

Specimen Volume (Optimum): Two (2) grams

Specimen Volume (Minimum): N/A

Collect: Stool in a clean, unpreserved stool transport vial

Continued Next Page>
Form: DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777)

Indicate specimen type using the “Specimen Code” on form.

Packaging and Shipping*: Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).
*Refer to current Federal regulations for specific shipping requirements.

Transport Conditions: Unpreserved, shipped in insulated container with freezer pack

Specimen Rejection Criteria: The following rejection criteria are designed to prevent the reporting of inaccurate results and to avoid misleading information that might lead to misdiagnosis and inappropriate therapy. A request for a new specimen will provide appropriate materials and clinically relevant information to support good patient care.
- Unlabeled or improperly labeled specimen
- Non-sterile or leaking container
- Inappropriate specimen transport conditions
- Illegible, or no submitter information on the request form
- Mismatched form and specimen
- Broken specimen/sample container
- The wrong specimen for test request
- Inappropriate outfit for requested test
- Illegible or no patient information on the specimen
- Expired transport media
- Formed stool
- Stool preserved in 10% formalin, SAF, or PVA

Availability: Monday through Friday

Results and Interpretation: Positive (Toxin A and/or Toxin B present) or Negative (No Toxin A or Toxin B detected)

Reference Range: Negative

Additional Information: Clostridium difficile can be grown and isolated on a stool culture, but its presence does not indicate whether the strain present is a toxin producer. It also does not distinguish between C. difficile colonization and overgrowth/infection.

Purpose of Test: The Clostridium difficile toxin test is used to diagnose antibiotic-associated diarrhea and pseudomembranous colitis that is caused by C. difficile. It may also be ordered to detect recurrent disease.

Method: EIA (Enzyme Immunoassay)

Interfering Substances: N/A

Testing Site: DHMH Laboratories Administration, Central Laboratory
1770 Ashland Avenue, Baltimore, Maryland 21205

Comment: This test does not differentiate between Toxin A and Toxin B.

TEST: Campylobacter Culture
Enteric Culture, Routine (Salmonella, Shigella, Campylobacter, and Shiga toxins–producing E. coli)

Synonym: Stool culture for enteric pathogens; enteric pathogens; stool culture and sensitivity; feces culture: Refer to instructions for Enteric Culture, Routine (Salmonella, Shigella, Campylobacter, and Shiga toxins–producing E. coli).

Laboratory/Phone: Microbiology-Enterics: 443-681-4570

TEST: CDC Referrals (Serology)

Synonym: CDC’s Infectious Diseases Laboratories provides an online Test Directory that allows you to identify the right test for your needs.
http://www.cdc.gov/laboratory/specimen-submission/list.html#B

Laboratory/Phone: 443-681-3938/3931

Turnaround Time: Refer to CDC Test Directory
http://www.cdc.gov/laboratory/specimen-submission/list.html#B

Specimen Required: Serum

Specimen identification: The specimen/sample must be properly labeled and include patient’s name or unique patient/sample identifier matching the test requisition or electronic test order.

Specimen Volume (Optimum): 2 ml. (Whole Blood)
Specimen Volume (Minimum): 1 ml. (Whole Blood)
<table>
<thead>
<tr>
<th>Collect:</th>
<th>Red-top vacutainer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form:</td>
<td>DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)</td>
</tr>
<tr>
<td><em>Indicate specimen type using the “Specimen Code” on form.</em></td>
<td></td>
</tr>
<tr>
<td>Packaging and Shipping*:</td>
<td>Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 &amp; 10 for triple packing guidance).</td>
</tr>
<tr>
<td><em>Refer to current Federal regulations for specific shipping requirements.</em></td>
<td></td>
</tr>
<tr>
<td>Transport Conditions:</td>
<td>See CDC specific transport requirements.</td>
</tr>
<tr>
<td>Specimen Rejection Criteria:</td>
<td>Hemolysis; insufficient volume</td>
</tr>
<tr>
<td>Availability:</td>
<td>Monday through Friday</td>
</tr>
<tr>
<td>Results and Interpretation:</td>
<td>Given on CDC report</td>
</tr>
<tr>
<td>Additional Information:</td>
<td><strong>Call 443-681-3938/3931 before sending specimen to State lab.</strong></td>
</tr>
<tr>
<td>Purpose of Test:</td>
<td>Detect antibodies which may be due to a particular infectious agent</td>
</tr>
<tr>
<td>Methods:</td>
<td>Varies</td>
</tr>
<tr>
<td>Interfering Substances:</td>
<td>Icteric, hemolyzed, lipemic specimen</td>
</tr>
<tr>
<td>Processing Site for CDC referral:</td>
<td>DHMH Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, Maryland 21205</td>
</tr>
<tr>
<td>Comment:</td>
<td>Contact the MD DHMH Epidemiologist at (410)767-6700 for prior approval of specimen submission. Required supplemental information: Exposure and travel history, include other relevant risk factors; clinical symptoms, treatment and relevant lab results.</td>
</tr>
</tbody>
</table>

**TEST:**  Chagas disease

<table>
<thead>
<tr>
<th>Synonym:</th>
<th>Trypanosoma cruzi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory/Phone:</td>
<td>443-681-3938/3931</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>5 business days</td>
</tr>
<tr>
<td>Specimen Required:</td>
<td>Serum</td>
</tr>
<tr>
<td>Specimen identification:</td>
<td>The specimen/sample must be properly labeled and include patient’s name or unique patient/sample identifier matching the test requisition or electronic test order</td>
</tr>
<tr>
<td>Specimen Volume (Optimum):</td>
<td>2 ml. (Whole Blood)</td>
</tr>
<tr>
<td>Specimen Volume (Minimum):</td>
<td>1 ml. (Whole Blood)</td>
</tr>
<tr>
<td>Collect:</td>
<td>Red-top vacutainer tube</td>
</tr>
<tr>
<td>Form:</td>
<td>DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)</td>
</tr>
<tr>
<td><em>Indicate specimen type using the “Specimen Code” on form.</em></td>
<td></td>
</tr>
<tr>
<td>Packaging and Shipping*:</td>
<td>Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 &amp; 10 for triple packing guidance).</td>
</tr>
<tr>
<td><em>Refer to current Federal regulations for specific shipping requirements.</em></td>
<td></td>
</tr>
<tr>
<td>Transport Conditions:</td>
<td>Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).</td>
</tr>
<tr>
<td>Specimen Rejection Criteria:</td>
<td>Hemolysis, specimen collected &gt; 5 days prior to arrival without being frozen</td>
</tr>
<tr>
<td>Availability:</td>
<td>Monday through Friday</td>
</tr>
<tr>
<td>Results and Interpretation:</td>
<td>NEGATIVE: Antibodies to T. cruzi have not been detected and there is a high probability of non-infection or an early infection with low level of antibody present. EQUIVOCAL: The presence or absence of antibody to T. cruzi cannot be established. POSITIVE: Antibodies to T. cruzi, the causative agent of Chagas’ disease were detected.</td>
</tr>
<tr>
<td>Additional Information:</td>
<td><a href="http://www.cdc.gov/parasites/chagas/">http://www.cdc.gov/parasites/chagas/</a></td>
</tr>
<tr>
<td>Purpose of Test:</td>
<td>Detect antibodies which may be due to T. cruzi</td>
</tr>
<tr>
<td>Methods:</td>
<td>EIA</td>
</tr>
<tr>
<td>Interfering Substances:</td>
<td>Hemolysis</td>
</tr>
<tr>
<td>Testing Site:</td>
<td>DHMH. Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, MD 21205</td>
</tr>
<tr>
<td>Comment:</td>
<td>Serologic results should not be used as a sole means for diagnosis, treatment, or for the assessment of a patient’s health. Clinical correlation is required. Positive and Equivocal results will be forwarded to CDC for confirmation.</td>
</tr>
<tr>
<td>TEST:</td>
<td>Chancroid Culture (Hemophilus ducreyi)</td>
</tr>
<tr>
<td>-------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>Synonym:</td>
<td><em>Haemophilus ducreyi</em> culture: Refer to instructions for <em>Hemophilus ducreyi</em> Culture.</td>
</tr>
<tr>
<td>Laboratory/Phone:</td>
<td>Microbiology: 443-681-4570</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TEST:</th>
<th>Chikungunya IgM EIA (Arbovirus Travel-Associated Panel)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synonym:</td>
<td>Arthropod-borne virus: Chikungunya Virus</td>
</tr>
<tr>
<td>Laboratory/Phone:</td>
<td>443-681-3937</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>5-10 business days during Arbovirus Season (excluding PRNT Testing)</td>
</tr>
<tr>
<td>Specimen Required:</td>
<td>Serum (blood)</td>
</tr>
</tbody>
</table>

**Specimen Identification:** The specimen/sample must be properly labeled and include:
1. The patient’s name or unique patient/sample identifier matching the test requisition or electronic test order,
2. If appropriate, the date and time of specimen/sample collection, and
3. Any additional information relevant and necessary for the test. The specimen/sample must be properly labeled and match the test requisition or electronic test order.

| Specimen Volume (Optimum): | 2 ml serum |
| Specimen Volume (Minimum): | 1 ml serum |
| Collect: | Red-top vacutainer, transfer serum to sterile tube |

**Form:** DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777) Indicate specimen type using the “Specimen Code” on form. Write “S” for serum in the “Arbovirus Travel-Associated Panel”.

*For testing to be initiated the following information MUST be provided: date of onset, date specimen collected, travel history, and flavivirus vaccination history. Also please provide: patient’s date of birth, diagnosis, symptoms, fatality, and whether patient is immunocompromised.*

**Packaging and Shipping:** Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).

*Refer to current Federal regulations for specific shipping requirements.*

**Transport Conditions:** Store refrigerated and ship on cold packs in a cooler. If shipping is delayed beyond 48 hours, specimen can be frozen at -20°C and shipped on dry ice.

**Specimen Rejection Criteria:** Grossly hemolyzed specimen, unlabeled specimen, leaking container, mismatch between labeling of specimen and test request form/electronic test order, and does not meet epidemiological criteria required for testing (e.g. travel history, etc.)

**Availability:** Monday-Friday

**Results and Interpretation:**
- **Negative:** No detectable IgM antibody, The result does not rule out Chikungunya virus infection. An additional sample should be tested within 7-14 days if early infection is suspected.
- **Equivocal:** Chikungunya virus IgM antibody cannot be determined, further testing by PRNT (plaque reduction neutralization test) is required.
- **Positive:** Presence of detectable IgM antibody, presumptive infection with Chikungunya virus. Confirmatory testing by PRNT (plaque reduction neutralization test) is required. **A positive IgM result may not indicate a recent infection because IgM may persist for several months after infection.**

**Additional Information:** The term “Arbovirus” has no taxonomic significance, but is a shortened name given to viruses that are transmitted by blood feeding arthropods (mosquitoes, ticks, etc). Arboviruses that cause human encephalitis are members of three virus families: The *Togaviridae* (genus *Alphavirus*), *Flaviviridae*, and *Bunyaviridae*. For more information, see the CDC link at: [http://www.cdc.gov/ncidod/dvbid/arbor/arbdet.htm](http://www.cdc.gov/ncidod/dvbid/arbor/arbdet.htm)

Patients with travel history supporting suspicion of other arboviruses will be sent to the CDC for testing.
### Purpose of Test:
For the presumptive detection of IgM antibody to Chikungunya Virus. Confirmatory testing by PRNT may be required.

### Method:
EIA (Screening) & PRNT (Plaque Reduction Neutralization Test) referral to the Centers for Disease Control and Prevention (CDC) for confirmatory testing.

### Interfering Substances:

### Testing Site:
DHMH Laboratories Administration, Central Laboratory
1770 Ashland Avenue Baltimore, MD 21205

### TEST: **Chlamydia Cell Culture**

#### Synonym:

#### Laboratory/Phone:
443-681-3937

#### Turnaround Time:
Within 10 business days

#### Specimen Required:
Swab: Endocervix, urethra, conjunctiva, nasopharynx, throat, rectum, vagina. For other sources, call laboratory to discuss.
Place swab in ChlamTrans™ transport tube. (Check expiration date of transport media.)

#### Specimen identification:
The specimen/sample must be properly labeled and include:
1. The patient’s name or unique patient/sample identifier matching the test requisition or electronic test order,
2. If appropriate, the date and time of specimen/sample collection, and
3. Any additional information relevant and necessary for the test.
The specimen/sample must be properly labeled and match the test requisition or electronic test order.

#### Specimen Volume (Optimum):
2ml of media already in transport tube

#### Specimen Volume (Minimum):
2ml of media already in transport tube

#### Collect:
Swab placed in ChlamTrans™ Transport media, or other commercial media stating it is appropriate for Chlamydia isolation.

#### Form:
DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777)
Chlamydia trachomatis located under Virus/Chlamydia heading. Indicate specimen type next to test requested using the “Specimen Code” on form.

#### Packaging and Shipping*:
Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).
*Refer to current Federal regulations for specific shipping requirements.

#### Transport Conditions:
Transport at 2-8°C
Must reach the lab within 2 days of collection

#### Specimen Rejection Criteria:
Too old, No patient ID on specimen, leaked, quantity not sufficient, no swab, expired transport, out of temp. range, no specimen received, broken, improper swab or collection kit, improper collection site, thick mucus, gross contamination, illegible ID, missing or incomplete lab slip (no site, date, gender, patient info., submitter info.), mismatched patient ID.

#### Availability:
Monday-Friday

#### Results and Interpretation:
*Chlamydia trachomatis* isolated in cell culture.
*Chlamydia trachomatis* not isolated in cell culture.
*Chlamydia trachomatis* toxic in cell culture. Resubmit.

#### Additional Information:
This test is limited to medico-legal specimens: cervical, rectal, male urethral; and non-cervical, non-rectal, and non-male urethral specimens.

#### Purpose of Test:
Diagnostic, qualitative detection of Chlamydia

#### Method:
Cell culture

#### Interfering Substances/Limitations:
A negative result does not exclude the possibility of infection. Interpret results in conjunction with other information.
Do not use ChlamTrans™ if leakage, evaporation, contamination or pH changes are apparent.
Store ChlamTrans™ refrigerated.
Do not freeze unless <50°C. If frozen, must transport on dry ice.

#### Testing Site:
DHMH Laboratories Administration, Central Laboratory
1770 Ashland Avenue, Baltimore, Maryland 21205

#### Comment:
### TEST: **Chlamydia Serology**

**Synonym:** Chlamydia Group antigen antibody (IgG) EIA  
**Laboratory/Phone:** 443-681-3938/3931  
**Turnaround Time:** 5 business days  
**Specimen Required:** Serum  
**Specimen identification:** The specimen/sample must be properly labeled and include patient’s name or unique patient/sample identifier matching the test requisition or electronic test order.  
**Specimen Volume (Optimum):** 2 ml. (Whole Blood)  
**Specimen Volume (Minimum):** 1 ml. (Whole Blood)  
**Collect:** Red-top vacutainer tube  
**Form:** DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)  
**Packaging and Shipping:** Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).  
**Transport Conditions:** Ambient temperature for specimens on the blood clot, separated serum at 2-8°C (refrigerated) or -20°C (frozen).  
**Specimen Rejection Criteria:** Hemolysis; insufficient volume, specimen collected > 5 days prior to arrival without being frozen.  
**Availability:** Monday through Friday  
**Results and Interpretation:**  
- **POSITIVE**—Detectable IgG Chlamydial antibodies. Suggest immunological exposure to one or more chlamydial species.  
- **NEGATIVE**—No detectable IgG Chlamydial antibodies. Suggest no prior immunological exposure to chlamydial species. Does not rule out recent exposure and collection of sample prior to development of IgG antibodies.  
- **EQUIVOCAL**—Immunological exposure cannot be assessed.  
**Additional Information:** This test is not intended to replace culture  
**Purpose of Test:** For the detection of antibody to Chlamydia group antigen  
**Method:** EIA  
**Interfering Substances:** Icteric, hemolyzed, lipemic or heat inactivation specimen  
**Testing Site:** DHMH Laboratories Administration, Central Laboratory  
1770 Ashland Avenue, Baltimore, Maryland 21205  
**Comment:** This test does not differentiate between different species of Chlamydia. Serologic results should not be used as a sole means for diagnosis, treatment, or for the assessment of a patient’s health. Clinical correlation is required.

### TEST: **Chlamydia trachomatis and Neisseria gonorrhoeae Nucleic Acid Amplification Test (NAAT)**

**Synonym:** Becton Dickinson’s ProbeTec™ Q, Amplified DNA Assay  
**Laboratory/Phone:** Chlamydia Laboratory / 410-767-6154  
**Turnaround Time:** Within 7 business days  
**Specimen Required:** Endocervical swab  
Male urethral swab  
Male and female urine (first of the void)  
**Specimen identification:** Label specimen with the full name exactly matching form, date of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.  
**Specimen Volume (Optimum):**  
- Swab: Tube, Prefilled with 2 ml of diluent  
- Urine: Optimal quality specimen is 20-60 ml of “first of the void” urine collected in a plastic collection cup. Swirl to mix. Using a sterile transfer pipette, transfer 2-3 ml from cup into labeled BD urine tube so volume falls between the two fill lines on the tube. Do not surpass the top fill line.  
**Specimen Volume (Minimum):**  
- Swab: Tube, Prefilled with 2 ml of diluent  
- Urine: Collect a minimum of 4ml (20-60 best) in a plastic collection cup. Using a sterile transfer pipette, transfer 2-3 ml from cup into labeled BD urine tube so volume falls between the two fill lines on the tube. Volume must reach the lower fill line.  

Continued Next Page>
Collect:

- **Swab:** BD ProbeTec™ QX Collection Kit for Endocervical and Lesion Specimens (part #441357) or BD ProbeTec™ QX CT/GC Amplified DNA Assay Collection Kit for Male Urethral Specimens (part #441358).
- **Urine:** Sterile, preservative-free, leakproof, plastic specimen collection cup. The patient should not have urinated for at least 1 hour prior to specimen collection. Collect 20-60 ml of “first of the void urine.” Transfer 2-3 ml of swirled neat urine into the BD collection tube between the two fill lines. Replace cap tightly.

Form:

- DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777) Indicate specimen type next to test requested using the “Specimen Code” on form.

Packaging and Shipping*:

Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).

*Refer to current Federal regulations for specific shipping requirements.

Transport Conditions:

- **Swab:** 2-30°C. Must test within 30 days of collection.
- **Urine:** 2-8°C. Must test within 7 days of collection.

Specimen Rejection Criteria:

- Too old, No patient ID on specimen, >60 ml of collected urine, leaked, quantity not sufficient, no swab, expired transport, out of temp. range, no specimen received, broken, improper swab or collection kit, improper collection site, thick mucus, illegible ID, missing or incomplete lab slip (no site, date, gender, patient info., submitter info.), mismatched patient ID.

Availability:

- Monday-Friday

Results and Interpretation:

- **Chlamydia trachomatis** plasmid DNA was DETECTED by Nucleic Acid Amplification using the Strand Displacement Amplification (SDA) method.
- **Chlamydia trachomatis** plasmid DNA was not detected by Nucleic Acid Amplification using the Strand Displacement Amplification (SDA) method.
- **Neisseria gonorrhoeae** was detected by Nucleic Acid Amplification using the Strand Displacement Amplification (SDA) method.
- **Neisseria gonorrhoeae** was not detected by Nucleic Acid Amplification using the Strand Displacement Amplification (SDA) method.
- **Specimen failed in assay.**

Reference Range:

- Not applicable.

Additional Information:

- Restricted testing (preapproved submitters only, call 410-767-6154)

Purpose of Test:

- Direct, qualitative detection of **Chlamydia trachomatis** and **Neisseria gonorrhoeae** DNA.

Method:

- Strand Displacement Amplification (SDA)

Interfering Substances/Limitations:

- Interfering substances:
  - swab - blood > 60%
  - urine - blood > 1%
- Limitations:
  - Endocervical specimen adequacy cannot be determined.
  - A negative test result does not exclude the possibility of infection. Interpret result in conjunction with other information.
  - Does not detect plasmid free variants of **Chlamydia trachomatis**.
  - Only cell culture isolation should be used when testing for the evaluation of suggested sexual abuse or other medico-legal purposes.
  - GC assay may cross react with **N. cinerea** and **N. lactamica**.

Testing Site:

DHMH Laboratories Administration, Central Laboratory
1770 Ashland Avenue, Baltimore, Maryland 21205

Comment:

TEST: **Clostridium botulinum**—Adult

MUST HAVE CONSENT OF THE STATE EPIDEMIOLOGIST BEFORE SENDING SPECIMEN TO THE LABORATORY (410-767-6685).

Synonym:

- Botulism

Laboratory/Phone:

- Office of Laboratory Emergency Preparedness and Response: 410-925-3121 (24/7 emergency contact number)
- Select Agents Microbiology Laboratory: 443-681-3954
- Division of Microbiology Laboratory: 443-681-3952

Turnaround Time:

- 3-7 days [from specimen receipt in the Laboratory]
**Specimen Required:**

Suspected foodborne botulism cases:
Suitable specimens for examination are: serum, feces, vomitus, gastric contents.

Suspected wound botulism cases:
Suitable specimens for examination are: serum, tissue, feces.

**Specimen Identification:**

Specimen should be labeled with patient’s last and first name, patient’s address, DOB, specimen type/source, and the date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.

**Specimen Volume (Optimum):**

Serum: At least 10 ml (obtained from using at least 20 ml of whole blood).

**Collect:**

Serum: Collect using routine laboratory protocol using the red top or separator type tube (NO anticoagulants).

**Form:**

DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777)
Indicate specimen type using the “Specimen Code” on form.

**Packaging and Shipping**:

Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).
*Refer to current Federal regulations for specific shipping requirements.

**Transport Conditions:**

Serum: Transport to the Laboratory on wet ice or cold packs. If an unavoidable delay of several days is anticipated, the specimen should be kept frozen and then packed in an insulated container with dry ice and proper cushioning material for shipment.

**Specimen Rejection Criteria:**

The following rejection criteria are designed to prevent the reporting of inaccurate results and to avoid misleading information that might lead to misdiagnosis and inappropriate therapy. A request for a new specimen will provide appropriate materials and clinically relevant information to support good patient care.
- Unlabeled or improperly labeled specimen
- Non-sterile or leaking container
- Inappropriate specimen transport conditions
- Illegible, or no submitter information on the request form
- Mismatched form and specimen
- Broken specimen/sample container
- The wrong specimen for test request
- Inappropriate outfit for requested test
- Illegible or no patient information on the specimen
- Expired transport media

**Availability:**

24 hours/day, 7 days/week

**Results and Interpretation:**

*Clostridium botulinum* toxin detected/not detected.

**Additional Information:**

Must have consent of the State Epidemiologist before sending specimen to the Laboratory (410-767-6685).

**Purpose of Test:**

To confirm the presence of *Clostridium botulinum* toxins

**Method:**

LRN Methods

**Interfering Substances:**

If the patient has been taking any medication that might interfere with toxin assays or culturing of the stool, the Laboratory should be notified. For example, it has been demonstrated that anticholinesterase drugs given orally to patients for myasthenia gravis can interfere with mouse botulinum toxin assays of stool extracts.

**Testing Site:**

DHMH Laboratories Administration, Central Laboratory
1770 Ashland Avenue, Baltimore, Maryland  21205

**Comment:**

PHYSICIAN MUST CALL FOR A CONSULT BEFORE SENDING SPECIMEN. SPECIMENS ARE NOT PROCESSED UNTIL THE CASE IS APPROVED FOR TESTING BY THE STATE EPIDEMIOLOGIST (410-767-6685).

---

**TEST:**

*Clostridium botulinum*–Infant

**MUST HAVE CONSENT OF THE STATE EPIDEMIOLOGIST BEFORE Sending SPECIMEN TO THE LABORATORY (410-767-6685).**

**Synonym:**

Botulism

**Laboratory/Phone:**

Office of Laboratory Emergency Preparedness and Response:
410-925-3121 (24/7 emergency contact number)
Select Agents Microbiology Laboratory: 443-681-3954
Division of Microbiology Laboratory: 443-681-3952

Continued Next Page>
| Turnaround Time:  | 3-30 days [from specimen receipt in the Laboratory] |
| Specimen Required: | Suspected infant botulism cases: Suitable specimens: Stool, rectal swabs (not necessary to collect serum.) |
| Specimen Identification: | Specimen should be labeled with patient’s last and first name, patient’s address, DOB, specimen type/source, and the date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order. |
| Specimen Volume (Optimum): | Stool: 10-50 grams (English walnut size) |
| Specimen Volume (Minimum): | N/A |
| Collect: | Stool: Collect in a sterile, well-sealed, unbreakable container. Ship on cold packs. If delayed, freeze stool specimen and ship frozen. Enema (if needed): Use minimal amount of sterile water or non-bacteriostatic water, place 20 ml of liquid into a sterile, well-sealed, unbreakable container. |
| Form: | DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777) Indicate specimen type using the “Specimen Code” on form. |
| Packaging and Shipping*: | Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance). *Refer to current Federal regulations for specific shipping requirements. |
| Transport Conditions: | Stool: Transport to the Laboratory on wet ice or cold packs. If an unavoidable delay of several days is anticipated, the specimen should be kept frozen and then packed in an insulated container with dry ice and proper cushioning material for shipment. |
| Specimen Rejection Criteria: | The following rejection criteria are designed to prevent the reporting of inaccurate results and to avoid misleading information that might lead to misdiagnosis and inappropriate therapy. A request for a new specimen will provide appropriate materials and clinically relevant information to support good patient care.  
- Unlabeled or improperly labeled specimen  
- Non-sterile or leaking container  
- Inappropriate specimen transport conditions  
- Illegible, or no submitter information on the request form  
- Mismatched form and specimen  
- Broken specimen/sample container  
- The wrong specimen for test request  
- Inappropriate outfit for requested test  
- Illegible or no patient information on the specimen  
- Expired transport media |
| Availability: | 24 hours/day, 7 days/week |
| Results and Interpretation: | Clostridium botulinum toxin detected/not detected. |
| Additional Information: | Must have consent of the State Epidemiologist before sending specimen to the Laboratory (410-767-6685). |
| Purpose of Test: | To confirm the presence of Clostridium botulinum toxin in the specimen. |
| Method: | LRN Methods |
| Interfering Substances: | Glycerin Enema will interfere with the recovery of Clostridium botulinum toxin. |
| If the patient has been taking any medication that might interfere with toxin assays or culturing of the stool, the Laboratory should be notified. For example, it has been demonstrated that anticholinesterase drugs given orally to patients for myasthenia gravis can interfere with mouse botulinum toxin assays of stool extracts. |
| Testing Site: | DHMH Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, Maryland 21205 |
| Comment: | PHYSICIAN MUST CALL FOR A CONSULT BEFORE SENDING SPECIMEN. SPECIMENS ARE NOT PROCESSED UNTIL THE CASE IS APPROVED FOR TESTING BY THE STATE EPIDEMIOLOGIST (410-767-6685). |

TEST: Clostridium difficile toxin  
Synonym: C. diff, C. difficile Toxin (A and B): refer to instructions for C. diff Toxin  
Laboratory/Phone: Microbiology 443-681-3952
<table>
<thead>
<tr>
<th>TEST:</th>
<th>Clostridium perfringens Culture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synonym:</td>
<td><em>Clostridium perfringens Culture: Refer to instructions for Foodborne Pathogens (Bacillus cereus, Clostridium perfringens, Staph aureus).</em></td>
</tr>
<tr>
<td>Laboratory/Phone:</td>
<td>Microbiology 443-681-3952</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TEST:</th>
<th>Corynebacterium diphtheriae culture (Diptheria)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synonym:</td>
<td><em>Corynebacterium diphtheriae culture: Refer to instructions for Diptheria Culture.</em></td>
</tr>
<tr>
<td>Laboratory/Phone:</td>
<td>Microbiology / 443-681-3952</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TEST:</th>
<th>Coxiella serology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synonym:</td>
<td>Coxiella burnetti, Q fever</td>
</tr>
<tr>
<td>Laboratory/Phone:</td>
<td>443-681-3938/3931</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>5 business days</td>
</tr>
<tr>
<td>Specimen Required:</td>
<td>Serum</td>
</tr>
<tr>
<td>Specimen identification:</td>
<td>The specimen/sample must be properly labeled and include patient’s name or unique patient/sample identifier matching the test requisition or electronic test order.</td>
</tr>
<tr>
<td>Specimen Volume (Optimum):</td>
<td>2 ml. (Whole Blood)</td>
</tr>
<tr>
<td>Specimen Volume (Minimum):</td>
<td>1 ml. (Whole Blood)</td>
</tr>
<tr>
<td>Collect:</td>
<td>Red-top vacutainer tube</td>
</tr>
<tr>
<td>Form:</td>
<td>DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777) <em>Indicate specimen type using the “Specimen Code” on form.</em></td>
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<tr>
<td>Packaging and Shipping*:</td>
<td>Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 &amp; 10 for triple packing guidance). <em>Refer to current Federal regulations for specific shipping requirements.</em></td>
</tr>
<tr>
<td>Transport Conditions:</td>
<td>Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).</td>
</tr>
<tr>
<td>Specimen Rejection Criteria:</td>
<td>Hemolysis; insufficient volume, specimen collected &gt; 5 days prior to arrival without being frozen</td>
</tr>
<tr>
<td>Availability:</td>
<td>Monday through Friday</td>
</tr>
<tr>
<td>Results and Interpretation:</td>
<td>Titer ≥ 1:16 in both Phase I and Phase II antigen suggests a C. burnetii infection. Phase I antibody titers of greater than or equal to Phase II antibody titers are consistent with a chronic infection or convalescent phase Q fever.</td>
</tr>
<tr>
<td></td>
<td>Titer &lt; 1:16 in Phase I with titers &gt;1:256 in Phase II antigen suggests a C. burnetii infection.</td>
</tr>
<tr>
<td></td>
<td>Titer &lt; 1:16 in both Phase I and Phase II antigen. No antibody detected. This result is seen in persons with either no C. burnetii infection or with an early infection. If Q fever suspected, collect a second specimen in 2-3 weeks.</td>
</tr>
<tr>
<td></td>
<td>A 4-fold IgG antibody endpoint titer increase is considered supportive evidence of current or recent acute infection.</td>
</tr>
<tr>
<td>Additional Information:</td>
<td><a href="http://www.cdc.gov/qfever/">http://www.cdc.gov/qfever/</a></td>
</tr>
<tr>
<td>Purpose of Test:</td>
<td>Detect IgG antibodies which may be due to Coxiella burnetii infections</td>
</tr>
<tr>
<td>Methods:</td>
<td>IFA</td>
</tr>
<tr>
<td>Interfering Substances:</td>
<td>Icteric, hemolyzed, lipemic specimen</td>
</tr>
<tr>
<td>Testing Site:</td>
<td>DHMH. Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, MD 21205</td>
</tr>
<tr>
<td>Comment:</td>
<td>Serologic responses are time dependent. Specimens obtained too early in the infection may not contain detectable antibody levels. If Q fever is suspected obtain a second specimen 2-3 weeks later.</td>
</tr>
</tbody>
</table>
**TEST:** Coxsackie Virus, Virus Culture  
Synonym: Coxsackie Virus: Refer to instructions for Virus Culture.  
Laboratory/Phone: Virology: 443-681-3934

**TEST:** Cryptococcal antigen  
Synonym: Cryptococcus neoformans antigen  
Laboratory/Phone: 443-681-3938/3931  
Turnaround Time: 5 business days  
Specimen Required: Serum or cerebrospinal fluid (CSF)  
Specimen identification: The specimen/sample must be properly labeled and include patient's name or unique patient/sample identifier matching the test requisition or electronic test order.  
Specimen Volume (Optimum): 2 ml. (Whole Blood & CSF)  
Specimen Volume (Minimum): 1 ml. (Whole Blood & CSF)  
Collect: Red Top vacutainer tube (Whole blood); CSF (Sterile container)  
Form: DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)  
Indicate specimen type using the “Specimen Code” on form.  
Packaging and Shipping*: Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance). *Refer to current Federal regulations for specific shipping requirements.  
Transport Conditions: Collect ASAP after onset. Ship promptly on cold packs. Do not freeze.  
Specimen Rejection Criteria: Hemolysis; insufficient volume  
Availability: Monday through Friday  
Results and Interpretation:  
**POSITIVE**—Cryptococcus neoformans antigen detected. Additional follow-up and culture strongly recommended.  
**NEGATIVE**—Cryptococcus neoformans antigen not detected. If status of patient suggest a cryptococcal infection, subsequent specimens and culture strongly recommended.  
Additional Information:  
Purpose of Test: For the detection of Cryptococcus neoformans capsular polysaccharide antigens in serum or CSF  
Method: Latex agglutination  
Interfering Substances: Macroglobulins (e.g. Rheumatoid factors), hemolysis, lipemic  
Testing Site: DHMH Laboratories Administration, Central Laboratory  
1770 Ashland Avenue, Baltimore, Maryland 21205  
Comment: Serologic results should not be used as a sole means for diagnosis, treatment, or for the assessment of a patient’s health. Clinical correlation is required.

**TEST:** Cysticercosis serology (CDC Referral)  
Synonym: Neurocysticercosis, Taenia solium, cysticercus  
Laboratory/Phone: 443-681-3938/3931  
Turnaround Time: 18 business days (CDC Referral)  
Specimen Required: Serum, plasma, CSF  
Specimen identification: The specimen/sample must be properly labeled and include patient’s name or unique patient/sample identifier matching the test requisition or electronic test order  
Specimen Volume (Optimum): 2 ml. (Whole Blood & CSF)  
Specimen Volume (Minimum): 0.5 ml. (Whole Blood & CSF)  
Collect: Red-top vacutainer tube (serum); lavender-top vacutainer tube (plasma); sterile container (CSF)  
Form: DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)  
Indicate specimen type using the “Specimen Code” on form.  
Packaging and Shipping*: Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance). *Refer to current Federal regulations for specific shipping requirements.  
Transport Conditions: Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).  

Continued Next Page>
### Cysticercosis

**Availability:** Monday through Friday  
**Results and Interpretation:** Given on CDC report  
**Additional Information:** [http://www.cdc.gov/parasites/cysticercosis/](http://www.cdc.gov/parasites/cysticercosis/)  
**Purpose of Test:** For the detection of an antibody response to cysticerci lesions.  
**Method:** Immunoblot, Western blot, Antibody detection  
**Interfering Substances:** Substance known to interfere with immunoassays include: bilirubin, lipids, and hemoglobin  
**Processing Site for CDC referral:** DHMH. Laboratories Administration, Central Laboratory  
1770 Ashland Avenue, Baltimore, MD 21205  
**Comment:** Contact the MD DHMH Epidemiologist at (410)767-6700 for prior approval of specimen submission. Required supplemental information: Exposure and travel history, include other relevant risk factors; clinical symptoms, treatment and relevant lab results.

#### TEST:

**Cytomegalovirus (CMV) Culture**

**Synonym:** Cytomegalovirus (CMV): Refer to instructions for Virus Culture.  
**Laboratory/Phone:** Virology: 443-681-3934

#### TEST:

**Cytomegalovirus Serology**

**Synonym:** CMV, Cytomegalovirus IgG antibody  
**Laboratory/Phone:** 443-681-3938/3931  
**Turnaround Time:** 5 business days  
**Specimen Required:** Serum  
**Specimen identification:** The specimen/sample must be properly labeled and include patient’s name or unique patient/sample identifier matching the test requisition or electronic test order.  
**Specimen Volume (Optimum):** 2 ml. (Whole Blood)  
**Specimen Volume (Minimum):** 1 ml. (Whole Blood)  
**Collect:** Red-top vacutainer tube  
**Form:** DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)  
*Indicate specimen type using the “Specimen Code” on form.*  
**Packaging and Shipping:** Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).  
*Refer to current Federal regulations for specific shipping requirements.*  
**Transport Conditions:** Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).  
**Specimen Rejection Criteria:** Hemolysis; insufficient volume, specimen collected > 5 days prior to arrival without being frozen  
**Availability:** Monday through Friday  
**Results and Interpretation:**  
**POSITIVE**—IgG antibodies to CMV detected  
**NEGATIVE**—IgG antibodies to CMV not detected  
**EQUIVOCAL**—Immunological status cannot be assessed  
**Purpose of Test:** For the detection of antibody to CMV  
**Method:** ELFA – enzyme-linked fluorescent immunoassay  
**Interfering Substances:** Icteric, hemolyzed, lipemic or heat inactivation specimen  
**Testing Site:** DHMH Laboratories Administration, Central Laboratory  
1770 Ashland Avenue, Baltimore, Maryland 21205  
**Comment:** Serologic results should not be used as a sole means for diagnosis, treatment, or for the assessment of a patient’s health. Clinical correlation is required.
### Test: Deerfly Fever

**Synonym:** *Francisella tularensis; Pasteurella tularensis*, tularemia, rabbit fever, deerfly fever, Ohara’s disease, Francis disease: Refer to instructions for *Francisella tularensis* Culture.

**Laboratory/Phone:**
- Office of Laboratory Emergency Preparedness and Response: 410-925-3121 (24/7 emergency contact number)
- Select Agents Microbiology Laboratory: 443-681-3954
- Division of Microbiology Laboratory: 443-681-3952

### Test: Dengue Fever IgM EIA (Arbovirus Travel-Associated Panel)

**Test available based on patient’s travel history.**

**Synonym:** Arthropod-borne virus: Dengue Fever

**Laboratory/Phone:**
- 443-681-3937

**Turnaround Time:**
- 5-10 business days during Arbovirus Season (excluding PRNT Testing)

**Specimen Required:**
- Serum (blood)

**Specimen Identification:**
- The specimen/sample must be properly labeled and include:
  1. The patient’s name or unique patient/sample identifier matching the test requisition or electronic test order,
  2. If appropriate, the date and time of specimen/sample collection, and
  3. Any additional information relevant and necessary for the test.
- The specimen/sample must be properly labeled and match the test requisition or electronic test order.

**Specimen Volume (Optimum):** 2 ml serum

**Specimen Volume (Minimum):** 1 ml serum

**Collect:**
- Red-top vacutainer, transfer serum to sterile tube

**Form:** DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)
- Indicate specimen type using the “Specimen Code” on form. Write “S” for serum in the “Arbovirus Travel-Associated Panel”.
- **For testing to be initiated the following information MUST be provided:** date of onset, date specimen collected, travel history, and flavivirus vaccination history. Also please provide: patient’s date of birth, diagnosis, symptoms, fatality, and whether patient is immunocompromised.

**Packaging and Shipping:**
- Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).
- *Refer to current Federal regulations for specific shipping requirements.*

**Transport Conditions:**
- Store refrigerated and ship on cold packs in a cooler. If shipping is delayed beyond 48 hours, specimen can be frozen at -20°C and shipped on dry ice.

**Specimen Rejection Criteria:**
- Grossly hemolyzed specimen, unlabeled specimen, leaking container, mismatch between labeling of specimen and test request form/electronic test order, and does not meet epidemiological criteria required for testing (e.g. travel history, etc.).

**Availability:**
- Monday-Friday

**Results and Interpretation:**
- **Negative:** No detectable IgM antibody, The result does not rule out Dengue virus infection. An additional sample should be tested within 7-14 days if early infection is suspected.
- **Equivocal:** Dengue virus IgM antibody cannot be determined, further testing by PRNT (plaque reduction neutralization test) is required.
- **Positive:** Presence of detectable IgM antibody, presumptive infection with Dengue virus. Confirmatory testing by PRNT (plaque reduction neutralization test) is required. A positive IgM result may not indicate a recent infection because IgM may persist for several months after infection.
Additional Information: The term “Arbovirus” has no taxonomic significance, but is a shortened name give to viruses that are transmitted by blood feeding arthropods (mosquitoes, ticks, etc). Arboviruses that cause human encephalitis are members of three virus families: The Togaviridae (genus Alphavirus), Flaviviridae, and Bunyaviridae. For more information, see the CDC link at: http://www.cdc.gov/ncidod/dvbid/arbor/arbdet.htm Patients with travel history supporting suspicion of other arboviruses will be sent to the CDC for testing.

Purpose of Test: For the presumptive detection of IgM antibody to Dengue Virus. Confirmatory testing by PRNT may be required.

Method: EIA (Screening) & PRNT (Plaque Reduction Neutralization Test) referral to the Centers for Disease Control and Prevention (CDC) for confirmatory testing.

Interfering Substances:

Testing Site: DHMH Laboratories Administration, Central Laboratory
1770 Ashland Avenue Baltimore, MD 21205

Comment:

TEST: Diptheria Culture

Synonym: Corynebacterium diptheriae culture

Laboratory/Phone: Microbiology 443-681-3952

Turnaround Time: 48-72 hrs [from specimen receipt in the Laboratory]

Specimen Required: Respiratory illness: Throat and nasopharyngeal swabs. Cutaneous diphtheria: Skin, throat and nasopharynx.

Specimen Identification: Specimen should be labeled with patient’s last and first name, patient’s address, DOB, specimen type/source, and the date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.

Specimen Volume (Optimum): N/A

Specimen Volume (Minimum): N/A

Collect: Swab infected areas thoroughly, getting swab well into membranes or other lesions present. Inoculate stuart transport media and break off stick where handled. Leave swab in the tube and tighten cap.

Form: DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777) Indicate specimen type using the “Specimen Code” on form.

Packaging and Shipping*: Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).
*Refer to current Federal regulations for specific shipping requirements.

Transport Conditions: Room temperature

Specimen Rejection Criteria: The following rejection criteria are designed to prevent the reporting of inaccurate results and to avoid misleading information that might lead to misdiagnosis and inappropriate therapy. A request for a new specimen will provide appropriate materials and clinically relevant information to support good patient care.
- Unlabeled or improperly labeled specimen
- Non-sterile or leaking container
- Inappropriate specimen transport conditions
- Illegible, or no submitter information on the request form
- Mismatched form and specimen
- Broken specimen/sample container
- The wrong specimen for test request
- Inappropriate outfit for requested test
- Illegible or no patient information on the specimen
- Expired transport media

Availability: Monday through Friday

Results and Interpretation: Definitive identification of Corynebacterium diptheriae. Toxigenicity testing has to follow identification.

Reference Range: Corynebacterium diptheria NOT found.

Additional Information: Take culture before starting antimicrobial therapy – if possible.

Purpose of Test: Diagnosis of toxigenic strains of Corynebacterium diptheriae and antibiotic treatment are essential in limiting spread of infection.

Method: Culture and smear

Continued Next Page>
<table>
<thead>
<tr>
<th>Interfering Substances:</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Site:</td>
<td>DHMH Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, Maryland 21205</td>
</tr>
<tr>
<td>Comment:</td>
<td>When C. diptheriae is isolated, the isolate is forwarded to the Centers for Disease Control and Prevention (CDC) for detection of the toxin.</td>
</tr>
</tbody>
</table>

**TEST:** Disk Diffusion Susceptibility Testing

<table>
<thead>
<tr>
<th>Synonym:</th>
<th>Disk Diffusion Susceptibility Testing: Refer to instructions for Antimicrobial Susceptibility Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory/Phone:</td>
<td>Microbiology 443-681-3952</td>
</tr>
</tbody>
</table>

**TEST:** *E. coli* O157 typing

<table>
<thead>
<tr>
<th>Synonym:</th>
<th>Isolate for <em>E. coli</em> O157 serotyping (referral isolate); and other than O157 serotypes.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory/Phone:</td>
<td>Microbiology-Enterics, 443-681-4570</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>4 – 10 days [from specimen receipt in the Laboratory]</td>
</tr>
<tr>
<td>Specimen Required:</td>
<td>Pure isolate of <em>E. coli</em></td>
</tr>
<tr>
<td>Specimen Identification:</td>
<td>Specimen should be labeled with patient’s last and first name, patient’s address, DOB, specimen type/source, and the date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.</td>
</tr>
<tr>
<td>Specimen Volume (Optimum):</td>
<td>Sorbitol negative <em>E. coli</em> from culture.</td>
</tr>
<tr>
<td>Specimen Volume (Minimum):</td>
<td>N/A</td>
</tr>
<tr>
<td>Collect:</td>
<td>N/A</td>
</tr>
<tr>
<td>Form:</td>
<td>DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777) indicating specimen type using the “Specimen Code” on form.</td>
</tr>
<tr>
<td>Packaging and Shipping*:</td>
<td>Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 &amp; 10 for triple packing guidance). *Refer to current Federal regulations for specific shipping requirements.</td>
</tr>
<tr>
<td>Transport Conditions:</td>
<td>Store and ship at room temperature, ship as quickly as possible.</td>
</tr>
</tbody>
</table>
| Specimen Rejection Criteria: | The following rejection criteria are designed to prevent the reporting of inaccurate results and to avoid misleading information that might lead to misdiagnosis and inappropriate therapy. A request for a new specimen will provide appropriate materials and clinically relevant information to support good patient care.  
  ▪ Unlabeled or improperly labeled specimen  
  ▪ Non-sterile or leaking container  
  ▪ Inappropriate specimen transport conditions  
  ▪ Illegible, or no submitter information on the request form  
  ▪ Mismatched form and specimen  
  ▪ Broken specimen/sample container  
  ▪ The wrong specimen for test request  
  ▪ Inappropriate outfit for requested test  
  ▪ Illegible or no patient information on the specimen  
  ▪ Expired transport media |
| Availability:          | Monday through Friday |
| Results and Interpretation: | *E. coli* O157 identified and H7 antigens identified. |
| Reference Range:       | No *E. coli* O157 detected |
| Additional Information: | Isolates submitted for *E. coli* O157 typing will be sub-cultured upon arrival and tested for shiga toxins, O157 antigen and biochemically identified as well as tested for H7 if needed. |
| Purpose of Test:       | Detect the presence of *E. coli* O157 |
| Method:                | Culture and serotyping |
| Interfering Substances: | N/A |
| Testing Site:          | DHMH Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, Maryland 21205 |
| Comment:               | N/A |
### TEST: **Eastern Equine Encephalitis Virus (EEEV)** (Arbovirus Endemic Panel)
- **Panel includes** WNV IgM, SLE IgM, and EEEV IgM. LaCrosse (LAC) IgM testing available based on patient’s travel history.
- **Synonym:** Arthropod-borne virus: WNV (West Nile Virus), EEEV (Eastern Equine Encephalitis Virus), SLEV (St. Louis Encephalitis Virus): Refer to instructions for *Arbovirus Endemic Panel*.
- **Laboratory/Phone:** Virology: 443-681-3937

### TEST: **Echinococcus serology** (CDC Referral)
- **Synonym:** Echinococcosis, Hydatid Disease, *Echinococcus granulosus*, parasite
- **Laboratory/Phone:** 443-681-3938/3931
- **Turnaround Time:** 18 business days (CDC Referral)
- **Specimen Required:** Serum, plasma
- **Specimen Identification:** The specimen/sample must be properly labeled and include patient’s name or unique patient/sample identifier matching the test requisition or electronic test order.
- **Specimen Volume (Optimum):** 2ml. (Whole Blood)
- **Specimen Volume (Minimum):** 0.5ml. (Whole Blood)
- **Collect:** Red-top vacutainer tube (serum) Lavendat-top vacutainer (plasma)
- **Form:** DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777) Indicate specimen type using the “Specimen Code” on form.
- **Packaging and Shipping**: Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).
  *Refer to current Federal regulations for specific shipping requirements.*
- **Transport Conditions:** Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).
- **Specimen Rejection Criteria:** Hemolysis; insufficient volume
- **Availability:** Monday through Friday
- **Results and Interpretation:** Given on CDC report
- **Additional Information:** [http://www.cdc.gov/parasites/echinococcosis/](http://www.cdc.gov/parasites/echinococcosis/)
- **Purpose of Test:** Detect antibodies which may be due Echinococcus parasite infections
- **Methods:** Immunoblot, Western blot, Antibody detection
- **Interfering Substances:** Substance known to interfere with immunoassays include: bilirubin, lipids, and hemoglobin
- **Processing Site for CDC referral:** DHMH. Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, MD 21205
- **Comment:** Contact the MD DHMH Epidemiologist at (410)767-6700 for prior approval of specimen submission. Required supplemental information: Exposure and travel history, include other relevant risk factors; clinical symptoms, treatment and relevant lab results.

### TEST: **Echovirus Culture**
- **Synonym:** Echovirus culture: Refer to instructions for Virus Culture.
- **Laboratory/Phone:** Virology: 443-681-3934

### TEST: **Ehrlichia serology**
- **Synonym:** Human Monocytic Ehrlichiosis (HME) Human Granulocytic Anaplasmosis (HGA)
- **Laboratory/Phone:** 443-681-3938/3931
- **Turnaround Time:** 5 business days
- **Specimen Required:** Serum
- **Specimen identification:** The specimen/sample must be properly labeled and include patient’s name or unique patient/sample identifier matching the test requisition or electronic test order.
- **Specimen Volume (Optimum):** 2 ml. (Whole Blood)
- **Specimen Volume (Minimum):** 1 ml. (Whole Blood)

*Continued Next Page*
Collect: Red-top vacutainer tube

Form: DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)
   *Indicate specimen type using the “Specimen Code” on form.*

Packaging and Shipping*: Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).
   *Refer to current Federal regulations for specific shipping requirements.*

Transport Conditions: Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).

Specimen Rejection Criteria: Hemolysis; insufficient volume, specimen collected > 5 days prior to arrival without being frozen

Availability: Monday through Friday

Results and Interpretation: NEGATIVE — Titer < 1:80
   POSITIVE — Titer > 1:320 probable recent infection
   INDETERMINATE — Titer >1:80 but <1:320, possible early infection/past exposure with falling titers or cross-reactivity with related organism

Additional Information:

Purpose of Test: Detect antibodies to HME & HGA

Method: IFA

Interfering Substances: Icteric, hemolyzed, lipemic or heat inactivation specimen

Testing Site: DHMH Laboratories Administration, Central Laboratory
   1770 Ashland Avenue, Baltimore, Maryland  21205

Comment: Serologic results should not be used as a sole means for diagnosis, treatment, or for the assessment of a patient’s health. Clinical correlation is required.
   Cross reaction between E. chaffeensis, E. canis & E. ewingii by IFA can occur.

TEST: Enteric Culture, Routine (Salmonella, Shigella, Campylobacter, and Shiga toxins–producing E. coli)

Synonym: Stool culture for enteric pathogens; enteric pathogens; stool culture and sensitivity; feces culture.

Laboratory/Phone: Microbiology - Enterics 443-681-4570

Turnaround Time: Usually four (4) days to several weeks [from specimen receipt in the Laboratory].

Specimen Required: Stool in stool culture transport media (Para Pak for Enteric pathogens [orange cap]).

Specimen Identification: Specimen should be labeled with patient’s last and first name, patient’s address, DOB, specimen type/source, and the date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.

Specimen Volume (Optimum): 1-2 grams fresh stool; 5-10 ml if liquid

Specimen Volume (Minimum): Rectal swab (less effective than stool specimen).
   NOTE: Campylobacter cannot be tested for on specimens submitted on a rectal swab.

Collect: Fresh stool in Para Pak for enteric pathogens (Cary-Blair transport media), select portion of stool containing pus, blood or mucous; rectal swab inserted one (1) inch beyond anal sphincter, rotate carefully, withdraw and place in Cary-Blair transport medium.

Form: DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777)-
   Check Enteric Routine culture
   *Indicate specimen type using the “Specimen Code” on form.*

Packaging and Shipping*: Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).
   *Refer to current Federal regulations for specific shipping requirements.*

Transport Conditions: Orange top Para-Pak Transport Media: store and ship refrigerated (2-8°C) temperature.

Continued Next Page>
### Specimen Rejection Criteria:
The following rejection criteria are designed to prevent the reporting of inaccurate results and to avoid misleading information that might lead to misdiagnosis and inappropriate therapy. A request for a new specimen will provide appropriate materials and clinically relevant information to support good patient care.

- Unlabeled or improperly labeled specimen
- Non-sterile or leaking container
- Inappropriate specimen transport conditions
- Illegible, or no submitter information on the request form
- Mismatched form and specimen
- Broken specimen/sample container
- The wrong specimen for test request
- Inappropriate outfit for requested test
- Illegible or no patient information on the specimen
- Expired transport media
- Specimen received after prolonged delay (usually more than 96 hours)
- Dry specimen
- Specimen contaminated with urine or water
- Stool containing barium
- Insufficient quantity
- Specimen frozen

### Availability:
Monday through Friday

### Results and Interpretation:
Identification of pathogenic enteric organisms and determination of antimicrobial susceptibilities, if clinically appropriate.

### Reference Range:
Normal stool flora

### Additional Information:
Enteric culture screens routinely for Salmonella, Shigella, Campylobacter, and Shiga toxin–producing *E. coli*. *Yersinia* culture and *Vibrio* culture must be specifically indicated as they are not part of routine testing. Same transport media will support the growth and detection of these organisms. Collect specimens early in the course of enteric disease and prior to antimicrobial therapy. Collect 2 or 3 stools on separate days to increase the likelihood of isolating enteric pathogens. DO NOT COLLECT SPECIMEN FROM THE TOILET. AVOID CONTAMINATION WITH URINE.

### Purpose of Test:
Isolation, identification and if clinically appropriate, antimicrobial susceptibilities of potentially pathogenic organisms.

### Method:
Culture on selective media, staining, biochemical testing, antimicrobial susceptibility testing; EIA (Enzyme Immuno Assay) for *E. coli* O157.

### Interfering Substances/Limitations:
Administration of antibiotics, barium

### Testing Site:
DHMH Laboratories Administration, Central Laboratory
1770 Ashland Avenue, Baltimore, Maryland 21205

### Comment:
N/A

### TEST: Enterohemorrhagic *Escherichia coli* (EHEC)
**Synonym:** *E. coli* O157 typing; Isolate for *E. coli* O157 serotyping (referral isolate): Refer to instructions for *E. coli* O157 typing.

**Laboratory/Phone:** Microbiology-Enterics 443-681-3952

### TEST: Enteroinvasive *Escherichia coli* (EIEC)
**Synonym:** *E. coli* O157 typing; Isolate for *E. coli* O157 serotyping (referral isolate): Refer to instructions for *E. coli* O157 typing.

**Laboratory/Phone:** Microbiology-Enterics 443-681-3952

### TEST: Enterovirus Culture
**Synonym:** Enterovirus (including Echovirus, Coxsackie, and Polio): Refer to instructions for Virus Culture.

**Laboratory/Phone:** Virology: 443-681-3934
### Test: Epstein Barr Virus (EBV) serology

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Synonym:</strong></td>
<td>EBV, Epstein Barr Virus</td>
</tr>
<tr>
<td><strong>Laboratory/Phone:</strong></td>
<td>443-681-3938/3931</td>
</tr>
<tr>
<td><strong>Turnaround Time:</strong></td>
<td>5 business days</td>
</tr>
<tr>
<td><strong>Specimen Required:</strong></td>
<td>Serum</td>
</tr>
<tr>
<td><strong>Specimen identification:</strong></td>
<td>The specimen/sample must be properly labeled and include patient’s name or unique patient/sample identifier matching the test requisition or electronic test order.</td>
</tr>
<tr>
<td><strong>Specimen Volume (Optimum):</strong></td>
<td>2 ml. (Whole Blood)</td>
</tr>
<tr>
<td><strong>Specimen Volume (Minimum):</strong></td>
<td>1 ml. (Whole Blood)</td>
</tr>
<tr>
<td><strong>Collect:</strong></td>
<td>Red-top vacutainer tube</td>
</tr>
<tr>
<td><strong>Form:</strong></td>
<td>DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)</td>
</tr>
<tr>
<td><strong>Packaging and Shipping</strong>:</td>
<td>Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 &amp; 10 for triple packing guidance).</td>
</tr>
<tr>
<td><strong>Transport Conditions:</strong></td>
<td>Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).</td>
</tr>
<tr>
<td><strong>Specimen Rejection Criteria:</strong></td>
<td>Hemolysis; insufficient volume, specimen collected &gt; 5 days prior to arrival without being frozen</td>
</tr>
<tr>
<td><strong>Availability:</strong></td>
<td>Monday through Friday</td>
</tr>
</tbody>
</table>
| **Results and Interpretation:**| **POSITIVE**—Antibodies detected (EBNA-1(Epstein Barr Nuclear Antigen) denotes previous infection, VCA (Viral Capsid Antigen)-IgM denotes current or reactivated infection, VCA-IgG denotes current or previous infection, when EA (Early Antigen) & VCA-IgG positive may denote chronic or recurrent illness.)  
**NEGATIVE**—Antibodies not detected (EBNA-1, EA, VCA-IgG, presume susceptible to primary infection, VCA IgM presume no active infection)  
**EQUIVOCAL**—Immunological status cannot be determined. Please resubmit another specimen in 1-3 weeks. |

### Additional Information:

- **Purpose of Test:** Detect antibodies to EBV
- **Method:** EIA
- **Interfering Substances:** Icteric, hemolyzed, lipemic or heat inactivation specimen
- **Testing Site:** DHMH Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, Maryland 21205
- **Comment:** This test aid in the diagnosis of Infectious mononucleosis. Serologic results should not be used as a sole means for diagnosis, treatment, or for the assessment of a patient’s health. Clinical correlation is required.

### Test: Filariasis serology (CDC Referral)

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Synonym:</strong></td>
<td>Wuchereria bancrofti, Brugia malayi, Bancroftian filariasis</td>
</tr>
<tr>
<td><strong>Laboratory/Phone:</strong></td>
<td>443-681-3938/3931</td>
</tr>
<tr>
<td><strong>Turnaround Time:</strong></td>
<td>18 business days (CDC Referral)</td>
</tr>
<tr>
<td><strong>Specimen Required:</strong></td>
<td>Serum; plasma</td>
</tr>
<tr>
<td><strong>Specimen identification:</strong></td>
<td>The specimen/sample must be properly labeled and include patient’s name or unique patient/sample identifier matching the test requisition or electronic test order</td>
</tr>
<tr>
<td><strong>Specimen Volume (Optimum):</strong></td>
<td>2 ml. (Whole Blood)</td>
</tr>
<tr>
<td><strong>Specimen Volume (Minimum):</strong></td>
<td>0.5 ml. (Whole Blood)</td>
</tr>
<tr>
<td><strong>Collect:</strong></td>
<td>Red-top vacutainer (Serum) or Lavender-top vacutainer (Plasma)</td>
</tr>
<tr>
<td><strong>Form:</strong></td>
<td>DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)</td>
</tr>
<tr>
<td><strong>Packaging and Shipping</strong>:</td>
<td>Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 &amp; 10 for triple packing guidance).</td>
</tr>
<tr>
<td><strong>Transport Conditions:</strong></td>
<td>Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 &amp; 10 for triple packing guidance).</td>
</tr>
</tbody>
</table>

*Refer to current Federal regulations for specific shipping requirements.*
### Transport Conditions:
Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).

### Specimen Rejection Criteria:
- Hemolysis; insufficient volume

### Availability:
Monday through Friday

### Results and Interpretation:
- Given on CDC report

### Additional Information:
- **Purpose of Test:** Detect antibodies to filaria
- **Methods:** EIA, ELISA, Antibody Detection
- **Interfering Substances:** Icteric, hemolyzed, lipemic specimen

### Processing Site for CDC referral:
- DHMH. Laboratories Administration, Central Laboratory
  1770 Ashland Avenue, Baltimore, MD 21205

### Comment:
Contact the MD DHMH Epidemiologist at (410)767-6700 for prior approval of specimen submission. Required supplemental information: Exposure and travel history, include other relevant risk factors; clinical symptoms, treatment and relevant lab results.

### TEST: Foodborne Pathogens (*Bacillus cereus, Clostridium perfringens, Staph aureus*)

#### Synonym:
Foodborne Pathogenic Microorganisms, Stool Culture for Foodborne Pathogens

#### Laboratory/Phone:
Microbiology 443-681-3952

#### Turnaround Time:
3 - 5 days [from specimen receipt in the Laboratory]

#### Specimen Required:
Stool, unpreserved

#### Specimen Identification:
Specimen should be labeled with patient’s last and first name, patient’s address, DOB, specimen type/source, and the date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.

#### Specimen Volume (Optimum):
4 gm

#### Specimen Volume (Minimum):
N/A

#### Collect:
Fresh, unpreserved stool in a sterile screw-top jar. Submit within 48 hours.

#### Form:
DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)  
*Indicate specimen type using the “Specimen Code” on form.*

#### Packaging and Shipping*:
Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).  
*Refer to current Federal regulations for specific shipping requirements.

#### Transport Conditions:
Ship on wet ice

#### Specimen Rejection Criteria:
The following rejection criteria are designed to prevent the reporting of inaccurate results and to avoid misleading information that might lead to misdiagnosis and inappropriate therapy. A request for a new specimen will provide appropriate materials and clinically relevant information to support good patient care.
- Unlabeled or improperly labeled specimen
- Non-sterile or leaking container
- Inappropriate specimen transport conditions
- Illegible, or no submitter information on the request form
- Mismatched form and specimen
- Broken specimen/sample container
- The wrong specimen for test request
- Inappropriate outfit for requested test
- Illegible or no patient information on the specimen
- Expired transport media
- Stool in preservative
- Specimen received after prolonged delay (usually more than 72 hours)

#### Availability:
Monday through Friday

#### Results and Interpretation:
- **Staph. aureus:** Any amount is significant and is reported as rare, few, moderate, or many.
- **Bacillus cereus** and **Clostridium perfringens:** colony count of ≥ 100,000 CFU/ml is considered significant.

#### Reference Range:
- **(Staph aureus: Bacillus cereus: Clostridium perfringens)** not found after 48 hours incubation.
Additional Information:  

**Bacillus cereus:** The symptoms of *B. cereus* diarrheal type food poisoning mimic those of *Clostridium perfringens* food poisoning. The onset of watery diarrhea, abdominal cramps, and pain occurs 6-15 hours after consumption of contaminated food. Nausea may accompany diarrhea, but vomiting (emesis) rarely occurs. Symptoms persist for 24 hours in most instances. The emetic type of food poisoning is characterized by nausea and vomiting within 0.5 to 6 hours after consumption of contaminated foods. Occasionally, abdominal cramps and/or diarrhea may also occur. Duration of symptoms is generally less than 24 hours.

**Clostridium perfringens:** The common form of *C. perfringens* poisoning is characterized by intense abdominal cramps and diarrhea which begin 8-22 hours after consumption of foods containing large numbers of those *C. perfringens* bacteria capable of producing the food poisoning toxin. The illness is usually over within 24 hours but less severe symptoms may persist in some individuals for 1 or 2 weeks.

**Staph. aureus:** The onset of symptoms in staphylococcal food poisoning is usually rapid and in many cases acute, depending on individual susceptibility to the toxin, the amount of contaminated food eaten, the amount of toxin in the food ingested, and the general health of the victim. The most common symptoms are nausea, vomiting, retching, abdominal cramping, and prostration. Some individuals may not always demonstrate all the symptoms associated with the illness. In more severe cases, headache, muscle cramping, and transient changes in blood pressure and pulse rate may occur. Recovery generally takes two (2) days; however, it is not unusual for complete recovery to take three (3) days and sometimes longer in severe cases.

### Purpose of Test:
To detect the presence of bacteria that may be agents of food poisoning, since the presence of any amount of *Staph aureus* or the presence of large amounts (greater than 100,000 CFU/ml) of *Bacillus cereus* or *Clostridium perfringens* is consistent with a potential hazard to health.

### Method:
Culture, isolation and identification of *Bacillus cereus*, *Clostridium perfringens* or *Staph aureus*. Colony count performed on specimens for *Bacillus cereus* and *Clostridium perfringens*.

### Interfering Substances:
Stool preservative

### Testing Site:
DHMH Laboratories Administration, Central Laboratory
1770 Ashland Avenue, Baltimore, Maryland 21205

### Comment:
N/A

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**TEST:**  
**Francis disease**

**Synonym:**  
*Francisella tularensis; Pasteurella tularensis*, tularemia, rabbit fever, deerfly fever, Ohara’s disease, Francis disease: Refer to instructions for *Francisella tularensis Culture* or *Francisella tularensis Antibody*.

**Laboratory/Phone:**
Office of Laboratory Emergency Preparedness and Response:  
410-925-3121 (24/7 emergency contact number)  
Select Agents Microbiology Laboratory: 443-681-3954  
Division of Microbiology Laboratory: 443-681-3952

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**TEST:**  
**Francisella tularensis Culture**

**Synonym:**  
*Pasteurella tularensis*, tularemia, rabbit fever, deerfly fever, Ohara’s disease, Francis disease

**Laboratory/Phone:**
Office of Laboratory Emergency Preparedness and Response:  
410-925-3121 (24/7 emergency contact number)  
Select Agents Microbiology Laboratory: 443-681-3954  
Division of Microbiology Laboratory: 443-681-3952

**Turnaround Time:**
2 - 7 days [from specimen receipt in the Laboratory]

**Specimen Required:**
1. Blood Cultures  
2. Tissue samples  
3. Tissue aspirates (Including lymph node and bone marrow)  
4. Isolate  
5. Respiratory Specimens: Sputum, BAL, or pleural fluid.

**Specimen Identification:**
Specimen should be labeled with patient’s last and first name, patient’s address, DOB, specimen type/source, and the date and time of collection.

Continued Next Page>
Specimen Volume (Optimum): N/A  
Specimen Volume (Minimum): N/A  

Collect:  
1. Blood Culture: Collect appropriate blood volume and number of sets per routine laboratory protocol.  
2. Tissues or scraping of an ulcer is preferable. A swab of the ulcer is an acceptable alternative. Collect in a sterile container. For small amount tissue samples, add several drops of sterile normal saline to keep the tissue moist.  
3. Swabs: Collect a firm sample of the advancing margin of the lesion. If using a swab transport carrier, the swab should be reinserted into the transport package and the swab fabric moistened with the transport medium inside the packet.  
4. Aspirate of involved tissue: Collect per routine laboratory protocol.  
5. Isolate: Pick a pure culture to a chocolate agar plate or slant.

Form: DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777)  
Indicate specimen type using the “Specimen Code” on form.

Packaging and Shipping*: Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).  
*Refer to current Federal regulations for specific shipping requirements.

Transport Conditions:  
1. Blood Cultures: Transport directly to the Laboratory at room temperature.  
2. Tissues: Transport in a sterile container. For small sample, add several drops of sterile saline to keep the tissue moist. Transport immediately to the Laboratory at room temperature. If transport is delayed, keep specimen chilled at 2-8°C.  
3. Swabs: Transport to the Laboratory using transport carrier at 2-8°C. Room temperature is acceptable.  
4. Aspirates: Transport directly to the Laboratory at room temperature. If transporting is delayed keep specimen chilled at 2-8°C.  
5. Isolates: Transport the specimen at room temperature on a sealed chocolate agar plate or slant.

Specimen Rejection Criteria: The following rejection criteria are designed to prevent the reporting of inaccurate results and to avoid misleading information that might lead to misdiagnosis and inappropriate therapy. A request for a new specimen will provide appropriate materials and clinically relevant information to support good patient care.  
- Unlabeled or improperly labeled specimen  
- Non-sterile or leaking container  
- Inappropriate specimen transport conditions  
- Illegible, or no submitter information on the request form  
- Mismatched form and specimen  
- Broken specimen/sample container  
- The wrong specimen for test request  
- Inappropriate outfit for requested test  
- Illegible or no patient information on the specimen  
- Expired transport media

Availability: 24 hrs/day, 7 days/week

Results and Interpretation: Francisella tularensis isolated/detected.  
Francisella tularensis not found.

Additional Information: Call 410-925-3121 before sending specimen to the Laboratory.

Purpose of Test: To confirm diagnosis of tularemia by culture.

Method: LRN Protocols

Interfering Substances: Isolate must be inoculated unto media that contains cystine (e.g., chocolate agar plate or slant).

Testing Site: DHMH Laboratories Administration, Central Laboratory  
1770 Ashland Avenue, Baltimore, Maryland 21205

Comment: Francisella tularensis is highly infectious. PLEASE use a biological safety cabinet when working with specimens suspected of harboring F. tularensis. Call 410-925-3121 before sending to the Laboratory.

TEST: Francisella tularensis Serology (CDC Referral)  
Synonym: Tularemia antibody; rabbit fever, deerfly fever, Ohara’s disease, Francis disease

Laboratory/Phone: 443-681-3839/3931

Turnaround Time: 2 weeks (CDC Referral)

Specimen Required: Serum

Continued Next Page>
Specimen identification: The specimen/sample must be properly labeled and include patient's name or unique patient/sample identifier matching the test requisition or electronic test order.

Specimen Volume (Optimum): 2 ml. (Whole Blood)
Specimen Volume (Minimum): 1 ml. (Whole Blood)
Collect: Red-top vacutainer
Form: DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)

Indicate specimen type using the “Specimen Code” on form.

Packaging and Shipping*: Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).
*Refer to current Federal regulations for specific shipping requirements.

Transport Conditions: Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).

Specimen Rejection Criteria: Hemolysis; insufficient volume
Availability: Monday through Friday
Results and Interpretation: Given on CDC report
Additional Information: http://www.cdc.gov/tularemia/index.html
Purpose of Test: Detect antibodies to F. tularensis
Method: Microagglutination
Interfering Substances: Icteric, hemolyzed, lipemic or heat inactivation of specimen
Processing Site for CDC referral: DHMH Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, Maryland 21205

Comment: Contact the MD DHMH Epidemiologist at (410)767-6700 for prior approval of specimen submission. Required supplemental information: 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.

TEST: Genital culture (Bacterial Culture, Routine)
Synonym: Aerobic culture, routine culture, genital culture: Refer to instructions for Bacterial Culture, Routine.
Laboratory/Phone: Microbiology 443-681-3952

TEST: Giardia (Ova and Parasites Microscopic Examination)
Synonym: Giardia, Parasitic identification: Refer to instructions for Ova and Parasites Microscopic Examination.
Laboratory/Phone: Microbiology 443-681-3952 or 443-681-4570

TEST: Glanders (Burkholderia mallei)
Synonym: Glanders; Burkholderia (formerly Pseudomonas) mallei: Refer to instructions for Burkholderia mallei and Burkholderia pseudomallei.
Laboratory/Phone: Office of Laboratory Emergency Preparedness and Response: 410-925-3121 (24/7 emergency contact number) Select Agents Microbiology Laboratory: 443-681-3954 Division of Microbiology Laboratory: 443-681-3952

TEST: Gonorrhea Culture
Synonym: GC Culture, Neisseria gonorrhoeae Culture
Laboratory/Phone: Microbiology 443-681-3952
Turnaround Time: 2-3 days – minimum [from specimen receipt in the Laboratory]
Specimen Required: Cervical, rectal, throat, urethral, vaginal

Continued Next Page>
### Specimen Identification:
Specimen should be labeled with patient’s last and first name, patient’s address, DOB, specimen type/source, and the date and time of collection. Don’t use china markers – their marking smudges and rubs off when wet or use permanent marker. Label bottom of plate (not lid). [Lot number and expiration date must remain visible on media.] The specimen/sample must be properly labeled and match the test requisition or electronic test order.

### Specimen Volume (Optimum):
GC culture plate streaked with Dacron™ swab immediately after collection.

### Specimen Volume (Minimum):
N/A

### Collect:
Materials*: GC culture plate, Dacron™ swab, CO₂ tablet, resealable plastic bag. Roll swab directly on the medium in a large “Z” (1a) (to provide adequate exposure of the swab to the medium for transfer of organisms.) Cross-streak immediately with a sterile loop (1b).

<table>
<thead>
<tr>
<th>“Z” Pattern Primary Inoculation</th>
<th>Cross-Streaked</th>
</tr>
</thead>
</table>

Place inoculated plates in the resealable polyethylene bag (one specimen per patient with accompanying lab slip). Do not seal plate with tape or rubber band. Cut off the corner of one foil-wrapped tablet to expose the tablet and place it in the bag. **DO NOT REMOVE THE TABLET FROM THE FOIL POUCH.** Expel excess air from the bag and completely seal the bag. If using the BD Bio Bag Tube C place the plate in the bag, seal the bag and crush the CO₂ generating ampule. If an incubator is available, incubate the plates in an inverted (medium facing down) position at 35°C until picked up by courier. If an incubator is not available, invert the plates and hold them at room temperature until picked up by the courier. **DO NOT REFRIGERATE AFTER INOCULATING.** When packing plates for transport, keep them inverted and place in a suitable container that will protect them from extreme heat or cold. Keep lab slip separate from specimen to avoid lab slip becoming wet.

*Please do not use damaged plates or less than optimal media.

### Form:
DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777)
Indicate specimen type using the “Specimen Code” on the form and number of hours incubated (if any).

### Packaging and Shipping*:
Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).

*Refer to current Federal regulations for specific shipping requirements.

### Transport Conditions:
DO NOT REFRIGERATE after specimen is collected. When packing plates for transport, keep them inverted and place in a suitable container that will protect them from extreme heat or cold.

### Specimen Rejection Criteria:
The following rejection criteria are designed to prevent the reporting of inaccurate results and to avoid misleading information that might lead to misdiagnosis and inappropriate therapy. A request for a new specimen will provide appropriate materials and clinically relevant information to support good patient care.
- Unlabeled or improperly labeled specimen
- Non-sterile or leaking container
- Inappropriate specimen transport conditions
- Illegible, or no submitter information on the request form
- Mismatched form and specimen
- Broken specimen/sample container
- The wrong specimen for test request
- Inappropriate outfit for requested test
- Illegible or no patient information on the specimen
- Expired transport media

### Availability:
Monday through Friday

### Results and Interpretation:
*Neisseria gonorrhoea* isolated and identified. Antibiotic susceptibilities reported.

### Reference Range:
No *Neisseria gonorrhoea* isolated
**Additional Information:**
Store unused plates under refrigeration upside down (media facing down). Discard any plate(s) with an expired expiration date or that exhibit growth prior to use (never use contaminated plates). Always allow plates to warm to room temperature before using (cold kills *Neisseria gonorrhoea*). Use Dacron™ tipped swabs with plastic shafts (do not use cotton-tipped swabs, as they may contain fatty acids that can interfere with the survival of some organisms. Also do not use calcium alginate-tipped swabs. They can be toxic for some strains of *N. gonorrhoeae*.) Always allow the surface of plates to dry before using (a wet surface hampers isolated colony formation). DO NOT CRUSH OR ADD WATER TO THE CO₂ GENERATING TABLET (CAUSES LOSS OF CO₂ AND POSSIBLE CONTAMINATION BY WATER) MOISTURE FROM THE MEDIUM WILL ACTIVATE THE CO₂ TABLET. Do not incubate inoculated plates in the clinic longer than 24 hours (over-incubation leads to more growth of contaminating normal flora). If incubated, indicate the number of hours on the test request form. If an incubator is not available, invert the inoculated plates and hold them at room temperature until picked up by the courier. Do not refrigerate after inoculating. When packing plates for transport, keep them inverted and place in a suitable container that will protect them from extreme heat or cold.

**Purpose of Test:**
Isolation, identification and antibiotic susceptibility testing for *Neisseria gonorrhoea*.

**Method:**
Culture

**Interfering Substances:**
N/A

**Testing Site:**
DHMH Laboratories Administration, Central Laboratory
1770 Ashland Avenue, Baltimore, Maryland 21205

**Comment:**
N/A

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<table>
<thead>
<tr>
<th>TEST: Group A Strep Culture</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Synonym:</strong></td>
</tr>
<tr>
<td><strong>Lab/Phone:</strong></td>
</tr>
<tr>
<td><strong>Turnaround Time:</strong></td>
</tr>
<tr>
<td><strong>Specimen Required:</strong></td>
</tr>
<tr>
<td><strong>Specimen identification:</strong></td>
</tr>
<tr>
<td><strong>Specimen Volume (Optimum):</strong></td>
</tr>
<tr>
<td><strong>Specimen Volume (Minimum):</strong></td>
</tr>
<tr>
<td><strong>Collect:</strong></td>
</tr>
<tr>
<td><strong>Form:</strong></td>
</tr>
<tr>
<td><strong>Packaging and Shipping:</strong></td>
</tr>
<tr>
<td><strong>Transport Conditions:</strong></td>
</tr>
</tbody>
</table>

**Specimen Rejection Criteria:**
The following rejection criteria are designed to prevent the reporting of inaccurate results and to avoid misleading information that might lead to misdiagnosis and inappropriate therapy. A request for a new specimen will provide appropriate materials and clinically relevant information to support good patient care.
- Unlabeled or improperly labeled specimen
- Non-sterile or leaking container
- Inappropriate specimen transport conditions
- Illegible, or no submitter information on the request form
- Mismatched form and specimen
- Broken specimen/sample container
- The wrong specimen for test request
- Inappropriate outfit for requested test
- Illegible or no patient information on the specimen
- Expired transport media

**Availability:**
Monday through Friday

**Results and Interpretation:**
Group A Strep isolated and identified

**Reference Range:**
No Group A Strep detected

**Additional Information:**
N/A

**Purpose of Test:**
Detect the presence of Group A Strep

**Method:**
Culture

**Interfering Substances:**
N/A
<table>
<thead>
<tr>
<th><strong>TEST:</strong></th>
<th><strong>Group A streptococcus (ABCs (previously BIDS))</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Synonym:</strong></td>
<td>Active Bacterial Core Surveillance (ABCs) (Bacterial Invasive Disease Surveillance) Group A streptococcus: Refer to instructions for ABCs (previously BIDS).</td>
</tr>
<tr>
<td><strong>Lab/Phone:</strong></td>
<td>Microbiology 443-681-3952</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>TEST:</strong></th>
<th><strong>Group B Strep Screen</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Synonym:</strong></td>
<td>Prenatal screen for Group B Strep; Group B Strep culture; Genital Culture</td>
</tr>
<tr>
<td><strong>Lab/Phone:</strong></td>
<td>Microbiology 443-681-3952</td>
</tr>
<tr>
<td><strong>Turnaround Time:</strong></td>
<td>2-3 days [from specimen receipt in the Laboratory]</td>
</tr>
<tr>
<td><strong>Specimen Required:</strong></td>
<td>Vaginal/rectal swab</td>
</tr>
<tr>
<td><strong>Specimen identification:</strong></td>
<td>Specimen should be labeled with patient’s last and first name, patient’s address, DOB, specimen type/source, and the date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.</td>
</tr>
<tr>
<td><strong>Specimen Volume (Optimum):</strong></td>
<td>One (1) vaginal/rectal swab</td>
</tr>
<tr>
<td><strong>Specimen Volume (Minimum):</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Collect:</strong></td>
<td>Culturette tube with transport medium (Amies or Stuart’s)</td>
</tr>
<tr>
<td><strong>Form:</strong></td>
<td>DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777) Indicate specimen type using the “Specimen Code” on form.</td>
</tr>
<tr>
<td><strong>Packaging and Shipping</strong>:</td>
<td>Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 &amp; 10 for triple packing guidance). *Refer to current Federal regulations for specific shipping requirements.</td>
</tr>
<tr>
<td><strong>Transport Conditions:</strong></td>
<td>Store and ship at room temperature, ship as quickly as possible.</td>
</tr>
</tbody>
</table>
| **Specimen Rejection Criteria:** | The following rejection criteria are designed to prevent the reporting of inaccurate results and to avoid misleading information that might lead to misdiagnosis and inappropriate therapy. A request for a new specimen will provide appropriate materials and clinically relevant information to support good patient care.  
- Unlabeled or improperly labeled specimen  
- Non-sterile or leaking container  
- Inappropriate specimen transport conditions  
- Illegible, or no submitter information on the request form  
- Mismatched form and specimen  
- Broken specimen/sample container  
- The wrong specimen for test request  
- Inappropriate outfit for requested test  
- Illegible or no patient information on the specimen  
- Expired transport media  
- Specimen received after prolonged delay (usually more than 72 hours) |
| **Availability:** | Monday through Friday |
| **Results and Interpretation:** | Group B Strep isolated and identified |
| **Reference Range:** | No Group B Strep detected |
| **Additional Information:** | Prenatal screening for Group B Strep at 35-37 weeks gestation. If patient is allergic to penicillin, add note to this effect and request antimicrobial susceptibility testing to clindamycin and erythromycin. Gardnerella vaginalis isolation done on request for routine genital cultures. |
| **Purpose of Test:** | Detect the presence of Group B Strep |
| **Method:** | Culture |
| **Interfering Substances:** | N/A |
| **Testing Site:** | DHMH Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, Maryland 21205 |
| **Comment:** | N/A |
### TEST: Group B Streptococcus (ABCs (previously BIDS))

| Synonym: | Active Bacterial Core Surveillance (ABCs) (Bacterial Invasive Disease Surveillance) Group B Streptococcus: Refer to instructions for ABCs (previously BIDS). |
| Lab/Phone: | Microbiology 443-681-3952 |

### TEST: Haemophilus ducreyi Culture

| Synonym: | Chancroid Culture; Haemophilus ducreyi culture |
| Laboratory/Phone: | Microbiology 443-681-3952 |
| Turnaround Time: | Seven (7) days [from specimen receipt in the Laboratory] |
| Specimen Required: | Ulcer scrapings |
| Specimen Identification: | Specimen should be labeled with patient’s last and first name, patient’s address, DOB, specimen type/source, and the date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order. |
| Specimen Volume (Optimum): | N/A |
| Specimen Volume (Minimum): | N/A |
| Collect: | Collect prior to antimicrobial treatment. Clean the surface of the lesion with 0.85% NaCl. If there is a crust on the lesion remove it. Moisten swab with saline and collect specimen by vigorously rubbing the base of the lesion, put the swab in Amies transport medium or scrape the base of the ulcer with a sterile scalpel blade, irrigate with sterile saline. Then rub the base vigorously with a sterile swab and put it in Amies transport medium or aspirate fluid with a flamed smooth Pasteur pipette or needle and syringe, put it in sterile container. For abscess disinfect skin with alcohol and iodine. Aspirate fluid with a needle and syringe and put it in a sterile container. NOTE: Intact bubo aspirates are rarely positive for the organisms unless they have ruptured. |
| Form: | DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777) Indicate specimen type using the “Specimen Code” on form. |
| Packaging and Shipping*: | Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance). *Refer to current Federal regulations for specific shipping requirements. |
| Transport Conditions: | After collection, place specimen immediately on ice or in the refrigerator and transport on ice to the laboratory. |
| Specimen Rejection Criteria: | The following rejection criteria are designed to prevent the reporting of inaccurate results and to avoid misleading information that might lead to misdiagnosis and inappropriate therapy. A request for a new specimen will provide appropriate materials and clinically relevant information to support good patient care.  
- Unlabeled or improperly labeled specimen  
- Non-sterile or leaking container  
- Inappropriate specimen transport conditions  
- Illegible, or no submitter information on the request form  
- Mismatched form and specimen  
- Broken specimen/sample container  
- The wrong specimen for test request  
- Inappropriate outfit for requested test  
- Illegible or no patient information on the specimen  
- Expired transport media |
| Availability: | Monday through Friday |
| Results and Interpretation: | Positive Culture: Haemophilus ducreyi present. A positive culture indicates infection in a patient with an ulcerative lesion. Mixed infections with other agents known to cause ulcerative sexually transmitted diseases are not uncommon. The presence of Haemophilus ducreyi does not rule out these other infections which should be considered in the evaluation of the patient. |
| Reference Range: | Haemophilus ducreyi not found |
| Additional Information: | False-Negative cultures can result from prior antimicrobial therapy, strain growth variability, and sample and transport techniques |
| Purpose of Test: | Diagnosis of chancroids |
| Method: | Culture |
| Interfering Substances: | Prior antimicrobial therapy |

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Continued Next Page>
## Testing Site:
**DHMH Laboratories Administration, Central Laboratory**
1770 Ashland Avenue, Baltimore, Maryland 21205

## Comment:
N/A

### Test: **Haemophilus influenzae (ABCs (previously BIDS))**

**Synonym:** Active Bacterial Core Surveillance (ABCs) (Bacterial Invasive Disease Surveillance)

*Haemophilus influenzae*: Refer to instructions for ABCs (previously BIDS).

**Laboratory/Phone:** Microbiology 443-681-3952

### Test: **Hantavirus serology (CDC Referral)**

**Synonym:** Hanta, HPS, HFRS, Hantaan

**Laboratory/Phone:** 443-681-3938/3931

**Turnaround Time:** 10 business days (CDC Referral)

**Specimen Required:** Serum

**Specimen identification:** The specimen/sample must be properly labeled and include patient’s name or unique patient/sample identifier matching the test requisition or electronic test order.

**Specimen Volume (Optimum):** 2 ml. (Whole Blood)

**Specimen Volume (Minimum):** 1 ml. (Whole Blood)

**Collect:** Red-top vacutainer

**Form:** DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)

*Indicate specimen type using the “Specimen Code” on form.*

**Packaging and Shipping**: Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).

*Refer to current Federal regulations for specific shipping requirements.*

**Transport Conditions:** Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).

**Specimen Rejection Criteria:** Hemolysis; insufficient volume

**Availability:** Monday through Friday

**Results and Interpretation:** Given on CDC report

**Additional Information:** [http://www.cdc.gov/hantavirus/index.html](http://www.cdc.gov/hantavirus/index.html)

**Purpose of Test:** Detect IgG & IgM antibody to the SNV

**Method:** ELISA

**Interfering Substances:** None

**Processing Site for CDC referral:** DHMH Laboratories Administration, Central Laboratory
1770 Ashland Avenue, Baltimore, Maryland 21205

**Comment:** Contact the MD DHMH Epidemiologist at (410)767-6700 for prior approval of specimen submission. Required supplemental information: Exposure and travel history, include other relevant risk factors; clinical symptoms, treatment and relevant lab results.


### Test: **Helminths**

**Synonym:** Helminths are worm-like parasites that include the flukes (Trematodes); tapeworms (Cestodes); and roundworms (Nematodes): Refer to instructions for Ova and Parasites Microscopic Examination.

**Lab/Phone:** Microbiology 443-681-3952

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### TEST:
Hepatitis A IgM Antibody (Hepatitis A Screen)

| Synonym: | Hepatitis A IgM Antibody, HAV IgM, HAVAB-M. |
| Laboratory/Phone: | Vaccine Preventable Disease/443-681-3889 |
| Turnaround Time: | 2-5 business days |
| Specimen Required: | Serum; plasma |

**Specimen identification:** Label container with patient’s last name, first name, DOB, specimen type, date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.

**Specimen Volume (Optimum):** 5 ml. (Whole blood) or 4 ml. (Serum or Plasma)

**Collect:** Red-top vacutainer (Serum) or Lavender-top vacutainer (Plasma)

**Form:** DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)

**Packaging and Shipping***:** Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).

***Refer to current Federal regulations for specific shipping requirements.

**Transport Conditions:** Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).

**Specimen Rejection Criteria:** Discrepancy between name on tube and name on form, unlabeled specimen; hemolytic; gross bacterial contamination. Specimens collected > 7 days prior to submission.

**Availability:** Monday to Friday. Call laboratory for prior approval.

**Results and Interpretation:** Assay results should be interpreted only in the context of other clinical laboratory findings and the total clinical status of the individual. It has been shown that a viremic window exists with individuals infected with HAV, where the individual may be symptomatic for hepatitis but IgM anti-HAV nonreactive.

**Negative:** IgM anti-HAV not detected. Does not exclude the possibility of exposure to or infection with HAV. Levels of IgM anti-HAV may be below the cut-off in early infection.

**Equivocal/Gray zone:** HAV IgM antibody may or may not be present. Patients exhibiting gray zone test results should be closely monitored by redrawing and retesting approximately one week intervals. Monitoring the level of IgM anti-HAV by redrawing and retesting at approximately one week intervals will distinguish rapidly rising IgM anti-HAV levels associated with early acute hepatitis A infection from gradually decreasing or unchanging IgM anti-HAV levels often associated with late acute stage of HAV infection.

**Positive:** HAV IgM antibody detected. Presumptive evidence of HAV infection. A reactive IgM anti-HAV result does not rule out other hepatitis infections.

**Additional Information:** For more information, see the CDC link at: [http://www.cdc.gov/hepatitis/index.htm](http://www.cdc.gov/hepatitis/index.htm)

**Purpose of Test:** HAVAB-M assay is for the qualitative detection of IgM antibody to hepatitis A virus (IgM anti-HAV) in human serum or plasma. IgM anti-HAV is indicated for testing of specimens from individuals who have signs and symptoms consistent with acute hepatitis. Test results are used in conjunction with other laboratory results and clinical information as an aid in the diagnosis of acute or recent hepatitis A viral infection. During the acute phase of HAV infection, IgM anti-HAV appears in the patient’s serum and is nearly always detectable at the onset of symptoms. In most cases, IgM anti-HAV response peaks within the first month of illness and can persist for up to six months. It is not intended for use in screening blood, plasma, or tissue donors.

**Method:** Chemiluminescent micro particle immunoassay (CMIA)

**Interfering Substances:** May not detect a recent infection, or infection in a person with severely compromised immune system.

**Testing Site:** DHMH Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, Maryland 21205

Continued Next Page>
**Comment:**

**LIMITATIONS:** Specimens from individuals who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may contain human anti-mouse antibodies (HAMA). Such specimens may show either falsely elevated or depressed values when tested with assay kits (such as HA; HAVAB-M) reagents contain a component that reduces the effect of HAMA reactive specimens. Additional clinical or diagnostic information may be required to determine patient status. A reactive IgM anti-HAV result does not should be used and interpreted only in the context of the overall clinical picture. A negative test result does not exclude the possibility of exposure to hepatitis A virus. Levels of IgM anti-HAV may be below the cut-off in early infection and late acute infection. Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to animals or to animal serum products can be prone to this interference and anomalous values may be observed. Additional information may be required for diagnosis. Specimens from individuals with Non-Hodgkin’s Lymphoma may cross-react with this assay.

**TEST:**

<table>
<thead>
<tr>
<th><strong>Hepatitis A IgG Antibody.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Synonym:</strong></td>
</tr>
<tr>
<td><strong>Laboratory/Phone:</strong></td>
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<tr>
<td><strong>Turnaround Time:</strong></td>
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<tr>
<td><strong>Specimen Required:</strong></td>
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<tr>
<td><strong>Specimen identification:</strong></td>
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<tr>
<td><strong>Specimen Volume (Optimum):</strong></td>
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<tr>
<td><strong>Specimen Volume (Minimum):</strong></td>
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<tr>
<td><strong>Collect:</strong></td>
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<tr>
<td><strong>Form:</strong></td>
</tr>
<tr>
<td><em><em>Packaging and Shipping</em>:</em>*</td>
</tr>
<tr>
<td><strong>Transport Conditions:</strong></td>
</tr>
<tr>
<td><strong>Specimen Rejection Criteria:</strong></td>
</tr>
<tr>
<td><strong>Availability:</strong></td>
</tr>
<tr>
<td><strong>Results and Interpretation:</strong></td>
</tr>
<tr>
<td><strong>Additional Information:</strong></td>
</tr>
<tr>
<td><strong>Purpose of Test:</strong></td>
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<tr>
<td><strong>Method:</strong></td>
</tr>
<tr>
<td><strong>Interfering Substances:</strong></td>
</tr>
<tr>
<td><strong>Testing Site:</strong></td>
</tr>
</tbody>
</table>

Continued Next Page>
LIMITATIONS: If the Architect HAVAB-G results are inconsistent with clinical evidence, additional testing is suggested to confirm the results. Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may contain human anti-mouse antibodies (HAMA). Such specimens may show either falsely elevated or depressed values when tested with assay kits (such as ARCHITECT HAVAB-G) that employ mouse monoclonal antibodies. Specimens from individuals with anti-E.coli, anti-CMV, or hemodialysis patients may cross react with this assay. Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to animals or to animal serum products can be prone to this interference and anomalous values may be observed. Additional information may be required for diagnosis. Specimens containing low antibody concentrations (near the cutoff) assayed after a freeze/thaw may exhibit elevated values that may be false positives.

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**TEST:** Hepatitis B Core Antibody IgM (Hepatitis B surface antigen Positive reflex test)

**Synonym:** HBc IgM Ab; anti-HBc IgM, CORE-M

**Laboratory/Phone:** Vaccine Preventable Disease/443-681-3889

**Turnaround Time:** 2-5 business days

**Specimen Required:** Serum; plasma

**Specimen identification:** Label container with patient’s last name, first name, DOB, specimen type, date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.

**Specimen Volume (Optimum):** 5 ml. (Whole blood) or 4 ml. (Serum or Plasma)

**Specimen Volume (Minimum):** 3 ml. (Whole blood) or 2 ml. (Serum or Plasma)

**Collect:** Red-top vacutainer (Serum) or Lavender-top vacutainer (Plasma)

**Form:** DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)

**Packaging and Shipping*:** Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).

*Refer to current Federal regulations for specific shipping requirements.

**Transport Conditions:** Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).

**Specimen Rejection Criteria:** Discrepancy between name on tube and name on form, unlabeled specimen; hemolytic; gross bacterial contamination.

**Availability:** Monday through Friday.

**Results and Interpretation:**

- **Negative:** IgM anti-HBc not detected. Does not exclude the possibility of exposure to or infection with HBV.
- **Equivocal/Gray zone:** IgM anti-HBc may or may not be present. Patients with specimens exhibiting grayzone test results should be retested at approximately one-week intervals. Monitoring the level of IgM anti-HBc by retesting at approximately one week intervals will distinguish rapidly rising IgM anti-HBc levels associated with early acute hepatitis B infection from gradually decreasing or unchanging IgM anti-HBc levels often associated with late acute stage of HBV infection, six to nine months from the appearance of HBsAg.
- **Positive:** Presumptive evidence of IgM anti-HBc antibodies.

**Additional Information:** For more information, see the CDC link at: [http://www.cdc.gov/hepatitis/index.htm](http://www.cdc.gov/hepatitis/index.htm)

**Purpose of Test:** The CORE-M assay is for the qualitative detection of IgM antibody to hepatitis B core antigen in human serum or plasma. A test for IgM anti-HBc is indicated as an aid in the diagnosis of acute or recent hepatitis B virus (HBV) infection in conjunction with other laboratory results and clinical information. It is not intended for use in screening blood, plasma, or tissue donors.

**Method:** Chemiluminescent micro particle immunoassay (CMIA)

**Interfering Substances:** May not detect a recent infection, or infection in a person with severely compromised immune system.

**Testing Site:** DHMH Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, Maryland 21205

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Limitations: Current methods for the detection of IgM anti-HBc may not detect all infected individuals. A non-reactive test result does not exclude the possibility of exposure to or infection with HBV. CORE-M assay is limited to the detection of IgM anti-HBc in human serum or plasma. It can be used to determine whether a patient has, or has recently had, acute or subclinical hepatitis B infection. Supportive clinical information, including other hepatitis B markers, should also be evaluated. The test cannot determine a patient’s immune status to hepatitis B. Specimens from patients with high levels of IgM (e.g., specimens from patients with multiple myeloma) may show depressed values when tested with assay kits (such as CORE-M) that use reagents containing anti-human IgM. Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may contain human anti-mouse antibodies (HAMA). Such specimens may show either falsely elevated or depressed values when tested with assay kits (such as CORE-M) that employ mouse monoclonal antibodies. Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to animals or to animal serum products can be prone to this interference and anomalous values may be observed. Additional information may be required for diagnosis.

## TEST: Hepatitis B Core Antibody Total

| Synonym: | HBcIgMab |
| Laboratory/Phone: | Vaccine Preventable Disease/443-681-3889 |
| Turnaround Time: | 2-5 business days |
| Specimen Required: | Serum; plasma |
| Specimen Volume (Optimum): | 5 ml. (Whole blood) or 4 ml. (Serum or Plasma) |
| Collect: | Red-top vacutainer (Serum) or Lavender-top vacutainer (Plasma) |
| Form: | DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777) |
| Packaging and Shipping*: | Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance). |
| Transport Conditions: | Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen). |
| Specimen Rejection Criteria: | Discrepancy between name on tube and name on form, unlabeled specimen; hemolytic; gross bacterial contamination. |
| Availability: | Monday through Friday. |
| Results and Interpretation: | **Negative:** Hepatitis B core antibodies not detected. **Positive:** Hepatitis B core antibodies were detected. The presence of anti-HBc antibodies does not differentiate between acute or chronic hepatitis B infections. |
| Additional Information: | For more information, see the CDC link at: [http://www.cdc.gov/hepatitis/index.htm](http://www.cdc.gov/hepatitis/index.htm) |
| Purpose of Test: | The CORE assay is for the qualitative detection of antibodies to hepatitis B core antigen in human serum or plasma. It is intended as an aid in the diagnosis of acute, chronic, or resolved hepatitis B virus (HBV) infection in conjunction with other laboratory results and clinical information. It is not intended for use in screening blood, plasma, or tissue donors. |
| Method: | Chemiluminescent microparticle immunoassay (CMIA) |
| Interfering Substances: | May not detect a recent infection, or infection in a person with severely compromised immune system. |
| Testing Site: | DHMH Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, Maryland 21205 |

*Refer to current Federal regulations for specific shipping requirements.*
**Comment:** LIMITATIONS: A nonreactive test result does not exclude the possibility of exposure to or infection with HBV. Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may contain human anti-mouse antibodies (HAMA). Such specimens may show either falsely elevated or depressed values when tested with assay kits (such as CORE) that employ mouse monoclonal antibodies. Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to animals or to animal serum products can be prone to this interference and anomalous values may be observed. Additional information may be required for diagnosis.

**TEST:** Hepatitis B Surface Antibody (Hepatitis B Panel, Hepatitis B post vaccine)

**Synonym:** HBsAb, Hepatitis B surface Antibody, AUSAB.

**Laboratory/Phone:** Vaccine Preventable Disease/443-681-3889

**Turnaround Time:** 2-5 business days

**Specimen Required:** Serum; plasma

**Specimen identification:** Label container with patient’s last name, first name, DOB, specimen type, date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.

**Specimen Volume (Optimum):** 5 ml. (Whole blood) or 4 ml. (Serum or Plasma)

**Specimen Volume (Minimum):** 3 ml. (Whole blood) or 2 ml. (Serum or Plasma)

**Collect:** Red-top vacutainer (Serum) or Lavender-top vacutainer (Plasma)

**Form:** DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)

Indicate specimen type using the “Specimen Code” on form.

**Packaging and Shipping**: Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).

*Refer to current Federal regulations for specific shipping requirements.*

**Transport Conditions:** Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).

**Specimen Rejection Criteria:** Discrepancy between name on tube and name on form, unlabeled specimen; hemolytic; gross bacterial contamination. Specimens collected > 7 days prior to submission.

**Availability:** Monday through Friday.

**Results and Interpretation:**

- **Negative:** < 8.00 mIU/mL. Individual is considered not immune to HBV infection.
- **Equivocal/Grayzone:** ≥ 8.00 mIU/mL to < 12.00 mIU/mL. The immune status of the individual should be further assessed by considering other factors, such as clinical status, follow-up testing, associated risk factors, and the use of additional diagnostic information.
- **Positive:** ≥12.00 mIU/mL. Individual is considered immune to HBV infection.

**Reference Range:** Patient’s with a titer ≥12.00 mIU/mL is considered immune to Hepatitis B Virus infection.

**Additional Information:** For more information, see the CDC link at: [http://www.cdc.gov/hepatitis/index.htm](http://www.cdc.gov/hepatitis/index.htm)

**Purpose of Test:** AUSAB assay is for the quantitative determination of antibody to hepatitis B surface antigen in human serum or plasma. It is intended for measurement of antibody response following hepatitis B virus (HBV) vaccination, determination of HBV immune status, and for the laboratory diagnosis of HBV disease associated with HBV test results and clinical information. It is not intended for use in screening blood, plasma, or tissue donors.

**Method:** Chemiluminescent microparticle immunoassay (CMIA)

**Interfering Substances:** May not detect a recent infection, or infection in a person with severely compromised immune system.

**Testing Site:** DHMH Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, Maryland 21205

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Comment: **LIMITATIONS:** For diagnostic purposes, results should be used in conjunction with patient history and other hepatitis markers for diagnosis of acute and chronic infection. A non-reactive test result does not exclude the possibility of exposure to hepatitis B virus. Results obtained with the AUSAB assay may not be used interchangeably with values obtained with different manufacturers' assay methods. Assay does not differentiate between vaccines and natural infection. Results from immune suppressed patients should be interpreted with caution. Performance characteristics have not been established for therapeutic monitoring. A reactive anti-HBs result does not exclude co-infection by another hepatitis virus.

<table>
<thead>
<tr>
<th>TEST:</th>
<th><strong>Hepatitis B Surface Antigen (Hepatitis B Panel; Hepatitis B Screen)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Synonym:</td>
<td>HBsAg, Hepatitis B surface Antigen Qualitative; HBsAg Qual.</td>
</tr>
<tr>
<td>Laboratory/Phone:</td>
<td>Vaccine Preventable Disease/443-681-3889</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>2-5 business days</td>
</tr>
<tr>
<td>Specimen Required:</td>
<td>Serum; plasma</td>
</tr>
<tr>
<td>Specimen identification:</td>
<td>Label container with patient’s last name, first name, DOB, specimen type, date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.</td>
</tr>
<tr>
<td>Specimen Volume (Optimum):</td>
<td>5 ml. (Whole blood) or 4 ml. (Serum or Plasma)</td>
</tr>
<tr>
<td>Specimen Volume (Minimum):</td>
<td>3 ml. (Whole blood) or 2 ml. (Serum or Plasma)</td>
</tr>
<tr>
<td>Collect:</td>
<td>Red-top vacutainer (Serum) or Lavender-top vacutainer (Plasma)</td>
</tr>
<tr>
<td>Form:</td>
<td>DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)</td>
</tr>
<tr>
<td>Packaging and Shipping*:</td>
<td>Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 &amp; 10 for triple packing guidance). *Refer to current Federal regulations for specific shipping requirements.</td>
</tr>
<tr>
<td>Transport Conditions:</td>
<td>Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).</td>
</tr>
<tr>
<td>Specimen Rejection Criteria:</td>
<td>Discrepancy between name on tube and name on form, unlabeled specimen; hemolytic; gross bacterial contamination. Specimens collected &gt; 7 days prior to submission.</td>
</tr>
<tr>
<td>Availability:</td>
<td>Monday through Friday.</td>
</tr>
<tr>
<td>Results and Interpretation:</td>
<td><strong>Negative:</strong> HBsAg not detected. <strong>Positive:</strong> Presumptive evidence of HBsAg.</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>For more information, see the CDC link at: <a href="http://www.cdc.gov">http://www.cdc.gov</a></td>
</tr>
<tr>
<td>Purpose of Test:</td>
<td>HBsAg Qualitative assay is for the qualitative detection of hepatitis B surface antigen in human serum or plasma. The assay may also be used to screen for HBV infection in pregnant women to identify neonates who are at risk for acquiring hepatitis B during the perinatal period. Assay results in conjunction with other laboratory results and clinical information, may be used to provide presumptive evidence of infection with the hepatitis B virus (HBV) (state of infection or associated disease not determined) in persons with signs and symptoms of hepatitis and in persons at risk for hepatitis B infection. Not intended for use in screening blood, plasma, or tissue donors.</td>
</tr>
<tr>
<td>Method:</td>
<td>Chemiluminescent microparticle immunoassay (CMIA)</td>
</tr>
<tr>
<td>Interfering Substances:</td>
<td>May not detect a recent infection, or infection in a person with severely compromised immune system.</td>
</tr>
<tr>
<td>Testing Site:</td>
<td>DHMH Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, Maryland 21205</td>
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</tbody>
</table>

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**TEST:**  
Hepatitis B Surface Antigen Confirmation (Hepatitis B Positive Reflex Test)

<table>
<thead>
<tr>
<th><strong>Synonym:</strong></th>
<th>HBsAg Qualitative Confirmation; HBsAg Qualitative Neutralization assay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Laboratory/Phone:</strong></td>
<td>Vaccine Preventable Disease/443-681-3889</td>
</tr>
<tr>
<td><strong>Turnaround Time:</strong></td>
<td>2-5 business days</td>
</tr>
<tr>
<td><strong>Specimen Required:</strong></td>
<td>Serum, plasma</td>
</tr>
<tr>
<td><strong>Specimen identification:</strong></td>
<td>Label container with patient’s last name, first Name, DOB, specimen type, date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.</td>
</tr>
<tr>
<td><strong>Specimen Volume (Optimum):</strong></td>
<td>5 ml. (Whole blood) or 4 ml. (Serum or Plasma)</td>
</tr>
<tr>
<td><strong>Specimen Volume (Minimum):</strong></td>
<td>3 ml. (Whole blood) or 2 ml. (Serum or Plasma)</td>
</tr>
<tr>
<td><strong>Collect:</strong></td>
<td>Red-top vacutainer (Serum) or Lavender-top vacutainer (Plasma)</td>
</tr>
<tr>
<td><strong>Form:</strong></td>
<td>Test cannot be requested, it is a reflex test for Hepatitis B surface antigen Positive specimens.</td>
</tr>
</tbody>
</table>
| **Packaging and Shipping*:** | Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).  
*Refer to current Federal regulations for specific shipping requirements. |
| **Transport Conditions:** | Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen). |
| **Specimen Rejection Criteria:** | Discrepancy between name on tube and name on form, unlabeled specimen; hemolytic; gross bacterial contamination. Specimens collected >7 days prior to arrival without being frozen. |
| **Availability:** | Monday through Friday |
| **Results and Interpretation:** | **Confirmed**: Presence of HBs Antigen confirmed. Confirmed result may indicate acute or chronic HBV infection, depending on presence of other HBV serological markers.  
**Not Confirmed**: Indicates the presence of HBsAg cannot be confirmed via neutralization. The repeatedly reactive result obtained with the HBsAg Qualitative assay may be the result of a nonspecific reaction (false reactive). As the presence of nonspecific binding may obscure low levels of HBsAg in the specimen due to early infection or early recovery, it is recommended that the patient be evaluated for other serologic markers of HBV infection (i.e., total anti-HBc or IgM antiHBc) and that the patient be retested for HBsAg in 4 to 6 weeks. |

Continued Next Page>
**Additional Information:**
For more information, see the CDC link at: [http://www.cdc.gov/hepatitis/index.htm](http://www.cdc.gov/hepatitis/index.htm)

**Purpose of Test:**
The HBsAg Qualitative confirmation assay is for the qualitative confirmation of the presence of hepatitis B surface antigen (HBsAg) in human serum or plasma by specific antibody neutralization. Assay results, in conjunction with other laboratory results and clinical information, may be used to provide presumptive evidence of infection with the hepatitis B virus (HBV) (state of infection or associated disease not determined) in persons with signs and symptoms of hepatitis and in persons at risk for hepatitis B infection. It is not intended for use in screening blood, plasma, or tissue donors.

**Method:**
Chemiluminescent microparticle immunoassay (CMIA)

**Interfering Substances:**
May not detect a recent infection, or infection in a person with severely compromised immune system.

**Testing Site:**
DHMH Laboratories Administration, Central Laboratory
1770 Ashland Avenue, Baltimore, Maryland  21205

**Comment:**
**Limitations:** The effectiveness of HBsAg Qualitative Confirmatory assay for use in screening blood, plasma, or tissue donors has not been established. Assay performance characteristics have not been established when HBsAg Qualitative Confirmatory assay is used in conjunction with other manufacturers’ assays for specific HBV serological markers. If HBsAg Qualitative Confirmatory results are inconsistent with clinical evidence, additional testing is suggested to confirm the result. For diagnostic purposes, results should be used in conjunction with patient history and other hepatitis markers for diagnosis of acute and Chronic infection. Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with *in vitro* immunoassays. Patients routinely exposed to animals or to animal serum products can be prone to this interference and anomalous results may be observed. Additional information may be required for diagnosis. Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may contain human anti-mouse antibodies (HAMA). Specimens containing HAMA may produce anomalous values when tested with assay kits such as HBsAg Qualitative Confirmatory that employ mouse monoclonal antibodies. Although there is an association between the presence of HBsAg infectivity and a reactive result, it is recognized that presently available methods for HBsAg confirmation may not detect all possible cases of HBV infection.

## TEST:
**Hepatitis C Antibody**  *(Hepatitis C Screen)*

**Synonym:**
HCV Ab; anti-HCV; Hepatitis C Screen

**Laboratory/Phone:**
Vaccine Preventable Disease/443-681-3889

**Turnaround Time:**
2-5 business days

**Specimen Required:**
Serum; plasma

**Specimen identification:**
Label container with patient’s last name, first name, DOB, specimen type, date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.

**Specimen Volume (Optimum):**
5 ml. (Whole blood) or 4 ml. (Serum or Plasma)

**Specimen Volume (Minimum):**
3 ml. (Whole blood) or 2 ml. (Serum or Plasma)

**Collect:**
Red-top vacutainer (Serum) or Lavender-top vacutainer (Plasma)

**Form:**
DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)

**Indicate specimen type using the “Specimen Code” on form next to Hepatitis C Screen.**

**Packaging and Shipping*:**
Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).

*Refer to current Federal regulations for specific shipping requirements.

**Transport Conditions:**
Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).

*Continued Next Page*
### Specimen Rejection Criteria:
Discrepancy between name on tube and name on form, unlabeled; hemolytic; gross bacterial contamination. Specimens collected > 7 days prior to submission.

### Availability:
Monday through Friday.

### Results and Interpretation:
- **Negative:** Antibodies to HCV not detected; does not exclude the possibility of exposure to HCV.
- **Equivocal/Grayzone:** Antibodies to HCV may or may not be present; another specimen should be obtained from the individual for further testing or follow CDC recommendations for supplemental testing.
- **Positive:** Presumptive evidence of antibodies to HCV; follow CDC recommendations for supplemental testing.

### Purpose of Test:
Anti-HCV assay is for the qualitative detection of antibody to Hepatitis C Virus in human serum or plasma. Assay results, in conjunction with other laboratory results and clinical information, may be used to provide presumptive evidence of infection with HCV (state of infection or associated disease not determined) in persons with signs and symptoms of hepatitis and in persons at risk for hepatitis C infection. It is not intended for use in screening blood, plasma, or tissue donors.

### Method:
Chemiluminescent microparticle immunoassay (CMIA)

### Interfering Substances:
Test results in an immune compromised patients should be interpreted with caution.

### Testing Site:
DHMH Laboratories Administration, Central Laboratory
1770 Ashland Avenue, Baltimore, Maryland 21205

### Comment:
**LIMITATIONS:** For diagnostic purposes, results should be used in conjunction with patient history and other hepatitis markers for diagnosis of acute and chronic infection. Current methods for the detection of antibodies to HCV may not detect all infected individuals. A nonreactive test result does not exclude the possibility of exposure to HCV. Nonreactive test results in individuals with prior exposure to HCV may be due to antibody levels being below the detection limit of this assay or to lack of antibody reactivity to the recombinant antigens used in this assay. Immunocompromised patients who have HCV may produce levels of antibody below the sensitivity of this assay and may not be detected as positive. The affinity or avidity differences of anti-human IgG/IgM for anti-HCV have not been determined with this assay. Therefore, there may not be a demonstration of a significant increase in antibody level between acute and convalescent specimens for a patient in the late acute stage of infection when IgM antibodies are decreasing. Results obtained with Anti-HCV assay may not be used interchangeably with values obtained with different manufacturers’ assay methods. Chemiluminescent microparticle immunoassay (CMIA) assay performance characteristics have not been established for newborns, infants, children, or populations of immunocompromised or immunosuppressed patients. Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to animals or to animal products can be prone to this interference and anomalous values may be observed. Additional information may be required for diagnosis. A reactive anti-HCV result does not exclude co-infection by another hepatitis virus. The magnitude of an Anti-HCV assay result cannot be correlated to an end point titer.

### TEST:
**Herpes Simplex Virus (HSV Types 1 & 2) Virus Culture**
- **Synonym:** Herpes Simplex Virus (HSV Types 1 & 2): Refer to instructions for Virus Culture.
- **Laboratory/Phone:** Virology: 443-681-3934

### TEST:
**Herpes Simplex Virus Serology**
- **Synonym:** Herpes simplex virus (HSV) type 1 & 2 IgG serology
- **Laboratory/Phone:** 443-681-3938/3931
- **Turnaround Time:** 5 business days
- **Specimen Required:** Serum
- **Specimen identification:** The specimen/sample must be properly labeled and include patient’s name or unique patient/sample identifier matching the test requisition or electronic test order.
- **Specimen Volume (Optimum):** 2 ml. (Whole Blood)
- **Specimen Volume (Minimum):** 1 ml. (Whole Blood)
- **Collect:** Red-top vacutainer

[Continued Next Page>](#)
## TEST: HIV-1 p24 Antigen and HIV-1/HIV-2 Antibody Combination Assay

**Form:** DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)

**Indicate specimen type using the “Specimen Code” on form.**

**Packaging and Shipping**: Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).

*Refer to current Federal regulations for specific shipping requirements.

**Transport Conditions**: Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).

**Specimen Rejection Criteria**: Hemolysis; insufficient volume, specimen collected > 5 days prior to arrival without being frozen

**Availability**: Monday through Friday

**Results and Interpretation**:  
- **Non-reactive** = HIV-1 p24 antigen and HIV-1/ HIV-2 antibodies not detected  
- **Reactive** = Presumptive evidence of HIV-1 p24 antigen and/or HIV-1/ HIV-2 antibodies; perform confirmatory/ supplemental assays

**Reference Range**: Signal to cutoff (S/CO) values > 1.00 are presumptive reactive for HIV-1 p24 antigen or HIV-1/ HIV-2 antibodies.

**Additional Information**: Confirmatory assays may be performed to confirm presence of HIV antibody or HIV-1 RNA; Supplemental assay may be performed to differentiate HIV-1 and HIV-2 infections.

**Purpose of Test**: Aid in the diagnosis of HIV-1 / HIV-2 infection including primary or acute HIV-1 infection.

**Method**: Chemiluminescence microparticle immunoassay (CMIA)

**Interfering Substances**: Fibrin, red blood cells, or other particulate matter.
Testing Site: DHMH Laboratories Administration, Central Laboratory
1770 Ashland Avenue, Baltimore, Maryland 21205

Comment: Store at room temperature no more than 3 days, or 7 days if stored 2-8°C following specimen collection.

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**TEST:** Infectious Mononucleosis (IM Serology)

| Synonym: | Heterophile Antibody Assay |
| Laboratory/Phone: | 443-681-3938/3931 |
| Turnaround Time: | 5 business days |
| Specimen Required: | Serum |
| Specimen identification: | The specimen/sample must be properly labeled and include patient’s name or unique patient/sample identifier matching the test requisition or electronic test order |
| Specimen Volume (Optimum): | 2 ml. (Whole Blood) |
| Specimen Volume (Minimum): | 1 ml. (Whole Blood) |
| Collect: | Red-top vacutainer |
| Form: | DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777) |
| Packaging and Shipping*: | Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance). *Refer to current Federal regulations for specific shipping requirements. |
| Transport Conditions: | Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen). |
| Specimen Rejection Criteria: | Hemolysis; insufficient volume, specimen collected > 5 days prior to arrival without being frozen |
| Availability: | Monday through Friday |
| Results and Interpretation: | POSITIVE—Infectious Mono heterophile antibody detected NEGATIVE—Infectious Mono heterophile antibody not detected |
| Additional Information: | Further EBV testing can aid in the clinical diagnosis |
| Purpose of Test: | Detect antibody in patients with infectious mononucleosis |
| Method: | Slide agglutination |
| Interfering Substances: | Specimens showing gross hemolysis, lipemia, turbidity, or contamination can cause false positive reactions and therefore should not be used. |
| Testing Site: | DHMH Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, Maryland 21205 |
| Comment: | Serologic results should not be used as a sole means for diagnosis, treatment, or for the assessment of a patient’s health. Clinical correlation is required. |

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**TEST:** Influenza Virus (Types A & B) Viral Culture

| Synonym: | Influenza Virus (Types A & B): Refer to instructions for Virus Culture. |
| Laboratory/Phone: | Virology: 443-681-3934 |

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**TEST:** Japanese Encephalitis (CDC Referral)

| Synonym: | Arthropod-borne virus: Japanese Encephalitis (JE) |
| Laboratory/Phone: | Virology: 443-681-3937 |
| Turnaround Time: | 3 weeks (CDC Referral) |
| Specimen Required: | Serum (blood) |
| Specimen identification: | Label container with patient’s last name, first name, DOB, specimen type, date and time of collection. |
| Specimen Volume (Optimum): | 2 ml serum |
| Specimen Volume (Minimum): | 1 ml serum |

Continued Next Page>
Collect: Red-top vacutainer tube, transfer serum to sterile tube

Form: DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)
Indicate specimen type using the "Specimen Code" on form.
Write "S" for serum in the "Other Tests Request" and indicate Japanese Encephalitis.
For testing to be initiated, the following information MUST be provided: date of onset, date specimen collected, travel history, and flavivirus vaccination history. Also please provide: patient’s date of birth, diagnosis, symptoms, fatality, and whether patient is immunocompromised.

Packaging and Shipping*: Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).
*Refer to current Federal regulations for specific shipping requirements.

Transport Conditions: Store refrigerated and ship on cold packs in a cooler. If shipping is delayed beyond 48 hours, specimen can be frozen at -20°C and shipped on dry ice.

Specimen Rejection Criteria: Grossly hemolyzed specimen, unlabeled specimen, leaking container, mismatch between labeling of specimen and test request form/electronic test order, and does not meet epidemiological criteria required for testing (e.g. travel history, etc.)

Availability: Specimens shipped to the CDC Monday-Wednesday.

Results and Interpretation: Serum that tests positive for IgM and negative for IgG is consistent with acute Japanese Encephalitis infection. A positive Japanese Encephalitis EIA is confirmed by PRNT (plaque reduction neutralization). A positive IgG antibody and a negative IgM antibody are consistent with infection in the distant past and are not consistent with acute infection.

Additional Information: The term “Arbovirus” has no taxonomic significance, but is a shortened name give to viruses that are transmitted by blood feeding arthropods (mosquitoes, ticks, etc). Arboviruses that cause human encephalitis are members of three virus families: The Togaviridae (genus Alphavirus), Flaviviridae, and Bunyaviridae. For more information, see the CDC link at: https://www.cdc.gov/ncezid/dvbd/
Patients with travel history supporting suspicion of other arboviruses will be sent to the CDC for testing.

Purpose of Test: For the presumptive detection of antibodies to Japanese Encephalitis Virus. Confirmatory testing by PRNT may be required.

Method: EIA (Screening) & PRNT (Plaque Reduction Neutralization Test) referral to the Centers for Disease Control and Prevention (CDC).

Interfering Substances:

Processing Site for CDC referral: DHMH Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, Maryland 21205

Comment: Other Arboviral testing not available at the state lab will be forwarded to the CDC based on patient’s travel history and onset date.

TEST: Legionella Antigen Detection

Synonym: Legionella Urinary Antigen
Laboratory/Phone: 443-681-3938/3931
Turnaround Time: 5 business days

Specimen Required: urine

Specimen identification: The specimen/sample must be properly labeled and include patient’s name or unique patient/sample identifier matching the test requisition or electronic test order.

Specimen Volume (Optimum): 5 ml urine, first void preferred
Specimen Volume (Minimum): 0.5 ml urine

Collect: Sterile container

Form: DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)
Indicate specimen type using the "Specimen Code" on form.

Packaging and Shipping*: Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).
*Refer to current Federal regulations for specific shipping requirements.

Transport Conditions: Leak proof containers shipped at 2-8°C (refrigerated)

Specimen Rejection Criteria: Insufficient specimen volume; bloody specimen

Availability: Monday through Friday

Continued Next Page>
Results and Interpretation: **POSITIVE**—Presumptive evidence of L. pneumophila serogroup 1 antigen in urine, suggesting current or past infection. **NEGATIVE**—No evidence of L. pneumophila serogroup 1 antigen in urine suggesting no recent or current infection. Legionnaires’ disease cannot be ruled out since other serogroups and species may also cause disease.

Additional Information: Only detects L. pneumophila serogroup 1. All other serogroups and other Legionella species must be detected by culture. Refer to CDC website: [http://www.cdc.gov/legionella/index.html](http://www.cdc.gov/legionella/index.html)

Purpose of Test: Detect presence of L. pneumophila serogroup 1 antigen in urine.

Method: EIA

Interfering Substances: Specimens may produce a false positive result from patients with bacteremia (Streptococcus pneumonia) pulmonary conditions and urinary tract infection (Escherichia coli, Enterobacter cloacae).

Testing Site: DHMH Laboratories Administration, Central Laboratory
1770 Ashland Avenue, Baltimore, Maryland 21205

Comment: Some individuals have been shown to excrete antigen for an extended period of time, so a positive ELISA reaction may reflect a recent but not active infection. Early treatment with appropriate antibiotics may also decrease antigen excretion in some individuals. Serologic results should not be used as a sole means for diagnosis, treatment, or for the assessment of a patient’s health. Clinical correlation is required.

### TEST: Legionella Culture

<table>
<thead>
<tr>
<th>Synonym:</th>
<th>Legionella pneumophila culture isolation/identification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory/Phone:</td>
<td>443-681-3938/3931</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>10-14 days from receipt in the laboratory</td>
</tr>
<tr>
<td>Specimen Required:</td>
<td>Sputum, lung tissue, other body tissue, pleural fluid, transtracheal aspiration, lung exudate, lung biopsy/autopsy, lung abscess material.</td>
</tr>
<tr>
<td>Specimen identification:</td>
<td>The specimen/sample must be properly labeled and include patient’s name or unique patient/sample identifier matching the test requisition or electronic test order.</td>
</tr>
<tr>
<td>Specimen Volume (Optimum):</td>
<td>1 ml sputum; trans tracheal aspirate, biopsy; 1 gram lung tissue; 1 ml lung exudate; 1 cc lung biopsy; 50 ml bronchoalveolar lavage (BAL); 1 ml lung abscess material; 7 ml blood in an isolator tube; collect in sterile container.</td>
</tr>
<tr>
<td>Specimen Volume (Minimum):</td>
<td>Half of the optimum amount</td>
</tr>
<tr>
<td>Collect:</td>
<td>Specimen in sterile screw capped container. Prevent specimen from drying. DO NOT USE SALINE IN SPECIMEN COLLECTION. BAL specimens containing saline are acceptable.</td>
</tr>
<tr>
<td>Form:</td>
<td>DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777) Indicate specimen type using the “Specimen Code” on form.</td>
</tr>
<tr>
<td>Packaging and Shipping*:</td>
<td>Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 &amp; 10 for triple packing guidance). *Refer to current Federal regulations for specific shipping requirements.</td>
</tr>
<tr>
<td>Transport Conditions:</td>
<td>Refrigerate and ship within 48 hours; if delayed, freeze for a maximum of a week at -20°C and transport frozen. Transport Isolator at 2-8°C. Place each specimen in a separate, individually sealed bag.</td>
</tr>
<tr>
<td>Specimen Rejection Criteria:</td>
<td>Specimen received after prolonged delay (more than 48 hours after collection), Swab specimen, improper labeling; specimen received in grossly leaking transport container; urine, stool, wounds or other culture material from non-respiratory sites.</td>
</tr>
<tr>
<td>Availability:</td>
<td>Monday through Friday.</td>
</tr>
<tr>
<td>Results and Interpretation:</td>
<td>Presence of Legionella pneumophila or Legionella spp. Legionella not isolated</td>
</tr>
<tr>
<td>Reference Range:</td>
<td>Culture negative for Legionella species.</td>
</tr>
<tr>
<td>Purpose of Test:</td>
<td>Isolation and identification of Legionella species.</td>
</tr>
<tr>
<td>Method:</td>
<td>Culture, staining, biochemical testing.</td>
</tr>
<tr>
<td>Interfering Substances/Limitations:</td>
<td>Avoid contamination with normal respiratory flora.</td>
</tr>
<tr>
<td>Testing Site:</td>
<td>DHMH Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, Maryland 21205</td>
</tr>
<tr>
<td>Comment:</td>
<td></td>
</tr>
<tr>
<td>TEST:</td>
<td>Legionella Serology</td>
</tr>
<tr>
<td>-------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Synonym:</td>
<td>Legionella pneumophila serogroup 1-6 assay</td>
</tr>
<tr>
<td>Laboratory/Phone:</td>
<td>443-681-3938/3931</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>5 business days</td>
</tr>
<tr>
<td>Specimen Required:</td>
<td>Serum</td>
</tr>
<tr>
<td>Specimen identification:</td>
<td>Specimen identification: The specimen/sample must be properly labeled and include patient’s name or unique patient/sample identifier matching the test requisition or electronic test order.</td>
</tr>
<tr>
<td>Specimen Volume (Optimum):</td>
<td>2 ml. (Whole Blood)</td>
</tr>
<tr>
<td>Specimen Volume (Minimum):</td>
<td>1 ml. (Whole Blood)</td>
</tr>
<tr>
<td>Collect:</td>
<td>Red-top vacutainer</td>
</tr>
<tr>
<td>Form:</td>
<td>DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)</td>
</tr>
<tr>
<td>Packaging and Shipping*:</td>
<td>Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 &amp; 10 for triple packing guidance).</td>
</tr>
<tr>
<td>Transport Conditions:</td>
<td>Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).</td>
</tr>
<tr>
<td>Specimen Rejection Criteria:</td>
<td>Hemolysis; insufficient volume, specimen collected &gt; 7 days prior to arrival without being frozen</td>
</tr>
<tr>
<td>Availability:</td>
<td>Monday through Friday</td>
</tr>
<tr>
<td>Results and Interpretation:</td>
<td>POSITIVE—Four-fold rise in titer between acute and convalescent specimens indicates a recent infection</td>
</tr>
<tr>
<td>Purpose of Test:</td>
<td>Detect antibody to Legionella pneumophila serogroup 1-6</td>
</tr>
<tr>
<td>Interfering Substances:</td>
<td>Icteric, hemolyzed, lipemic</td>
</tr>
<tr>
<td>Testing Site:</td>
<td>DHMH Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, Maryland 21205</td>
</tr>
<tr>
<td>Comment:</td>
<td>Acute phase sera should be collected within the first week after onset of illness, and convalescent phase sera, 3-9 weeks after onset. Serologic results should not be used as a sole means for diagnosis, treatment, or for the assessment of a patient’s health. Clinical correlation is required.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TEST:</th>
<th>Leishmaniasis Serology (CDC Referral)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synonym:</td>
<td>Leishmania Kala azar, Leishmania donovoni, Leishmania major</td>
</tr>
<tr>
<td>Laboratory/Phone:</td>
<td>443-681-3938/3931</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>18 business days (CDC Referral)</td>
</tr>
<tr>
<td>Specimen Required:</td>
<td>Serum, plasma</td>
</tr>
<tr>
<td>Specimen identification:</td>
<td>The specimen/sample must be properly labeled and include patient’s name or unique patient/sample identifier matching the test requisition or electronic test order.</td>
</tr>
<tr>
<td>Specimen Volume (Optimum):</td>
<td>2 ml. (Whole Blood)</td>
</tr>
<tr>
<td>Specimen Volume (Minimum):</td>
<td>0.5 ml. (Whole Blood)</td>
</tr>
<tr>
<td>Collect:</td>
<td>Red-top vacutainer (Serum) or Lavender-top vacutainer (Plasma)</td>
</tr>
<tr>
<td>Form:</td>
<td>DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)</td>
</tr>
<tr>
<td>Packaging and Shipping*:</td>
<td>Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 &amp; 10 for triple packing guidance).</td>
</tr>
</tbody>
</table>

*Refer to current Federal regulations for specific shipping requirements.
**Transport Conditions:** Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).

**Specimen Rejection Criteria:** Hemolysis; insufficient volume

**Availability:** Monday through Friday

**Results and Interpretation:** Given on CDC report

**Additional Information:** [http://www.cdc.gov/parasites/leishmaniasis/index.html](http://www.cdc.gov/parasites/leishmaniasis/index.html)

**Purpose of Test:** Detect antibodies which may be due to Leishmania parasite infections.

**Methods:** Antibody detection

**Interfering Substances:** Icteric, hemolyzed, lipemic specimen

**Processing Site for CDC referral:** DHMH Laboratories Administration, Central Laboratory
1770 Ashland Avenue, Baltimore, MD 21205

**Comment:** Contact the MD DHMH Epidemiologist at (410)767-6700 for prior approval of specimen submission. Required supplemental information: Exposure and travel history, include other relevant risk factors; clinical symptoms, treatment and relevant lab results.

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**TEST:** *Leptospira culture*

<table>
<thead>
<tr>
<th>Synonym:</th>
<th>Leptospira culture isolation and identification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory/Phone:</td>
<td>443-681-3938/3931</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>Usually within 4-6 weeks from receipt in the lab.</td>
</tr>
<tr>
<td>Specimen Required:</td>
<td>Urine, heparinized whole blood, CSF depending on stage of illness</td>
</tr>
<tr>
<td>Specimen identification:</td>
<td>The specimen/sample must be properly labeled and include patient’s name or unique patient/sample identifier matching the test requisition or electronic test order.</td>
</tr>
<tr>
<td>Specimen Volume (Optimum):</td>
<td>0.1ml urine; 5 ml heparinized whole blood; 1 ml CSF. Collection in Leptosira transport media</td>
</tr>
<tr>
<td>Specimen Volume (Minimum):</td>
<td>Half of the optimum amount</td>
</tr>
<tr>
<td>Collect:</td>
<td>Blood (Heparin), CSF and Urine in first week of Leptospira infection. Submit urine, after 7 days of illness. Specimen should be submitted in transport media as per instruction provided. Transport media can be requested from DHMH lab by calling 443-681-3777.</td>
</tr>
<tr>
<td>Form:</td>
<td>DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777) Indicate specimen type using the “Specimen Code” on form.</td>
</tr>
<tr>
<td>Packaging and Shipping*:</td>
<td>Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 &amp; 10 for triple packing guidance).</td>
</tr>
<tr>
<td>*Refer to current Federal regulations for specific shipping requirements.</td>
<td></td>
</tr>
<tr>
<td>Transport Conditions:</td>
<td>Transport specimen at room temperature and protect from exposure to light. Do not refrigerate or freeze specimen.</td>
</tr>
<tr>
<td>Specimen Rejection Criteria:</td>
<td>Specimen not collected in transport media, non-sterile or leaking container, cold or frozen specimen. Urine held for more than 2 hours from collection or in preservative.</td>
</tr>
<tr>
<td>Availability:</td>
<td>Monday through Friday.</td>
</tr>
<tr>
<td>Results and Interpretation:</td>
<td>Presence of spirochete by darkfield microscopy may indicate positive results. Further confirmation test for Identification of Leptospira is required.</td>
</tr>
<tr>
<td>Additional Information:</td>
<td><a href="http://www.cdc.gov/leptospirosis/">http://www.cdc.gov/leptospirosis/</a></td>
</tr>
<tr>
<td>Purpose of Test:</td>
<td>Isolation and identification of Leptospira species.</td>
</tr>
<tr>
<td>Method:</td>
<td>Culture, darkfield microscopy</td>
</tr>
<tr>
<td>Interfering Substances/Limitations:</td>
<td></td>
</tr>
<tr>
<td>Testing Site:</td>
<td>DHMH Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, Maryland 21205</td>
</tr>
<tr>
<td>Comment:</td>
<td></td>
</tr>
</tbody>
</table>
### Specimen identification:
The specimen/sample must be properly labeled and include patient’s name or unique patient/sample identifier matching the test requisition or electronic test order.

### Specimen Volume (Optimum):
- 2 ml. (Whole Blood)

### Specimen Volume (Minimum):
- 1 ml. (Whole Blood)

### Collect:
- Red-top vacutainer (Serum) or Lavender-top vacutainer (Plasma)

### Form:
- DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)  
  Indicate specimen type using the "Specimen Code" on form.

### Packaging and Shipping*:
Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).  
  *Refer to current Federal regulations for specific shipping requirements.

### Transport Conditions:
Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).

### Specimen Rejection Criteria:
- Hemolysis; insufficient volume, specimen collected > 7 days prior to arrival without being frozen.

### Availability:
Monday through Friday

### Results and Interpretation:
- **Reactive:** Indicates presence of IgM antibodies. Antibody presence alone cannot be used for diagnosis as antibodies from prior exposure may circulate for a prolonged period of time.  
- **Non-reactive:** IgM antibody is not present in the sample or is below the detection level.  
- **Borderline:** A second specimen should be collected in 14 days.

### Additional Information:
Titers generally fall below detectable levels within 9 months to 1 year.

### Purpose of Test:
Detect antibodies to Leptospira species

### Method:
ImmuNoDOT

### Interfering Substances:
Icteric, hemolyzed, lipemic or heat inactivation of specimen

### Testing Site:
DHMH Laboratories Administration, Central Laboratory  
1770 Ashland Avenue, Baltimore, Maryland 21205

### Comment:
Antibody titers to leptospirosis may be delayed or substantially decreased by early and intensive antibiotic treatment. Serologic results should not be used as the sole means for diagnosis, treatment, or for the assessment of a patient’s health. Clinical correlation is required.

### TEST: Listeria monocytogenes (ABCs (previously BIDS))

#### Synonym:
Active Bacterial Core Surveillance (ABCs) (Bacterial Invasive Disease Surveillance)  
*Listeria monocytogenes* is handled as an ABCs isolate and evaluated by the National Antimicrobial Resistance Monitoring Systems (NARMS) Program. Refer to instructions for ABCs (previously BIDS).

#### Laboratory/Phone:
Microbiology 443-681-3952

### TEST: Lyme Serology

#### Synonym:
*Borrelia burgdorferi*  
Refer to instructions for *Borrelia burgdorferi* serology.

#### Laboratory/Phone:
443-681-3938/3931

### TEST: Lymphogranuloma venereum (LGV)

#### Synonym:

#### Laboratory/Phone:
Virology: 443-681-3937

#### Turnaround Time:
*Chlamydia trachomatis* culture within 10 business days; CDC LGV Send-out 2-6 months

#### Specimen Required:
Swab: Endocervix, urethra, conjunctiva, nasopharynx, throat, rectum, vagina. For other sources, call laboratory to discuss optimum specimen.  
Place swab in ChlamTrans™ transport tube.

#### Specimen identification:
Label specimen with a minimum of the full name exactly matching slip, date of collection, source of specimen

#### Specimen Volume (Optimum):
2ml of media already in transport tube

Continued Next Page>
Specimen Volume (Minimum): 2ml of media already in transport tube

Collect: Swab placed in ChlamTrans™ Transport media, or other commercial media stating it is appropriate for Chlamydia

Form: DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777) Request Chlamydia trachomatis and in the Other Tests for Infectious Agents box, write in LGV.

Indicate specimen type next to test requested using the “Specimen Code” on form.

Packaging and Shipping*: Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).

*Refer to current Federal regulations for specific shipping requirements.

Transport Conditions: Transport at 2-8°C Must reach the lab within 2 days of collection.

Specimen Rejection Criteria: Too old, No patient ID on specimen, leaked, quantity not sufficient, no swab, expired transport, out of temp. range, no specimen received, broken, improper swab or collection kit, improper collection site, thick mucus, gross contamination, illegible ID, missing or incomplete lab slip (no site, date, gender, patient info., submitter info.), mismatched patient ID.

Availability: Monday-Friday

Results and Interpretation: Chlamydia trachomatis Isolated in cell culture.

Chlamydia trachomatis not Isolated in cell culture.

Chlamydia trachomatis toxic in cell culture. Resubmit.

Additional Information: Cell culture will be performed at the MD State Laboratory and if Chlamydia is isolated, the specimen remnant will be forwarded to CDC for LGV testing. Negative cultures are not sent to CDC.

Purpose of Test: Diagnostic, qualitative detection of Chlamydia followed up with LGV testing at CDC if positive.

Method: Cell culture followed by Nucleic Acid Amplification/ompA gene sequencing for LGV

Interfering Substances/Limitations: A negative result does not exclude the possibility of infection. Interpret results in conjunction with other information.

Do not use ChlamTrans if leakage, evaporation, contamination or pH changes are apparent.

Store ChlamTrans refrigerated.

Do not freeze unless <-50°C. If frozen, must transport on dry ice.

Testing Site: Cell culture:

DHMH Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, Maryland 21205

LGV: CDC

Comment:

TEST: Malta Fever

Synonym: Bang's Disease; Undulant fever; Malta Fever; Rock of Gibraltar Fever: Refer to instructions for Brucella serology or Brucella species, culture.

Laboratory/Phone: Office of Laboratory Emergency Preparedness and Response: 410-925-3121 (24/7 emergency contact number)

Select Agents Microbiology Laboratory: 443-681-3954

Division of Microbiology Laboratory: 443-681-3952

TEST: Malaria serology (CDC Referral)

Synonym: Plasmodium falciparum, Plasmodium vivax, Plasmodium malariae, parasite

Laboratory/Phone: 443-681-3938/3931

Turnaround Time: 18 business days (CDC Referral)

Specimen Required: Serum, plasma

Specimen identification: The specimen/sample must be properly labeled and include patient’s name or unique patient/sample identifier matching the test requisition or electronic test order.

Specimen Volume (Optimum): 2 ml. (Whole Blood)

Specimen Volume (Minimum): 0.5 ml. (Whole Blood)
<table>
<thead>
<tr>
<th>Collect:</th>
<th>Red-top vacutainer (Serum) or Lavender-top vacutainer (Plasma)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form:</td>
<td>DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)</td>
</tr>
<tr>
<td></td>
<td>Indicate specimen type using the “Specimen Code” on form.</td>
</tr>
<tr>
<td>Packaging and Shipping*:</td>
<td>Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 &amp; 10 for triple packing guidance).</td>
</tr>
<tr>
<td></td>
<td>*Refer to current Federal regulations for specific shipping requirements.</td>
</tr>
<tr>
<td>Transport Conditions:</td>
<td>Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).</td>
</tr>
<tr>
<td>Specimen Rejection Criteria:</td>
<td>Hemolysis; insufficient volume</td>
</tr>
<tr>
<td>Availability:</td>
<td>Monday through Friday</td>
</tr>
<tr>
<td>Results and Interpretation:</td>
<td>Given on CDC report</td>
</tr>
<tr>
<td>Purpose of Test:</td>
<td>Detect antibodies which may be due to Plasmodium infections.</td>
</tr>
<tr>
<td>Methods:</td>
<td>IFA, Antibody Detection</td>
</tr>
<tr>
<td>Interfering Substances:</td>
<td>Icteric, hemolyzed, lipemic specimen</td>
</tr>
<tr>
<td>Processing Site for CDC referral:</td>
<td>DHMH Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, MD 21205</td>
</tr>
<tr>
<td>Comment:</td>
<td>Contact the MD DHMH Epidemiologist at (410)767-6700 for prior approval of specimen submission. Required supplemental information: Exposure and travel history, include other relevant risk factors; clinical symptoms, treatment and relevant lab results.</td>
</tr>
</tbody>
</table>

**TEST:** Measles Virus Culture

| Synonym: | Measles Virus culture: Refer to instructions for Virus Culture. |
| Laboratory/Phone: | Virology: 443-681-3934 |

**TEST:** Measles IgG Antibody—Measles Immunity Screen

| Synonym: | Anti Rubeola IgG; Measles IgG antibody; Rubeola / Measles immunity test |
| Laboratory/Phone: | Vaccine Preventable Disease/443-681-3889 |
| Turnaround Time: | 2-5 business days |
| Specimen Required: | Serum |
| Specimen identification: | Label container with patient’s last name, first name, DOB, specimen type, date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order. |
| Specimen Volume (Optimum): | 5 ml. (Whole blood) or 4 ml. (Serum) |
| Specimen Volume (Minimum): | 3 ml. (Whole blood) or 2 ml. (Serum) |
| Collect: | Red-top vacutainer |
| Form: | DHMH Form # 4677 Serological Testing (Order Forms: 443-681-3777) |
|          | Indicate specimen type using the “Specimen Code” on form next to Rubeola (Measles) Immunity Screen. |
| Packaging and Shipping*: | Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance). |
|          | *Refer to current Federal regulations for specific shipping requirements. |
| Transport Conditions: | Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen). |
| Specimen Rejection: | Discrepancy between name on tube and name on form, unlabeled specimen; hemolytic; lipemic; gross bacterial contamination. Specimens collected > 7 days prior to submission. |
| Availability: | Service available only to state and local health departments Monday to Friday. |

Continued Next Page>
Results and Interpretation:

**Negative:** Indicates no detectable IgG antibody to Measles virus. A negative result indicates no current or previous infection with Measles virus. Such individuals are presumed to be susceptible to primary infection. However, specimen taken too early during a primary infection may not have detectable levels of IgG antibody. If primary infection is suspected, another specimen (convalescent) should be taken in 8-14 days and tested concurrently in the same assay with the original (acute) specimen to look for seroconversion. If acute specimen is negative and convalescent specimen is positive, seroconversion has taken place and a primary Measles virus infection is indicated.

**Equivocal:** Equivocal results are indeterminate. Patient may or may not have immunity to Measles Virus. This result is not acceptable proof of immunity.

**Positive:** Indicates evidence of Measles IgG antibodies. This suggests past or current infection with Measles virus, via acquired immunity or immunization and probable protection from clinical infection. (Immunity).

Additional Information:

For more information, see the CDC link at: http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/meas.pdf

Purpose of Test:

For detection of IgG antibodies to Measles virus. The test can be used to evaluate single sera for immune status.

Method:

ELISA

Interfering Substances:

Test results in an immune compromised patients should be interpreted with caution.

Testing Site:

DHMH Laboratories Administration, Central Laboratory

1770 Ashland Avenue, Baltimore, Maryland 21205

Comment:

**LIMITATIONS:** A diagnosis should not be made on the basis of anti-Measles results alone. Test results should be interpreted in conjunction with the clinical evaluation and the results of other diagnostic procedures. The antibody titer of a single serum specimen cannot be used to determine a recent infection. Paired samples (acute and convalescent) should be collected and tested concurrently to demonstrate seroconversion. Samples collected too early in the course of an infection may not have detectable levels of IgG. In such cases, a second sample may be collected after 2-7 weeks and tested concurrently with the Original sample to look for seroconversion. A positive Measles IgG test in neonates should be interpreted with caution since passively acquired maternal antibody can persist for up to 6 months.

**TEST:** Measles IgM EIA

**Synonym:** Anti-Measles IgM; Rubeola/Measles IgM antibody.

**Laboratory/Phone:** Vaccine Preventable Disease/443-681-3889

**Turnaround Time:** 2-5 business days

**Specimen Required:** Serum

**Specimen identification:** Label container with patient’s last name, first name, DOB, specimen type, date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.

**Specimen Volume (Optimum):** 5 ml. (Whole blood) or 4 ml. (Serum)

**Specimen Volume (Minimum):** 3 ml. (Whole blood) or 2 ml. (Serum)

**Collect:** Red-top vacutainer

**Form:** DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)

Indicate specimen type using the “Specimen Code” on form. Prior approval by DHMH Epidemiology (410-767-6628) required.

**Packaging and Shipping*:** Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).

*Refer to current Federal regulations for specific shipping requirements.

**Transport Conditions:** Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).

**Specimen Rejection:** Discrepancy between name on tube and name on form; unlabeled specimen; hemolytic; lexicem; gross bacterial contamination.

**Availability:** Monday to Friday. Test available only to DHMH epidemiologists for outbreak investigations. Prior approval by DHMH Epidemiology (410-767-6628) required.
Results and Interpretation:

**Negative:** No detectable Measles IgM antibodies. A negative result indicates no current infection with Measles virus. However, specimens taken too early during a primary infection may not have detectable levels of IgM antibody. If a primary infection is suspected, another specimen should be taken within 7 days and tested concurrently in the same assay with the original specimen to look for seroconversion.

**Equivocal:** Equivocal specimens are indeterminate. Another specimen should be collected after 7 days and retested.

**Positive:** Indicates evidence of Measles IgM antibodies. This suggests primary or reactivated infection with Measles virus.

Additional Information: For more information, see the CDC link at: [http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/meas.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/meas.pdf)

**Purpose of Test:** For detection of IgM antibodies to measles virus.

**Method:** ELISA

**Interfering Substances:** Test results from immune compromised patients should be interpreted with caution.

**Testing Site:** DHMH Laboratories Administration, Central Laboratory
1770 Ashland Avenue, Baltimore, Maryland 21205

**Comment:** LIMITATIONS: Results of the Measles IgM ELISA are not by themselves diagnostic and should be interpreted in light of the patient’s clinical condition and results of other diagnostic procedures. Measles virus specific IgG antibody may compete with IgM for binding sites and cause false negative results. Rheumatoid factor, if present along with specific IgG, will cause false positive results. The Serum Diluent plus contains an absorbent which will remove IgG from the test specimen, and significantly reduce the possibility of false positive or negative results. Heterotypic IgM antibody responses may occur in patients infected with Epstein-Barr virus, and sera from patients with infectious mononucleosis may have false positive results in the Measles IgM ELISA. Samples taken too early during the course of a primary infection may not have detectable levels of Measles specific IgM. A negative result does not rule out a primary infection with virus. The Measles IgM ELISA cannot distinguish the difference between vaccine-induced antibody and antibody resulting from a natural infection. False positive IgM results may be obtained from patients with autoimmune disease. The performance of the Measles IgM ELISA has not been validated using neonatal samples.

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**TEST:** Melioidosis (Burkholderia pseudomallei)

**Synonym:** *Burkholderia* (formerly *Pseudomonas*) *pseudomallei*; *B. pseudomallei*; Melioidosis: Refer to instructions for *Burkholderia mallei* and *Burkholderia pseudomallei*.

**Laboratory/Phone:** Office of Laboratory Emergency Preparedness and Response: 410-925-3121 (24/7 emergency contact number)
Select Agents Microbiology Laboratory: 443-681-3954
Division of Microbiology Laboratory: 443-681-3952

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**TEST:** Methicillin Resistant *Staph aureus* (MRSA) culture

**Synonym:** MRSA (rule out), Methicillin Resistant *Staph aureus* (MRSA) culture

**Laboratory/Phone:** Microbiology 443-681-3952

**Turnaround Time:** 2-3 days [from specimen receipt in the Laboratory]

**Specimen Required:** Nasal swab; nasopharyngeal swab, tissue

**Specimen Identification:** Specimen should be labeled with patient’s last and first name, patient’s address, DOB, specimen type/source, and the date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.

**Specimen Volume (Optimum):** One (1) swab

**Specimen Volume (Minimum):** N/A

**Collect:** Culturette tube with transport medium

**Form:** DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777)

*Indicate specimen type using the “Specimen Code” on form.*

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Continued Next Page>
Packaging and Shipping*: Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance). *Refer to current Federal regulations for specific shipping requirements.

Transport Conditions: Store and ship at room temperature, ship as quickly as possible.

Specimen Rejection Criteria: The following rejection criteria are designed to prevent the reporting of inaccurate results and to avoid misleading information that might lead to misdiagnosis and inappropriate therapy. A request for a new specimen will provide appropriate materials and clinically relevant information to support good patient care.
- Unlabeled or improperly labeled specimen
- Non-sterile or leaking container
- Inappropriate specimen transport conditions
- Illegible, or no submitter information on the request form
- Mismatched form and specimen
- Broken specimen/sample container
- The wrong specimen for test request
- Inappropriate outfit for requested test
- Illegible or no patient information on the specimen
- Expired transport media
- Specimen received after prolonged delay (usually more than 72 hours)

Availability: Monday through Friday

Results and Interpretation: MRSA isolated and identified

Reference Range: MRSA was not detected

Additional Information: N/A

Purpose of Test: Detect the presence of MRSA

Method: Broth amplification, plate culture, isolation and identification, Cefoxitin disc screen to identify methicillin resistance.

Interfering Substances: N/A

Testing Site: DHMH Laboratories Administration, Central Laboratory
1770 Ashland Avenue, Baltimore, Maryland 21205

Comment: N/A

TEST: MRSA (rule out)
Synonym: Methicillin Resistant Staph aureus (MRSA) culture: Refer to instructions for Methicillin Resistant Staph aureus (MRSA) culture.
Laboratory/Phone: Microbiology 443-681-3952

TEST: Mumps Virus Culture
Synonym: Mumps Virus culture: Refer to instructions for Virus Culture.
Laboratory/Phone: Virology: 443-681-3934
Specimens: 1 Buccal swab in VTM and urine collected in sterile container with a requisition for each specimen. Refer to instructions for Virus Culture.

TEST: Mumps Antibody IgG EIA (Mumps Immunity Screen)
Synonym: Anti-Mumps IgG; Mumps immunity test
Laboratory/Phone: Vaccine Preventable Disease/443-681-3889
Turnaround Time: 2-5 business days
Specimen Required: Serum
Specimen identification: Label container with patient’s last name, first name, DOB, specimen type, date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.
Specimen Volume (Optimum): 5 ml. (Whole blood) or 4 ml. (Serum)
Specimen Volume (Minimum): 3 ml. (Whole blood) or 2 ml. (Serum)
Collect: Red-top vacutainer

Continued Next Page>
Form: DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)  
*Indicate specimen type using the “Specimen Code” on form.*

Packaging and Shipping*: Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).  
*Refer to current Federal regulations for specific shipping requirements.*

Transport Conditions: Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).

Specimen Rejection: Discrepancy between name on tube and name on form; unlabeled specimen; hemolytic; lipemic; gross bacterial contamination. Specimens collected > 7 days prior to submission.

Availability: Service available only to state and local health departments Monday to Friday.

Results and Interpretation:  
**Negative:** Indicates no detectable IgG antibody to Mumps virus. A negative result indicates no current or previous infection with Mumps virus. Such individuals are presumed to be susceptible to primary infection. However, specimen taken too early during a primary infection may not have detectable levels of IgG antibody. If primary infection is suspected, another specimen (convalescent) should be taken in 8-14 days and tested concurrently in the same assay with the original (acute) specimen to look for seroconversion. If acute specimen is negative and convalescent specimen is positive, seroconversion has taken place and a primary Mumps virus infection is indicated.  
**Equivocal:** Equivocal results are indeterminate. Patient may or may not have immunity to Mumps Virus. It is not acceptable proof of immunity.  
**Positive:** Indicates evidence of Mumps IgG antibodies This suggests past or current infection with Mumps virus, via acquired immunity or vaccination and probable protection from clinical infection (Immunity).

Additional Information: For more information, see the CDC link at:  
https://www.cdc.gov/vaccines/pubs/pinkbook/chapters.html

Purpose of Test: For detection of IgG antibodies to Mumps virus, the test can be used to evaluate single sera for immune status.

Method: ELISA

Interfering Substances: Test results from an immune compromised patients should be interpreted with caution.

Testing Site: DHMH Laboratories Administration, Central Laboratory  
1770 Ashland Avenue, Baltimore, Maryland 21205

Comment:  
**LIMITATIONS:** A diagnosis should not be made on the basis of anti- Mumps results alone. Test results should be interpreted in conjunction with the clinical evaluation and the results of other diagnostic procedures. The antibody titer of a single serum specimen cannot be used to determine a recent infection. Paired samples (acute and convalescent) should be collected and tested concurrently to demonstrate seroconversion. Samples collected too early in the course of an infection may not have detectable levels of IgG. In such cases, a second sample may be collected after 2-7 weeks and tested concurrently with the Original sample to look for seroconversion. A positive Mumps IgG test in neonates should be interpreted with caution since passively acquired maternal antibody can persist for up to 6 months.

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**TEST:** Mumps IgM Antibody IFA

**Synonym:** Anti-Mumps IgM; antibody. Mumps IgM IFA

**Laboratory/Phone:** Vaccine Preventable Disease/443-681-3889

**Turnaround Time:** 2-5 business days

**Specimen Required:** Serum

**Specimen Identification:** Label container with patient’s last name, first name, DOB, specimen type, date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.

**Specimen Volume (Optimum):** 5 ml. (Whole blood) or 4 ml. (Serum)

**Specimen Volume (Minimum):** 3 ml. (Whole blood) or 2 ml. (Serum)

**Collect:** Red-top vacutainer

**Form:** DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)  
*Indicate specimen type using the “Specimen Code” on form.*

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### Packaging and Shipping*
Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).

*Refer to current Federal regulations for specific shipping requirements.

### Transport Conditions:
Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).

### Specimen Rejection Criteria:
Discrepancy between name on tube and name on form, unlabeled specimen; hemolytic; gross bacterial contamination. Specimens collected >7 days prior to arrival without being separated and frozen.

### Availability:
Monday to Friday. **Test available only to DHMH epidemiologists for outbreak investigations. Prior approval by DHMH Epidemiology (410-767-6628) required.**

### Results and Interpretation:
**Negative:** No significant level of Mumps IgM antibodies detected. A negative result indicates no current infection with Mumps virus. However, specimens taken too early during a primary infection may not have detectable levels of IgM antibody. If a primary infection is suspected, another specimen should be taken within 7 days and tested concurrently in the same assay with the original specimen to look for seroconversion.

**Positive:** Evidence of Mumps IgM antibodies detected and indicative of current or recent infection.

### Additional Information:
For more information, see the CDC link at: [http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/mumps.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/mumps.pdf)

### Purpose of Test:
For the detection of IgM antibodies to Mumps virus. **Test available only to DHMH epidemiologists for outbreak investigations. Prior approval by DHMH Epidemiology (410-767-6628) required.**

### Method:
IFA

### Interfering Substances:
Test results in an immune compromised patients should be interpreted with caution. IgM anticell antibodies, if present in the serum, may interfere with the Mumps IgM test.

### Testing Site:
DHMH Laboratories Administration, Central Laboratory
1770 Ashland Avenue, Baltimore, Maryland 21205

### Comment:
**LIMITATIONS:** Results of the Mumps IgM ELISA are not by themselves diagnostic and should be interpreted in light of the patient’s clinical condition and results of other diagnostic procedures. Mumps virus specific IgG antibody may compete with IgM for binding sites and cause false negative results. Rheumatoid factor, if present along with specific IgG, will cause false positive results. The Sample diluent contains an absorbent which will remove IgG from the test specimen, and significantly reduce the possibility of false positive or negative results. Heterotypic IgM antibody responses may occur in patients infected with Epstein-Barr virus. Samples taken too early during the course of a primary infection may not have detectable levels of mumps specific IgM. A negative result does not rule out a primary infection with mumps virus. False positive anti-mumps IgM results may be obtained from patients with autoimmune disease. The performance of the mumps IgM ELISA has not been validated using neonatal samples.

### TEST:

<table>
<thead>
<tr>
<th><strong>TEST:</strong></th>
<th><strong>Mycobacterium tuberculosis culture</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Synonym:</strong></td>
<td>AFB culture, Acid Fast Bacteria Identification (Acid Fast Bacilli)</td>
</tr>
<tr>
<td><strong>Laboratory/Phone:</strong></td>
<td>Microbiology - Mycobacteriology / 443-681-3942</td>
</tr>
</tbody>
</table>
| **Turnaround Time:** | AFB smear: 24 hours [Note all times are from specimen receipt in the Laboratory]
Nucleic Acid Amplification (MTD): 48 hours
Positive culture: 14-21 days. Reported as soon as detected.
Negative culture: 8 weeks
Susceptibility Testing: up to 28 days |
| **Specimen Required:** | Preferred: Sputum
Other Acceptable: respiratory aspirate, bronchial wash, bronchoalveolar lavage (BAL), body fluids, CSF, tissue, urine, lymph node. |
| **Specimen identification:** | Specimen should be labeled with patient’s last and first name, patient’s address, DOB, specimen type/source, and the date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order. |
| **Specimen Volume (Optimum):** | Sputum, aspirate or CSF: 5-10 mls
Body fluid: < 50 mls |
| **Specimen Volume (Minimum):** | Sputum aspirate or CSF: > 1 ml
Body Fluid: > 5 mls |

*Continued Next Page*
Collect:

In a sterile, leak-proof container, e.g., a 50 ml conical tube, collection of early morning sputum specimens on each of three (3) consecutive days is optimum.

For optimal pulmonary specimens, collect sputum from the lung after a deep, productive cough. Do not pool specimens. Label induced sputum specimens as “induced” since they resemble saliva.

Gastric lavage specimens should be collected in a hospital and sent to the Central Laboratory immediately for processing. If specimen transport is delayed, recovery of mycobacteria is severely compromised (since mycobacteria die rapidly in gastric washing). Indicate source of specimen on the lab form. Note: If > 1 hour delay, neutralize specimen with 100 mg sodium carbonate.

Tissue: Submit skin lesions or other tissue; keep moistened with sterile saline.

Store refrigerated. Do not use waxed container.

Keep blood and CSF at room temperature. Blood in SPS (yellow top) or Heparin (green top) vacutainer.

Form:

DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777)

Indicate specimen type using the "Specimen Code" on form.

Packaging and Shipping*:

Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).

*Refer to current Federal regulations for specific shipping requirements.

Transport Conditions*:

*Blood and CSF should be kept at room temperature

Preferred: Refrigerate, 2-8°C

Other Acceptable: Ambient temperature

Specimen Rejection Criteria:

The following rejection criteria are designed to prevent the reporting of inaccurate results and to avoid misleading information that might lead to misdiagnosis and inappropriate therapy. A request for a new specimen will provide appropriate materials and clinically relevant information to support good patient care.

- Unlabeled or improperly labeled specimen
- Non-sterile or leaking container
- Inappropriate specimen transport conditions
- Illegible, or no submitter information on the request form
- Mismatched form and specimen
- Broken specimen/sample container
- The wrong specimen for test request
- Inappropriate outfit for requested test
- Illegible or no patient information on the specimen
- Expired transport media

Availability:

Monday through Friday, 8:00 A.M. to 4:30 P.M.

Results and Interpretation:

AFB Smear: Acid-fast bacilli seen on smears from this specimen. The acid-fast stain does not differentiate M. tuberculosis from other non-tuberculous mycobacteria.

AFB Culture: Positive culture – Mycobacterial identification given.

Negative culture – No mycobacteria were recovered from this specimen by culture.

Client is notified of positive smear/culture, MTD or first positive M. tuberculosis complex culture.

Referred isolate for identification: Provide specimen collection body site and date collected.

Reference Range:

Complete identification of clinically significant isolates. Antimicrobial susceptibilities performed on all initial isolates of M. tuberculosis complex. Drug resistant isolates will be tested for susceptibility to second-line anti-mycobacterial drugs. Anti-microbial susceptibilities performed on Mycobacterium other than M. tuberculosis complex isolated by request with justification for testing (immunocompromised patient, multiple site isolates, HIV patient, etc.).

Additional Information:

DNA probes (cultures only) available for M. tuberculosis complex, M. avium-intracellulare complex, M. gordonae and M. kansasii as indicated.

Purpose of Test:

The AFB smear can determine the presence of mycobacteria in clinical specimens by microscopic examination. AFB smears are made from the sediments of specimens that have been decontaminated and concentrated by centrifugation for culture. Special solid and liquid growth media are inoculated with the concentrated specimen for isolation and identification of mycobacteria.

Method:

Standard reference procedures for stain and culture. Biochemical standard reference procedures are used for rapid growers.

Continued Next Page>
Interfering Substances: Propylene glycol, waxed containers, tap water (may contain saprophytic mycobacteria), antimicrobial therapy, food particles, mouthwash.

Testing Site: DHMH Laboratories Administration, Central Laboratory
1770 Ashland Avenue, Baltimore, Maryland 21205

Nucleic Acid Amplification Assay: Will be done on all new smear positive patient specimens or referred specimen concentrates on patients with a high suspicion for active tuberculosis. Patient must be on treatment < seven (7) days or not at all. Test should not be requested routinely. In our experience, the sensitivity and specificity of the test on smear positive specimens is 98.7% and 97.8%, respectively. On smear negative specimens, the sensitivity and specificity is 62.2% and 98.9%, respectively. (Chest 2007; 132: 946-951)

TEST: Mycoplasma Serology
Synonym: Mycoplasma pneumoniae
Laboratory/Phone: 443-681-3938
Turnaround Time: 5 business days
Specimen Required: Serum
Specimen identification: The specimen/sample must be properly labeled and include patient’s name or unique patient/sample identifier matching the test requisition or electronic test order.
Specimen Volume (Optimum): 2 ml. (Whole Blood)
Specimen Volume (Minimum): 1 ml. (Whole Blood)
Collect: Red-top vacutainer tube
Form: DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777) Indicate specimen type using the “Specimen Code” on form.
Packaging and Shipping*: Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).
*Refer to current Federal regulations for specific shipping requirements.
Transport Conditions: Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).
Specimen Rejection Criteria: Hemolysis; insufficient volume, specimen collected > 5 days prior to arrival without being frozen
Availability: Monday through Friday
Results and Interpretation: NEGATIVE—No significant amount of IgG/IgM antibodies detected, no presumptive evidence of current/previous infection
POSITIVE—IgG/IgM antibodies detected, evidence of a past/recent infection
EQUIVOCAL—Immunological status cannot be determined. Please redraw patient in 1-3 weeks
Additional Information: http://www.cdc.gov/pneumonia/atypical/mycoplasma/
Purpose of Test: Detect antibodies to M. pneumoniae
Methods: EIA
Interfering Substances: Icteric, hemolyzed, lipemic or heat inactivation of specimen
Testing Site: DHMH Laboratories Administration, Central Laboratory
1770 Ashland Avenue, Baltimore, Maryland 21205
Comment: May not detect a recent infection. If suspicion of a Mycoplasma infection, take a second sample at least 14 days later for additional testing. Serologic results should not be used as a sole means for diagnosis, treatment, or for the assessment of a patient’s health. Clinical correlation is required.

TEST: Neisseria gonorrhoeae Culture
Synonym: GC Culture; Gonorrhea Culture; N. gonorrhoeae Culture: Refer to instructions for Gonorrhea Culture.
Laboratory/Phone: Microbiology 443-681-3952
<table>
<thead>
<tr>
<th>TEST:</th>
<th>Neisseria meningitidis (ABCs - previously BIDS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synonym:</td>
<td>Active Bacterial Core Surveillance (ABCs) (Bacterial Invasive Disease Surveillance) Neisseria meningitidis: Refer to instructions for ABCs (previously BIDS).</td>
</tr>
<tr>
<td>Lab/Phone:</td>
<td>Microbiology 443-681-3952</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TEST:</th>
<th>Ohara’s disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synonym:</td>
<td>Francisella tularensis, Pasteurella tularensis, tularemia, rabbit fever, deerfly fever, Ohara’s disease, Francis disease: Refer to instructions for Francisella tularensis culture or Francisella tularensis Antibody.</td>
</tr>
<tr>
<td>Laboratory/Phone:</td>
<td>Office of Laboratory Emergency Preparedness and Response: 410-925-3121 (24/7 emergency contact number) Select Agents Microbiology Laboratory: 443-681-3954 Division of Microbiology Laboratory: 443-681-3952</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TEST:</th>
<th>Ova and Parasites Microscopic Examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synonym:</td>
<td>Amebiasis, Giardia, Parasitic identification, worm identification</td>
</tr>
<tr>
<td>Laboratory/Phone:</td>
<td>Microbiology 443-681-3952 or 443-681-4570</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>5 business days [Note time is from specimen receipt in the Laboratory]</td>
</tr>
<tr>
<td>Specimen Required:</td>
<td>Feces: Minimum of three (3) specimens collected over a 7-10 day period.</td>
</tr>
<tr>
<td>Specimen Identification:</td>
<td>Specimen should be labeled with patient’s last and first name, patient’s address, DOB, specimen type/source, and the date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.</td>
</tr>
<tr>
<td>Specimen Volume (Optimum):</td>
<td>Please refer to the directions available with stool collection kit. There is no maximum limit on the amount of stool collected.</td>
</tr>
<tr>
<td>Specimen Volume (Minimum):</td>
<td>Please refer to the directions available with stool collection kit. As a minimum amount, collect several grams (or teaspoon amounts).</td>
</tr>
<tr>
<td>Collect:</td>
<td>Please refer to the directions available with stool collection kit.</td>
</tr>
<tr>
<td>Form:</td>
<td>DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777) Indicate specimen type using the “Specimen Code” on form.</td>
</tr>
<tr>
<td>Packaging and Shipping*:</td>
<td>Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 &amp; 10 for triple packing guidance). *Refer to current Federal regulations for specific shipping requirements.</td>
</tr>
<tr>
<td>Transport Conditions:</td>
<td>Send the specimen to the laboratory as soon as possible at room temperature.</td>
</tr>
</tbody>
</table>
| Specimen Rejection Criteria: | The following rejection criteria are designed to prevent the reporting of inaccurate results and to avoid misleading information that might lead to misdiagnosis and inappropriate therapy. A request for a new specimen will provide appropriate materials and clinically relevant information to support good patient care.  
  - Unlabeled or improperly labeled specimen  
  - Non-sterile or leaking container  
  - Inappropriate specimen transport conditions  
  - Illegible, or no submitter information on the request form  
  - Mismatched form and specimen  
  - Broken specimen/sample container  
  - The wrong specimen for test request  
  - Inappropriate outfit for requested test  
  - Illegible or no patient information on the specimen  
  - Expired transport media |
| Availability: | Monday through Friday |
| Results and Interpretation: | Genus and species |
| Reference Range: | No Ovajor Parasites found |
| Additional Information: | Collect all fecal specimens prior to the administration of antibiotics or anti-diarrheal agents. Avoid contamination with urine or water from the toilet. |
| Purpose of Test: | Diagnosis of intestinal parasite |
| Method: | Microscopic: Wet mount and permanent stain using Eco-fix and Eco-stain. |

Continued Next Page>
Interfering Substances: Avoid the use of mineral oil, bismuth and barium prior to fecal collection since all of these substances may interfere with detection or identification of intestinal parasites.

Testing Site: DHMH Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, Maryland 21205

Comment: N/A

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**TEST:** Parainfluenza Virus (Types 1, 2, and 3) Viral Culture

| Synonym: | Parainfluenza Virus (Types 1, 2, and 3): Refer to instructions for Virus Culture. |
| Laboratory/Phone: | Virology: 443-681-3934 |

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**TEST:** Parasitic examination (Ova and Parasites Microscopic Examination)

| Synonym: | Amebiasis, Giardia, Entamoeba, Parasite identification, worm identification: Refer to instructions for Ova and Parasites Microscopic Examination. |
| Laboratory/Phone: | Microbiology 443-681-3952 |

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**TEST:** Pasteurella tularensis (Francisella tularensis) culture

| Synonym: | Pasteurella tularensis, tularemia, rabbit fever, deerfly fever, Ohara’s disease, Francis disease: Refer to instructions for Francisella tularensis culture. |
| Laboratory/Phone: | Office of Laboratory Emergency Preparedness and Response: 410-925-3121 (24/7 emergency contact number) Select Agents Microbiology Laboratory: 443-681-3954 Division of Microbiology Laboratory: 443-681-3952 |

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**TEST:** Pertussis (Bordetella pertussis) PCR & Culture

| Synonym: | B. pertussis, pertussis, Whooping Cough Refer to instructions for Bordetella pertussis PCR and culture. |
| Laboratory/Phone: | Molecular Biology: 443-681-3924 Microbiology 443-681-3952 |

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**TEST:** Pertussis Serology (Bordetella pertussis)

| Synonym: | IgG Anti-Bordetella pertussis toxin assay. Refer to instructions for Bordetella Pertussis Toxin IgG Antibody |
| Laboratory/Phone: | Vaccine Preventable Disease/443-681-3889 |

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**TEST:** Pinworm Examination

| Synonym: | Cellulose tape preparation for Enterobius vermicularis |
| Laboratory/Phone: | Microbiology 443-681-3952 |
| Turnaround Time: | 24 hrs [from specimen receipt in the Laboratory] Monday through Friday |
| Specimen Required: | Cellulose tape preparation from the skin of the perianal area. |
| Specimen identification: | Specimen should be labeled with patient’s last and first name, patient’s address, DOB, specimen type/source, and the date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order. |
| Specimen Volume (Optimum): | N/A |
| Specimen Volume (Minimum): | N/A |
| Collect: | To obtain a sample from the perianal area, peel back the tape by gripping the labeled end, and, with the tape looped (adhesive side outward) over a wooden tongue depressor that is held firmly against the slide and extended about 2-5 cm beyond it, press the tape firmly several times against the right and left perianal folds. Smooth the tape back on the slide, adhesive side down. Label with patient’s name and date. |
| Form: | DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777) Indicate specimen type using the “Specimen Code” on form. |

Continued Next Page>
### Packaging and Shipping*
Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).
*Refer to current Federal regulations for specific shipping requirements.

### Transport Conditions:
Room temperature

### Specimen Rejection Criteria:
The following rejection criteria are designed to prevent the reporting of inaccurate results and to avoid misleading information that might lead to misdiagnosis and inappropriate therapy. A request for a new specimen will provide appropriate materials and clinically relevant information to support good patient care.
- Unlabeled or improperly labeled specimen
- Inappropriate specimen transport conditions
- Illegible, or no submitter information on the request form
- Mismatched form and specimen
- Broken specimen/sample container
- The wrong specimen for test request
- Illegible or no patient information on the specimen

### Availability:
Monday through Friday

### Results and Interpretation:
Organism and stage

### Reference Range:
*Enterobius vermicularis* NOT found

### Additional Information:
Pinworm eggs are usually infectious. The female pinworm deposits eggs on the perianal skin only sporadically, without multiple tapes (taken consecutively, each morning), it is not possible to determine if the patient is positive or negative for the infection.

### Purpose of Test:
Detection of human pinworm infections

### Method:
Microscopic

### Interfering Substances:
Opaque tape

### Testing Site:
DHMH Laboratories Administration, Central Laboratory
1770 Ashland Avenue, Baltimore, Maryland  21205

### Comment:
N/A

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### TEST: Plague (Yersinia pestis)

**Synonym:** Plague; *Yersinia pestis*; *Pasteurella pestis*: Refer to instructions for *Yersinia pestis* culture.

**Laboratory/Phone:**
- Office of Laboratory Emergency Preparedness and Response: 410-925-3121 (24/7 emergency contact number)
- Select Agents Microbiology Laboratory: 443-681-3954
- Division of Microbiology Laboratory: 443-681-3952

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### TEST: Polio Virus, Virus Culture

**Synonym:** Polio Virus Culture (Enterovirus, including Echovirus, Coxsackie, and Polio): Refer to instructions for Virus Culture.

**Laboratory/Phone:**
- Virology: 443-681-3934

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### TEST: Q-fever serology

**Synonym:** Coxiella burnetii, Q-fever: Refer to instructions for Coxiella Serology.

**Laboratory/Phone:**
- 443-681-3938/3931

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### TEST: Rabbit fever

**Synonym:** *Franciscella tularensis*; *Pasteurella tularensis*, tularemia, deerfly fever, Ohara’s disease, Francis disease: Refer to instructions for *Franciscella tularensis* culture or *Franciscella tularensis* Antibody.

**Laboratory/Phone:**
- Office of Laboratory Emergency Preparedness and Response: 410-925-3121 (24/7 emergency contact number)
- Select Agents Microbiology Laboratory: 443-681-3954
- Division of Microbiology Laboratory: 443-681-3952
## TEST: Rabies Antibody Titer (RFFIT)

<table>
<thead>
<tr>
<th><strong>Synonym:</strong></th>
<th>Rabies Antibody Titer (RFFIT)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Laboratory/Phone:</strong></td>
<td>Division of Virology and Immunology/Rabies Lab 443-681-3771</td>
</tr>
<tr>
<td><strong>Turnaround Time:</strong></td>
<td>15 working days</td>
</tr>
<tr>
<td><strong>Specimen Required:</strong></td>
<td>Serum/Blood</td>
</tr>
<tr>
<td><strong>Specimen identification:</strong></td>
<td>The specimen/sample must be properly labeled and include patient's name or unique patient/sample identifier, date of birth, and specimen collection date matching the test requisition or electronic test order.</td>
</tr>
<tr>
<td><strong>Specimen Volume (Optimum):</strong></td>
<td>5 ml whole blood or 2 ml of serum</td>
</tr>
<tr>
<td><strong>Specimen Volume (Minimum):</strong></td>
<td>2 ml whole blood or 1 ml serum</td>
</tr>
<tr>
<td><strong>Collect:</strong></td>
<td>Red-top vacutainer or Zebra-top serum separator vacutainer</td>
</tr>
<tr>
<td><strong>Form:</strong></td>
<td>DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)</td>
</tr>
<tr>
<td><em>Indicate specimen type using the “Specimen Code” on form.</em></td>
<td></td>
</tr>
<tr>
<td><strong>Packaging and Shipping:</strong></td>
<td>Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 &amp; 10 for triple packing guidance). <em>Refer to current Federal regulations for specific shipping requirements.</em></td>
</tr>
<tr>
<td><strong>Transport Conditions:</strong></td>
<td>Whole blood specimens transported on ice packs; separated serum at 2-8°C (refrigerated)</td>
</tr>
<tr>
<td><strong>Specimen Rejection Criteria:</strong></td>
<td>Discrepancy between name on tube and name on form, unlabeled tube; insufficient quantity of serum for testing; hemolysis; lipemia; gross bacterial contamination.</td>
</tr>
<tr>
<td><strong>Availability:</strong></td>
<td>Monday through Friday</td>
</tr>
<tr>
<td><strong>Results and Interpretation:</strong></td>
<td>Positive 0.5 IU/mL or greater (immunity) Negative indicates no detectable antibody to the rabies virus or the presence of detectable antibody &lt; 0.5 IU/mL.</td>
</tr>
<tr>
<td><strong>Reference Range:</strong></td>
<td>Patient’s with a titer &gt; 0.5 IU/mL is considered to have adequate immune response.</td>
</tr>
<tr>
<td><strong>Additional Information:</strong></td>
<td>Provide patient’s rabies vaccination history.</td>
</tr>
<tr>
<td><strong>Purpose of Test:</strong></td>
<td>For detection of rabies antibody</td>
</tr>
<tr>
<td><strong>Method:</strong></td>
<td>Rapid Fluorescent Focus Inhibition Test (RFFIT)</td>
</tr>
<tr>
<td><strong>Interfering Substances:</strong></td>
<td>Icteric, hemolyzed, lipemic or heat inactivation of specimen</td>
</tr>
<tr>
<td><strong>Testing Site:</strong></td>
<td>DHMH Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, Maryland 21205</td>
</tr>
<tr>
<td><strong>Comment:</strong></td>
<td>Restricted Test: Services provided to State and Local government employees (e.g. animal control, etc.). Maryland residents requiring testing refer to the Rabies Laboratory website: <a href="http://dhmh.maryland.gov/laboratories/Pages/Rabies.aspx">http://dhmh.maryland.gov/laboratories/Pages/Rabies.aspx</a></td>
</tr>
</tbody>
</table>

## TEST: Rat Bite Fever

| **Synonym:** | Streptobacillus moniliformis Culture; Haverhill Fever: Refer to instructions for Streptobacillus moniliformis Culture. |
| **Laboratory/Phone:** | Microbiology 443-681-3952 |

## TEST: Respiratory Syncytial Virus (RSV) Virus Culture

| **Synonym:** | Respiratory Syncytial Virus (RSV) : Refer to instructions for Virus Culture. |
| **Laboratory/Phone:** | Virology: 443-681-3934 |

## TEST: Rock of Gibraltar Fever

| **Synonym:** | Brucellosis, Bang’s Disease, Undulant fever, Malta Fever: Refer to instructions for Brucella serology or Brucella species culture. |
| **Laboratory/Phone:** | Office of Laboratory Emergency Preparedness and Response: 410-925-3121 (24/7 emergency contact number) Select Agents Microbiology Laboratory: 443-681-3954 Division of Microbiology Laboratory: 443-681-3952 |
### TEST: Rocky Mountain Spotted Fever (RMSF) Antibody

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Synonym:</strong></td>
<td><em>Rickettsia rickettsii serology</em></td>
</tr>
<tr>
<td><strong>Laboratory/Phone:</strong></td>
<td>443-681-3938/3931</td>
</tr>
<tr>
<td><strong>Turnaround Time:</strong></td>
<td>5 business days</td>
</tr>
<tr>
<td><strong>Specimen Required:</strong></td>
<td>Serum</td>
</tr>
<tr>
<td><strong>Specimen identification:</strong></td>
<td>Label tube with patients first and last name</td>
</tr>
<tr>
<td><strong>Specimen Volume (Optimum):</strong></td>
<td>2 ml. (Whole Blood)</td>
</tr>
<tr>
<td><strong>Specimen Volume (Minimum):</strong></td>
<td>1 ml. (Whole Blood)</td>
</tr>
<tr>
<td><strong>Collect:</strong></td>
<td>Red-top vacutainer</td>
</tr>
<tr>
<td><strong>Form:</strong></td>
<td>DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)</td>
</tr>
<tr>
<td><strong>Packaging and Shipping</strong>*:</td>
<td>Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 &amp; 10 for triple packing guidance). *Refer to current Federal regulations for specific shipping requirements.</td>
</tr>
<tr>
<td><strong>Transport Conditions:</strong></td>
<td>Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).</td>
</tr>
<tr>
<td><strong>Specimen Rejection Criteria:</strong></td>
<td>Hemolysis; insufficient volume, specimen collected &gt; 5 days prior to arrival without being frozen</td>
</tr>
<tr>
<td><strong>Availability:</strong></td>
<td>Monday through Friday</td>
</tr>
<tr>
<td><strong>Results and Interpretation:</strong></td>
<td>Titers ≥ 1:64 are suggestive of possible early infection, declining titers due to past exposure, or cross-reactivity with a related organism.</td>
</tr>
<tr>
<td><strong>Additional Information:</strong></td>
<td><a href="http://www.cdc.gov/rmsf/">http://www.cdc.gov/rmsf/</a></td>
</tr>
<tr>
<td><strong>Purpose of Test:</strong></td>
<td>Detect antibodies to <em>R. rickettsii</em></td>
</tr>
<tr>
<td><strong>Methods:</strong></td>
<td>IFA</td>
</tr>
<tr>
<td><strong>Interfering Substances:</strong></td>
<td>Icteric, hemolyzed, lipemic or heat inactivation of specimen</td>
</tr>
<tr>
<td><strong>Testing Site:</strong></td>
<td>DHMH Laboratories Administration, Central Laboratory</td>
</tr>
<tr>
<td></td>
<td>1770 Ashland Avenue, Baltimore, Maryland 21205</td>
</tr>
<tr>
<td><strong>Comment:</strong></td>
<td>Results are for epidemiological purposes only. Serologic results should not be used as a sole means for diagnosis, treatment, or for the assessment of a patient’s health. Clinical correlation is required.</td>
</tr>
</tbody>
</table>

### TEST: Rubella IgG (Rubella Immunity Screen).

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Synonym:</strong></td>
<td>Anti-Rubella IgG; German Measles IgG antibody; Rubella immunity test</td>
</tr>
<tr>
<td><strong>Laboratory/Phone:</strong></td>
<td>Vaccine Preventable Disease/443-681-3889</td>
</tr>
<tr>
<td><strong>Turnaround Time:</strong></td>
<td>2-5 business days</td>
</tr>
<tr>
<td><strong>Specimen Required:</strong></td>
<td>Serum</td>
</tr>
<tr>
<td><strong>Specimen identification:</strong></td>
<td>Label container with patient’s last name, first name, DOB, specimen type, date and time of collection.</td>
</tr>
<tr>
<td><strong>Specimen Volume (Optimum):</strong></td>
<td>5 ml. (Whole blood) or 4 ml. (Serum)</td>
</tr>
<tr>
<td><strong>Specimen Volume (Minimum):</strong></td>
<td>3 ml. (Whole blood) or 2 ml. (Serum)</td>
</tr>
<tr>
<td><strong>Collect:</strong></td>
<td>Red-top vacutainer</td>
</tr>
<tr>
<td><strong>Form:</strong></td>
<td>DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)</td>
</tr>
<tr>
<td><strong>Packaging and Shipping</strong>*:</td>
<td>Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 &amp; 10 for triple packing guidance). *Refer to current Federal regulations for specific shipping requirements.</td>
</tr>
<tr>
<td><strong>Transport Conditions:</strong></td>
<td>Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).</td>
</tr>
<tr>
<td><strong>Specimen Rejection Criteria:</strong></td>
<td>Discrepancy between name on tube and name on form, unlabeled specimen; hemolytic; lexemic; gross bacterial contamination. Specimens collected &gt; 7 days prior to submission.</td>
</tr>
<tr>
<td><strong>Availability:</strong></td>
<td>Service available only to state and local health departments Monday to Friday.</td>
</tr>
</tbody>
</table>
Results and Interpretation:

**Negative:** Indicates no detectable IgG antibody to Rubella virus. A negative result indicates no current or previous infection with Rubella virus. Such individuals are presumed to be susceptible to primary infection. However, specimen taken too early during a primary infection may not have detectable levels of IgG antibody. If primary infection is suspected, another specimen (convalescent) should be taken in 8-14 days and tested concurrently with the original (acute) specimen to look for seroconversion. If acute specimen is negative and convalescent specimen is positive, seroconversion has taken place and a primary rubella virus infection is indicated.

**Equivocal:** Equivocal results are indeterminate. Patient may or may not have immunity to Rubella Virus. It is not acceptable proof of immunity.

**Positive:** Indicates evidence of Rubella IgG antibodies. This suggests past or current infection with Rubella virus, via acquired immunity or vaccination and probable protection from clinical infection (Immunity).

Additional Information:
For more information, see the CDC link at:


Purpose of Test:
For detection of IgG antibodies to Rubella virus. The test can be used to evaluate single sera for immune status or paired sera to demonstrate seroconversion.

Method:
ELISA

Interfering Substances:
Test results in an immune compromised patients should be interpreted with caution.

Testing Site:
DHMH Laboratories Administration, Central Laboratory
1770 Ashland Avenue, Baltimore, Maryland 21205

Comment:
**LIMITATIONS:** A diagnosis should not be made on the basis of anti-Rubella results alone. Test results should be interpreted in conjunction with the clinical evaluation and the results of other diagnostic procedures. The antibody titer of a single serum specimen cannot be used to determine a recent infection. Paired samples (acute and convalescent) should be collected and tested concurrently to demonstrate seroconversion. Samples collected too early in the course of an infection may not have detectable levels of IgG. In such cases, a second sample may be collected after 2-7 weeks and tested concurrently with the Original sample to look for seroconversion. A positive rubella IgG test in neonates should be interpreted with caution since passively acquired maternal antibody can persist for up to 6 months.

TEST:
Rubella IgM Antibody

**Synonym:** Anti-Rubella IgM; Rubella IgM antibody for Rubella/ German Measles - acute infection

**Laboratory/Phone:** Vaccine Preventable Disease/443-681-3889

**Turnaround Time:** 2-5 business days

**Specimen Required:** Serum

**Specimen identification:** Label container with patient’s last name, first name, DOB, specimen type, date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.

**Specimen Volume (Optimum):** 5 ml. (Whole blood) or 4 ml. (Serum)

**Specimen Volume (Minimum):** 3 ml. (Whole blood) or 2 ml. (Serum)

**Collect:** Red-top vacutainer

**Form:** DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)

Indicate specimen type using the “Specimen Code” on form. Prior approval by DHMH Epidemiology (410-767-6628) required.

**Packaging and Shipping***:** Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).

*Refer to current Federal regulations for specific shipping requirements.

**Transport Conditions:** Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).

**Specimen Rejection Criteria:** Discrepancy between name on tube and name on form, unlabeled specimen; hemolytic; lipemic; gross bacterial contamination.

**Availability:** Monday to Friday. Test available only to DHMH epidemiologists for outbreak investigations. Prior approval by DHMH Epidemiology (410-767-6628) required.
### Results and Interpretation:

**Negative:** Indicates no detectable Rubella IgM antibodies. A negative result indicates no current infection with rubella virus. However, specimens taken too early during a primary infection may not have detectable levels of IgM antibody. If a primary infection is suspected, another specimen should be taken within 7 days and tested concurrently in the same assay with the original specimen to look for seroconversion.

**Equivocal:** Equivocal specimens are indeterminate. Another specimen should be collected after 7 days and retested.

**Positive:** Indicates evidence of Rubella IgM antibodies. This suggests primary or reactivated infection with Rubella.

### Additional Information:

For more information, see the CDC link at: [http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/rubella.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/rubella.pdf)

### Purpose of Test:

Test available only to DHMH epidemiologists for outbreak investigations. Prior approval by DHMH Epidemiology (410-767-6628) required.

### Method:

ELISA

### Interfering Substances:

Test results in an immune compromised patients should be interpreted with caution.

### Testing Site:

DHMH Laboratories Administration, Central Laboratory
1770 Ashland Avenue, Baltimore, Maryland 21205

### Comment:

**LIMITATIONS:** Results of the Rubella IgM ELISA are not by themselves diagnostic and should be interpreted in light of the patient’s clinical condition and results of other diagnostic procedures. Rubella virus specific IgG antibody may compete with IgM for binding sites and cause false negative results. Rheumatoid factor, if present along with specific IgG, will cause false positive results. The Sample Diluent contains an absorbent which will remove IgG from the test specimen, and significantly reduce the possibility of false positive or negative results. Heterotypic IgM antibody responses may occur in patients infected with Epstein-Barr virus, and sera from patients with infectious mononucleosis may have false positive results in the rubella IgM ELISA. Samples taken too early during the course of a primary infection may not have detectable levels of rubella specific IgM. A negative result does not rule out a primary infection. It cannot distinguish the difference between vaccine-induced antibody and antibody resulting from a natural infection. False positive anti-rubella IgM results may be obtained from patients with autoimmune disease. The performance of the Rubella IgM EIA has not been validated using neonatal samples.

### TEST: Salmonella Culture

**Enteric Culture, Routine (Salmonella, Shigella, Campylobacter, and Shiga toxins–producing E. coli)**

**Synonym:** Stool culture for enteric pathogens; enteric pathogens; stool culture and sensitivity; feces culture: Refer to instructions for Enteric Culture, Routine (Salmonella, Shigella, Campylobacter, and Shiga toxins–producing E. coli).

**Laboratory/Phone:** Microbiology-Enterics 443-681-4570

### TEST: Salmonella typing

**Synonym:** Salmonella isolate for typing (referral isolate)

**Laboratory/Phone:** Microbiology-Enterics 443-681-4570

**Turnaround Time:** For epidemiological purposes only. CDC TAT: 8 weeks. For additional questions, contact the laboratory 443-681-4570

**Specimen Required:** Pure culture on agar slant in screw cap tube.

**Specimen Identification:** Specimen should be labeled with patient’s last and first name, patient’s address, DOB, specimen type/source, and the date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.

**Specimen Volume (Optimum):** Salmonella isolated from culture

**Specimen Volume (Minimum):** N/A

**Collect:** N/A

**Form:** DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777) indicate specimen type using the "Specimen Code" on form.

(Continued Next Page)
Packaging and Shipping*: Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).

*Refer to current Federal regulations for specific shipping requirements.

Transport Conditions: At room temperature. Do not freeze or refrigerate.

Specimen Rejection Criteria: The following rejection criteria are designed to prevent the reporting of inaccurate results and to avoid misleading information that might lead to misdiagnosis and inappropriate therapy. A request for a new specimen will provide appropriate materials and clinically relevant information to support good patient care.

- Unlabeled or improperly labeled specimen
- Non-sterile or leaking container
- Inappropriate specimen transport conditions
- Illegible, or no submitter information on the request form
- Mismatched form and specimen
- Broken specimen/sample container
- The wrong specimen for test request
- Inappropriate outfit for requested test
- Illegible or no patient information on the specimen
- Expired transport media
- Specimen frozen

Available: Monday through Friday

Results and Interpretation: Salmonella somatic and flagellar antigens identified.

Reference Range: N/A

Additional Information: SUBCULTURE TO AGAR SLANT BEFORE TRANSPORTING. DO NOT SEND CULTURE PLATES. MAKE SURE CULTURE IS GROWING/VIABLE.

Purpose of Test: Salmonella serotyping

Method: Isolate is subcultured to confirm purity. Salmonella serological testing is performed by slide agglutination and tube agglutination tests using somatic (O) and flagella (H) antisera. Biochemical identification also.

Interfering Substances/ Limitations: Submission of isolate on inhibitory media.

Testing Site: DHMH Laboratories Administration, Central Laboratory
1770 Ashland Avenue, Baltimore, Maryland  21205

Comment: N/A

TEST: Schistosoma serology

Synonym: Schistosomiasis, Schistosoma mansoni, Schistosoma haematobium, Schistosoma japonicum Bilharzia

Laboratory/Phone: 443-681-3938/3931

Turnaround Time: 5 business days

Specimen Required: Serum

Specimen identification: The specimen/sample must be properly labeled and include patient’s name or unique patient/sample identifier matching the test requisition or electronic test order.

Specimen Volume (Optimum): 2 ml. (Whole Blood)

Specimen Volume (Minimum): 1 ml. (Whole Blood)

Collect: Red-top vacutainer

Form: DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)
Indicate specimen type using the “Specimen Code” on form.

Packaging and Shipping*: Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).

*Refer to current Federal regulations for specific shipping requirements.

Transport Conditions: Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).

Specimen Rejection Criteria: Hemolysis; insufficient volume, specimen collected > 5 days prior to arrival without being frozen

Availability: Monday through Friday

Results and Interpretation: Reactive: IgG antibodies to a Schistosoma species were detected.
Non-Reactive: IgG antibodies to a Schistosoma species were NOT detected.

For CDC Referral see CDC interpretations on report.

Additional Information: http://www.cdc.gov/parasites/schistosomiasis/disease.html

Purpose of Test: Detects antibodies to Schistosoma.

Methods: EIA

Continued Next Page>
**Interfering Substances:**
Icteric, hemolyzed, lipemic specimen

**Testing/Processing Site:**
DHMH Laboratories Administration, Central Laboratory
1770 Ashland Avenue, Baltimore, MD 21205

**Comment:**
Specimens can be referred to the CDC upon request. Contact the MD DHMH Epidemiologist at (410)767-6700 for prior approval of specimen submission. Required supplemental information: Exposure and travel history, include other relevant risk factors; clinical symptoms, treatment and relevant lab results.

**CDC Turnaround Time is 21 business days.** Serologic results should not be used as a sole means for diagnosis, treatment, or for the assessment of a patient’s health. Clinical correlation is required.

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**TEST:**
**Shiga toxins–producing E. coli Culture**

**Synonym:**
Stool culture for enteric pathogens; enteric pathogens; stool culture and sensitivity; feces culture: Refer to instructions for Enteric Culture, Routine (Salmonella, Shigella, Campylobacter, and Shiga toxins–producing E. coli).

**Laboratory/Phone:**
Microbiology-Enterics 443-681-4570

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**TEST:**
**Shigella Culture**

**Synonym:**
Stool culture for enteric pathogens; enteric pathogens; stool culture and sensitivity; feces culture: Refer to instructions for Enteric Culture, Routine (Salmonella, Shigella, Campylobacter, and Shiga toxins–producing E. coli).

**Laboratory/Phone:**
Microbiology - Enterics 443-681-4570

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**TEST:**
**Shigella typing**

**Synonym:**
Shigella isolate for typing (referral isolate)

**Laboratory/Phone:**
Microbiology - Enterics / 443-681-4570

**Turnaround Time:**
Usually 3-5 days [from receipt in the Laboratory]. CDC TAT: 8 weeks

**Specimen Required:**
Pure culture on agar slant in screw cap tube.

**Specimen Identification:**
Specimen should be labeled with patient’s last and first name, patient’s address, DOB, specimen type/source, and the date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.

**Specimen Volume (Optimum):**
Shigella isolated from culture

**Specimen Volume (Minimum):**
N/A

**Collect:**
N/A

**Form:**
DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777) Indicate specimen type using the “Specimen Code” on form.

**Packaging and Shipping*:**
Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).
*Refer to current Federal regulations for specific shipping requirements.

**Transport Conditions:**
At room temperature. Do not freeze or refrigerate.

**Specimen Rejection Criteria:**
The following rejection criteria are designed to prevent the reporting of inaccurate results and to avoid misleading information that might lead to misdiagnosis and inappropriate therapy. A request for a new specimen will provide appropriate materials and clinically relevant information to support good patient care.

- Unlabeled or improperly labeled specimen
- Non-sterile or leaking container
- Inappropriate specimen transport conditions
- Illegible, or no submitter information on the request form
- Mismatched form and specimen
- Broken specimen/sample container
- The wrong specimen for test request
- Inappropriate outfit for requested test
- Illegible or no patient information on the specimen
- Expired transport media
- Specimen frozen

**Availability:**
Monday through Friday
Results and Interpretation: Shigella somatic antigens identified

Reference Range: N/A

Additional Information: SUBCULTURE TO AGAR SLANT BEFORE TRANSPORTING. DO NOT SEND CULTURE PLATES. MAKE SURE CULTURE IS VIALBLE/GROWING.

Purpose of Test: Shigella serotyping

Method: Isolate is subcultured to confirm purity. Shigella serological testing is performed by a slide agglutination test using somatic (O) antisera. Biochemical analysis performed to verify Shigella identification.

Interfering Substances/Limitations: Submission of isolate on inhibitory media.

Testing Site: DHMH Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, Maryland 21205

Comment: N/A

TEST: St. Louis Encephalitis Virus (SLEV) (Arbovirus Endemic Panel)

Panel includes WNV IgM, SLE IgM, and EEEV IgM. LaCrosse (LAC) IgM testing available based on patient's travel history.

Synonym: Arthropod-borne virus: WNV (West Nile Virus), EEEV (Eastern Equine Encephalitis Virus), SLEV (St. Louis Encephalitis Virus): Refer to instructions for Arbovirus Endemic Panel.

Laboratory/Phone: Virology: 443-681-3937

TEST: Staph aureus Culture

Synonym: Staph aureus Culture: Refer to instructions for Foodborne Pathogens, Foodborne Pathogenic Microorganisms, Stool Culture.

Laboratory/Phone: Microbiology 443-681-3952

TEST: Stool Culture

Enteric Culture, Routine (Salmonella, Shigella, Campylobacter, and Shiga toxins–producing E. coli)

Synonym: Stool culture for enteric pathogens; enteric pathogens; stool culture and sensitivity; feces culture: Refer to instructions for Enteric Culture, Routine (Salmonella, Shigella, Campylobacter, and Shiga toxins–producing E. coli)

Laboratory/Phone: Microbiology-Enterics 443-681-4570

TEST: Streptobacillus moniliformis Culture

Synonym: Rat Bite Fever; Haverhill Fever.

Laboratory/Phone: Microbiology 443-681-3952

Turnaround Time: 2-3 weeks [from specimen receipt in the Laboratory]

Specimen Required: Blood is the specimen of choice. Joint fluid, abscess fluid, wound exudates and lymph node are also acceptable.

Specimen Identification: Specimen should be labeled with patient’s last and first name, patient’s address, DOB, specimen type/source, and the date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.

Specimen Volume (Optimum): Draw enough blood into the blood culture bottle to make about 20% of the total volume. If citrated blood is collected, draw a total of 10 ml.

Specimen Volume (Minimum): N/A

Collect: Follow the blood culture kit instructions.

Form: DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777) Indicate specimen type using the “Specimen Code” on form.

Packaging and Shipping*: Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).

*Refer to current Federal regulations for specific shipping requirements.

Transport Conditions: Room temperature

Continued Next Page>
### Specimen Rejection Criteria:
The following rejection criteria are designed to prevent the reporting of inaccurate results and to avoid misleading information that might lead to misdiagnosis and inappropriate therapy. A request for a new specimen will provide appropriate materials and clinically relevant information to support good patient care.
- Unlabeled or improperly labeled specimen
- Non-sterile or leaking container
- Inappropriate specimen transport conditions
- Illegible, or no submitter information on the request form
- Mismatched form and specimen
- Broken specimen/sample container
- The wrong specimen for test request
- Inappropriate outfit for requested test
- Illegible or no patient information on the specimen
- Expired transport media

### Availability:
Monday through Saturday

### Results and Interpretation:
- S. moniliformis present

### Reference Range:
S. moniliformis NOT found.

### Additional Information:
Because special enrichment of media is necessary, the laboratory needs to know that an infection with S. moniliformis is suspected.

### Purpose of Test:
Cultural confirmation of rat bite fever is very helpful for diagnosis, since the disease is not commonly seen.

### Method:
Culture, convention and biochemicals.

### Interfering Substances:
SPS in blood culture broth.

### Testing Site:
DHMH Laboratories Administration, Central Laboratory
1770 Ashland Avenue, Baltimore, Maryland 21205

### Comment:
Serological tests are not readily available.

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### TEST:
**Streptococcus pneumoniae (ABCs - previously BIDS)**

**Synonym:**
- Active Bacterial Core Surveillance (ABCs) (Bacterial Invasive Disease Surveillance)
- Streptococcus pneumoniae: Refer to instructions for ABCs (previously BIDS)

**Laboratory/Phone:**
Microbiology 443-681-3952

### TEST:
**Streptococcus pyogenes culture**

**Synonym:**
- Group A Strep culture; Throat culture for Group A Strep Beta; Strep culture; Streptococcus pyogenes culture: Refer to instructions for Group A Strep Culture.

**Laboratory/Phone:**
Microbiology 443-681-3952

### TEST:
**Strongyloides serology**

**Synonym:**
- Strongyloidiasis; Strongyloides stercoralis

**Laboratory/Phone:**
443-681-3938/3931

**Turnaround Time:**
5 business days

**Specimen Required:**
Serum

**Specimen identification:**
The specimen/sample must be properly labeled and include patient’s name or unique patient/sample identifier matching the test requisition or electronic test order.

**Specimen Volume (Optimum):**
2 ml. (Whole Blood)

**Specimen Volume (Minimum):**
1 ml. (Whole Blood)

**Collect:**
Red-top vacutainer

**Form:**
DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)
Indicate specimen type using the “Specimen Code” on form.

**Packaging and Shipping**: Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).

*Refer to current Federal regulations for specific shipping requirements.*
<table>
<thead>
<tr>
<th>Transport Conditions:</th>
<th>Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specimen Rejection Criteria:</td>
<td>Hemolysis; insufficient volume, specimen collected &gt; 5 days prior to arrival without being frozen</td>
</tr>
<tr>
<td>Availability:</td>
<td>Monday through Friday</td>
</tr>
</tbody>
</table>
| Results and Interpretation:       | **Reactive:** IgG antibodies to Strongyloides stercoralis were detected  
**Non-Reactive:** IgG antibodies to Strongyloides stercoralis were NOT detected.  
For CDC Referral see CDC interpretations on report.                        |
| Additional Information:           | http://www.cdc.gov/parasites/strongyloides/                                                                                     |
| Purpose of Test:                  | Detects antibodies to Strongyloides.                                                                                             |
| Methods:                          | EIA                                                                                                                              |
| Interfering Substances:           | Icteric, hemolyzed, lipemic specimen                                                                                             |
| Testing/Processing Site:          | DHMH Laboratories Administration, Central Laboratory  
1770 Ashland Avenue, Baltimore, MD 21205                                                                                     |
| Comment:                          | Specimens can be referred to the CDC upon request.  
Contact the MD DHMH Epidemiologist at (410)767-6700 for prior approval of specimen submission.  
Required supplemental information: Exposure and travel history, include other relevant risk factors; clinical symptoms, treatment and relevant lab results.  
CDC Turnaround Time is 21 business days.  
Results are for epidemiological purposes only. Serologic results should not be used as a sole means for diagnosis, treatment, or for the assessment of a patient’s health. Clinical correlation is required. |

### Syphilis EIA

<table>
<thead>
<tr>
<th>TEST:</th>
<th>Syphilis EIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synonym:</td>
<td>Treponema pallidum</td>
</tr>
<tr>
<td>Laboratory/Phone:</td>
<td>443-681-3938/3931</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>5 business days</td>
</tr>
<tr>
<td>Specimen Required:</td>
<td>Serum or plasma</td>
</tr>
<tr>
<td>Specimen identification:</td>
<td>The specimen/sample must be properly labeled and include patient’s name or unique patient/sample identifier matching the test requisition or electronic test order.</td>
</tr>
<tr>
<td>Specimen Volume (Optimum):</td>
<td>2 ml. (Whole Blood)</td>
</tr>
<tr>
<td>Specimen Volume (Minimum):</td>
<td>1 ml. (Whole Blood)</td>
</tr>
<tr>
<td>Collect:</td>
<td>Red-top vacutainer (Serum) or Lavender-top vacutainer (Plasma)</td>
</tr>
</tbody>
</table>
| Form: | DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)  
*Indicate specimen type using the "Specimen Code" on form.* |
| Packaging and Shipping*: | Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).  
*Refer to current Federal regulations for specific shipping requirements.* |
| Transport Conditions: | Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen). |
| Specimen Rejection Criteria: | Hemolysis; insufficient volume, specimen collected > 7 days prior to arrival without being frozen |
| Availability: | Monday through Friday |
| Results and Interpretation: | **NEGATIVE**—Very low or now antibody is present in the sample. Does not rule out a recent or current infection  
**POSITIVE**—Antibody is present as a result of previous or current infection with T. pallidum  
**EQUIVOCAL**—Suspect for infection with T. pallidum. Please submit another specimen in 2 weeks for retesting. |
| Additional Information: | http://www.cdc.gov/std/syphilis/ |
| Purpose of Test: | Detect antibodies (IgG & IgM) to Treponema pallidum. |
| Methods: | EIA |
| Interfering Substances: | Icteric, hemolyzed, lipemic specimen |
| Testing Site: | DHMH Laboratories Administration, Central Laboratory  
1770 Ashland Avenue, Baltimore, Maryland 21205 |

*Continued Next Page*
Comment: All treponemal tests tend to remain reactive following treponemal infection; therefore, they should not be used to evaluate response to therapy. Because of the persistence of reactivity, probably for the life of the patient, the treponemal tests are of no value to the clinician in determining relapse or re-infection in a patient who has had a reactive result. Serologic results should not be used as a sole means for diagnosis, treatment, or for the assessment of a patient’s health. Clinical correlation is required.

**TEST:** Syphilis-RPR Serology

<table>
<thead>
<tr>
<th>Synonym:</th>
<th>Rapid Plasma Reagin, Detect reaginic antibodies associated with syphilis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory/Phone:</td>
<td>443-681-3938/3931</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>3 business days</td>
</tr>
<tr>
<td>Specimen Required:</td>
<td>Serum/Plasma</td>
</tr>
<tr>
<td>Specimen identification:</td>
<td>The specimen/sample must be properly labeled and include patient’s name or unique patient/sample identifier matching the test requisition or electronic test order.</td>
</tr>
<tr>
<td>Specimen Volume (Optimum):</td>
<td>2 ml. (Whole Blood)</td>
</tr>
<tr>
<td>Specimen Volume (Minimum):</td>
<td>1 ml. (Whole Blood)</td>
</tr>
<tr>
<td>Collect:</td>
<td>Red-top vacutainer (Serum) or Lavender-top vacutainer (Plasma)</td>
</tr>
<tr>
<td>Form:</td>
<td>DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)</td>
</tr>
<tr>
<td>Packaging and Shipping*:</td>
<td>Indicate specimen type using the “Specimen Code” on form.</td>
</tr>
<tr>
<td>Transport Conditions:</td>
<td>Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).</td>
</tr>
<tr>
<td>Specimen Rejection Criteria:</td>
<td>Hemolysis; insufficient volume, specimen collected &gt; 7 days prior to arrival without being frozen</td>
</tr>
<tr>
<td>Availability:</td>
<td>Monday through Friday</td>
</tr>
<tr>
<td>Results and Interpretation:</td>
<td>REACTIVE- Non-Treponemal antibodies detected.</td>
</tr>
<tr>
<td></td>
<td>NON-REACTIVE- Non-Treponemal antibodies not detected. False negatives occur in incubating primary and in latent syphilis</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>Detect antibodies which may be due to syphilis or to quantify reaginic antibodies associated with syphilis infections or to monitor response to treatment.</td>
</tr>
<tr>
<td>Purpose of Test:</td>
<td>Detect non-treponemal antibodies which may be due to syphilis</td>
</tr>
<tr>
<td>Method:</td>
<td>RPR (Rapid Plasma Reagin)</td>
</tr>
<tr>
<td>Interfering Substances:</td>
<td>Icteric, hemolyzed, lipemic specimen</td>
</tr>
<tr>
<td>Testing Site:</td>
<td>DHMH Laboratories Administration, Central Laboratory</td>
</tr>
<tr>
<td></td>
<td>1770 Ashland Avenue, Baltimore, Maryland 21205</td>
</tr>
<tr>
<td>Comment:</td>
<td>RPR tests may be non-specifically reactive in other conditions. Absence of reaginic antibody does not necessarily indicate inactive infection. Reactive specimens are quantitatively tested and reflexed to Syphilis IgG/IgM EIA and further serological study. Serologic results should not be used as a sole means for diagnosis, treatment, or for the assessment of a patient’s health. Clinical correlation is required.</td>
</tr>
</tbody>
</table>

**TEST:** Syphilis Serology -VDRL

<table>
<thead>
<tr>
<th>Synonym:</th>
<th>Venereal Disease Research Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory/Phone:</td>
<td>443-681-3938/3931</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>5 business days</td>
</tr>
<tr>
<td>Specimen Required:</td>
<td>Cerebrospinal fluid (CSF)</td>
</tr>
<tr>
<td>Specimen identification:</td>
<td>The specimen/sample must be properly labeled and include patient’s name or unique patient/sample identifier matching the test requisition or electronic test order.</td>
</tr>
<tr>
<td>Specimen Volume (Optimum):</td>
<td>2 ml.</td>
</tr>
<tr>
<td>Specimen Volume (Minimum):</td>
<td>1 ml.</td>
</tr>
<tr>
<td>Collect:</td>
<td>Sterile CSF</td>
</tr>
</tbody>
</table>

Continued Next Page>
Form: DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)

Indicate specimen type using the “Specimen Code” on form.

Packaging and Shipping*: Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).

*Refer to current Federal regulations for specific shipping requirements.

Transport Conditions: 2-8°C (refrigerated) or -20°C (frozen).

Specimen Rejection Criteria: Hemolysis; insufficient volume

Availability: Monday through Friday

Results and Interpretation: NON-REACTIVE -- indicates that the patient does not have detectable non-treponemal antibody.

REACTIVE -- indicates past or present syphilis infection of the central nervous system.

Additional Information: This test is only performed on Cerebrospinal fluid (CSF)

Purpose of Test: Detect antibodies which may be due to syphilis

Methods: Slide flocculation test

Interfering Substances: Blood

Testing Site: DHMH Laboratories Administration, Central Laboratory
1770 Ashland Avenue, Baltimore, Maryland  21205

Comment: The VDRL is a non-treponemal test to detect lipoidal antigen to T. pallidum. VDRL is run on spinal fluid specimens only, for suspected neurosyphilis.

TEST: Throat Culture (Group A Strept Culture)

Synonym: Throat culture for Group A Strept Beta; Streptococcus pyogenes culture: Refer to instructions for Group A Strept Culture.

Laboratory/Phone: Microbiology 443-681-3952

TEST: Throat culture (Bacterial Culture, Routine)

Synonym: Aerobic culture, routine culture, throat culture: Refer to instructions for Bacterial Culture, Routine.

Laboratory/Phone: Microbiology 443-681-3952

TEST: Tick identification/Ectoparasite

Synonym: Arthropod Identification; Tick identification/Ectoparasite: refer to instructions for Arthropod Identification.

Laboratory/Phone: Microbiology 443-681-3952

TEST: Toxocara serology (CDC Referral)

Synonym: Toxocara canis, Toxocara cati, Toxocariasis, Larva migrans, parasite

Laboratory/Phone: 443-681-3938/3931

Turnaround Time: 18 business days (CDC Referral)

Specimen Required: Serum, plasma

Specimen identification: The specimen/sample must be properly labeled and include patient’s name or unique patient/sample identifier matching the test requisition or electronic test order.

Specimen Volume (Optimum): 2 ml. (Whole Blood)

Specimen Volume (Minimum): 1 ml. (Whole Blood)

Collect: Red-top vacutainer (Serum) or Lavender-top vacutainer (Plasma)

Form: DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)

Indicate specimen type using the “Specimen Code” on form.

Packaging and Shipping*: Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).

*Refer to current Federal regulations for specific shipping requirements.
<table>
<thead>
<tr>
<th>Transport Conditions:</th>
<th>Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specimen Rejection Criteria:</td>
<td>Hemolysis; insufficient volume</td>
</tr>
<tr>
<td>Availability:</td>
<td>Monday through Friday</td>
</tr>
<tr>
<td>Results and Interpretation:</td>
<td>Given on CDC report</td>
</tr>
<tr>
<td>Purpose of Test:</td>
<td>Detect antibodies which may be due Toxocara canis infections.</td>
</tr>
<tr>
<td>Methods:</td>
<td>EIA, ELISA, Antibody Detection</td>
</tr>
<tr>
<td>Interfering Substances:</td>
<td>Icteric, hemolyzed, lipemic specimen</td>
</tr>
<tr>
<td>Processing Site for CDC referral:</td>
<td>DHMH Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, MD 21205</td>
</tr>
<tr>
<td>Comment:</td>
<td>Contact the MD DHMH Epidemiologist at (410)767-6700 for prior approval of specimen submission. Required supplemental information: Exposure and travel history, include other relevant risk factors; clinical symptoms, treatment and relevant lab results.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TEST:</th>
<th>Toxoplasma Serology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synonym:</td>
<td>Toxoplasma gondii</td>
</tr>
<tr>
<td>Laboratory/Phone:</td>
<td>443-681-3938/3931</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>5 business days</td>
</tr>
<tr>
<td>Specimen Required:</td>
<td>Serum</td>
</tr>
<tr>
<td>Specimen identification:</td>
<td>The specimen/sample must be properly labeled and include patient’s name or unique patient/sample identifier matching the test requisition or electronic test order.</td>
</tr>
<tr>
<td>Specimen Volume (Optimum):</td>
<td>2 ml. (Whole Blood)</td>
</tr>
<tr>
<td>Specimen Volume (Minimum):</td>
<td>1 ml. (Whole Blood)</td>
</tr>
<tr>
<td>Collect:</td>
<td>Red-top vacutainer</td>
</tr>
<tr>
<td>Form:</td>
<td>DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777) Indicate specimen type using the “Specimen Code” on form.</td>
</tr>
<tr>
<td>Packaging and Shipping*:</td>
<td>Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 &amp; 10 for triple packing guidance). Refer to current Federal regulations for specific shipping requirements.</td>
</tr>
<tr>
<td>Transport Conditions:</td>
<td>Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).</td>
</tr>
<tr>
<td>Specimen Rejection Criteria:</td>
<td>Hemolysis; insufficient volume, specimen collected &gt; 5 days prior to arrival without being frozen</td>
</tr>
<tr>
<td>Availability:</td>
<td>Monday through Friday</td>
</tr>
</tbody>
</table>
| Results and Interpretation: | NEGATIVE—No detectable IgG/IgM antibody to Toxoplasma gondii  
POSITIVE—Detectable IgG/IgM antibody to Toxoplasma gondii indicating current or previous infection  
EQUIVOCAL—Immunological status cannot be determined. Please submit a new specimen within 3 weeks for retesting |
| Additional Information: | |
| Purpose of Test: | Detect T. gondii antibodies (IgM & IgG) |
| Methods: | EIA, ELFA |
| Interfering Substances: | Icteric, hemolyzed, lipemic or heat inactivation of specimen |
| Testing Site: | DHMH Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, Maryland 21205 |
| Comment: | Serologic results should not be used as a sole means for diagnosis, treatment, or for the assessment of a patient’s health. Clinical correlation is required. The presence of IgG antibody against a particular virus or organism may not assure protection from that disease. |
## TEST: Trichinellosis Serology (CDC Referral)

**Synonym:** Trichinosis, Trichnella spiralis  
**Laboratory/Phone:** 443-681-3938/3931  
**Turnaround Time:** 18 business days (CDC Referral)  
**Specimen Required:** Serum, plasma  
**Specimen identification:** The specimen/sample must be properly labeled and include patient’s name or unique patient/sample identifier matching the test requisition or electronic test order.  
**Specimen Volume (Optimum):** 2 ml. (Whole Blood)  
**Specimen Volume (Minimum):** 0.5 ml. (Whole Blood)  
**Collect:** Red-top vacutainer (Serum) or Lavender-top vacutainer (Plasma)  
**Form:** DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)  
**Packaging and Shipping:** Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).  
**Transport Conditions:** Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).  
**Specimen Rejection Criteria:** Hemolysis; insufficient volume  
**Availability:** Monday through Friday  
**Results and Interpretation:** Given on CDC report  
**Additional Information:** [http://www.cdc.gov/parasites/trichinellosis/](http://www.cdc.gov/parasites/trichinellosis/)  
**Purpose of Test:** Detect antibodies which may be due Trichinella infections.  
**Methods:** EIA, ELISA, Antibody Detection  
**Interfering Substances:** Icteric, hemolyzed, lipemic specimen  
**Processing Site for CDC referral:** DHMH Laboratories Administration, Central Laboratory  
1770 Ashland Avenue, Baltimore, MD 21205  
**Comment:** Contact the MD DHMH Epidemiologist at (410)767-6700 for prior approval of specimen submission. Required supplemental information: 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.

## TEST: Tuberculosis Bacteriology Culture (AFB/Mycobacterium Identification)

**Synonym:** Acid Fast Bacteria Identification (Acid Fast Bacilli); *M. Tuberculosis* culture; Refer to instructions for *Mycobacterium tuberculosis* culture.  
**Laboratory/Phone:** Microbiology - Mycobacteriology 443-681-3942  

## TEST: Tularemia

**Synonym:** *Francisella tularensis* culture, *Pasteurella tularensis*, rabbit fever, deerfly fever, Ohara’s disease, Francis disease; Refer to instructions for *Francisella tularensis* culture.  
**Laboratory/Phone:** Office of Laboratory Emergency Preparedness and Response:  
410-925-3121 (24/7 emergency contact number)  
Select Agents Microbiology Laboratory: 443-681-3954  
Division of Microbiology Laboratory: 443-681-3952

## TEST: Typhus Fever Serology

**Synonym:** (Murine typhus); Typhus Fever Antibody; *R. typhi* serology  
**Laboratory/Phone:** 443-681-3938  
**Turnaround Time:** 5 business days  
**Specimen Required:** Serum  
**Specimen identification:** The specimen/sample must be properly labeled and include patient’s name or unique patient/sample identifier matching the test requisition or electronic test order.  
**Specimen Volume (Optimum):** 2 ml. (Whole Blood)  
**Specimen Volume (Minimum):** 1 ml. (Whole Blood)
<table>
<thead>
<tr>
<th>Collect:</th>
<th>Red-top vacutainer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form:</td>
<td>DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)</td>
</tr>
<tr>
<td></td>
<td>Indicate specimen type using the “Specimen Code” on form.</td>
</tr>
<tr>
<td>Packaging and Shipping*:</td>
<td>Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 &amp; 10 for triple packing guidance).</td>
</tr>
<tr>
<td></td>
<td>*Refer to current Federal regulations for specific shipping requirements.</td>
</tr>
<tr>
<td>Transport Conditions:</td>
<td>Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).</td>
</tr>
<tr>
<td>Specimen Rejection Criteria:</td>
<td>Hemolysis; insufficient volume, specimen collected &gt; 5 days prior to arrival without being frozen</td>
</tr>
<tr>
<td>Availability:</td>
<td>Monday through Friday</td>
</tr>
<tr>
<td>Results and Interpretation:</td>
<td>Titers ≥ 1:64 are suggestive of possible early infection, declining titers due to past exposure, or cross-reactivity with a related organism.</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>A second specimen will usually demonstrate a diagnostic four fold rise in titer for patients with active disease</td>
</tr>
<tr>
<td>Purpose of Test:</td>
<td>Detect R. typhii antibodies (IgG).</td>
</tr>
<tr>
<td>Methods:</td>
<td>IFA</td>
</tr>
<tr>
<td>Interfering Substances:</td>
<td>Icteric, hemolyzed, lipemic or heat inactivation of specimen</td>
</tr>
<tr>
<td>Testing Site:</td>
<td>DHMH Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, Maryland 21205</td>
</tr>
<tr>
<td>Comment:</td>
<td>Results are for epidemiological purposes only. Serologic results should not be used as a sole means for diagnosis, treatment, or for the assessment of a patient’s health. Clinical correlation is required.</td>
</tr>
</tbody>
</table>

**TEST:** **Undulant Fever**

**Synonym:** Brucellosis, Bang’s Disease, Malta Fever, and Rock of Gibraltar Fever: Refer to instructions for Brucella serology or Brucella species, culture.

| Laboratory/Phone: | Office of Laboratory Emergency Preparedness and Response: 410-925-3121 (24/7 emergency contact number) |
|                  | Select Agents Microbiology Laboratory: 443-681-3954 |
|                  | Division of Microbiology Laboratory: 443-681-3952 |

**TEST:** **Urine Culture (Bacterial Culture, Routine)**

**Synonym:** Aerobic culture, routine urine culture, urine culture: Refer to instructions for Bacterial Culture, Routine

| Laboratory/Phone: | Microbiology 443-681-3952 |

**TEST:** **Varicella Antibody IgG (Varicella Immunity Screen)**

**Synonym:** Anti-Varicella/ Varicella Zoster Virus (VZV)/Chickenpox IgG; Varicella immunity test.

| Laboratory/Phone: | Vaccine Preventable Disease/443-681-3889 |

| Turnaround Time: | 2-5 business days |

| Specimen Required: | Serum |

| Specimen Identification: | Label container with patient’s last name, first name, DOB, specimen type, date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order. |

| Specimen Volume (Optimum): | 5 ml. (Whole blood) or 4 ml. (Serum) |

| Specimen Volume (Minimum): | 3 ml. (Whole blood) or 2 ml. (Serum) |

| Collect: | Red-top vacutainer |

| Form: | DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777) |

| Indicate specimen type using the “Specimen Code” on form next to Varicella Immunity Screen. |
Packaging and Shipping*: Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).

*Refer to current Federal regulations for specific shipping requirements.

Transport Conditions: Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).

Specimen Rejection Criteria: Discrepancy between name on tube and name on form, unlabeled specimen; hemolytic; lipemic; gross bacterial contamination. Specimens collected > 7 days prior to submission.

Availability: Service available only to state and local health departments Monday to Friday.

Results and Interpretation: **Negative:** Indicates no detectable Varicella IgG antibodies. A negative result indicates no current or previous infection with Varicella virus. Such individuals are presumed to be susceptible to primary infection. However, specimen taken too early during a primary infection may not have detectable levels of IgG antibody. If primary infection is suspected, another specimen (convalescent) should be taken in 8-14 days and tested concurrently in the same assay with the original (acute) specimen to look for seroconversion. If acute specimen is negative and convalescent specimen is positive, seroconversion has taken place and a primary varicella virus infection is indicated.

**Equivocal:** Equivocal results are indeterminate. Patient may or may not have immunity to Varicella Virus. It is not acceptable proof of immunity.

**Positive:** Indicates evidence of Varicella IgG antibodies This suggests past or current infection with Varicella virus via acquired immunity or vaccination and probable protection from clinical infection (Immunity).

Additional Information: For more information, see the CDC link at: http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/varicella.pdf

Purpose of Test: For detection of IgG antibodies to Varicella virus. The test can be used to evaluate single sera for immune status.

Method: ELISA

Interfering Substances: Test results in an immune compromised patients should be interpreted with caution.

Testing Site: DHMH Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, Maryland 21205

Comment: **LIMITATIONS:** A diagnosis should not be made on the basis of anti-Varicella results alone. Test results should be interpreted in conjunction with the clinical evaluation and the results of other diagnostic procedures. The antibody titer of a single serum specimen cannot be used to determine a recent infection. Paired samples (acute and convalescent) should be collected and tested concurrently to demonstrate seroconversion. Samples collected too early in the course of an infection may not have detectable levels of IgG. In such cases, a second sample may be collected after 2-7 weeks and tested concurrently with the Original sample to look for seroconversion. A positive Varicella IgG test in neonates should be interpreted with caution since passively acquired maternal antibody can persist for up to 6 months.

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**TEST:** Varicella Antibody (IgM)

**Synonym:** Anti-Varicella IgM; Varicella Zoster Virus/VZV antibody.

**Laboratory/Phone:** Vaccine Preventable Disease/443-681-3889

**Turnaround Time:** Serum

**Specimen Required:** Serum

**Specimen identification:** Label container with patient’s last name, first name, DOB, specimen type, date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order.

**Specimen Volume (Optimum):** 5 ml. (Whole blood) or 4 ml. (Serum)

**Specimen Volume (Minimum):** 3 ml. (Whole blood) or 2 ml. (Serum)

**Collect:** Red-top vacutainer

**Form:** DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777) Indicate specimen type using the “Specimen Code” on form. Prior approval by DHMH Epidemiology (410-767-6628) required.

Continued Next Page>
### Packaging and Shipping*
Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).

*Refer to current Federal regulations for specific shipping requirements.

### Transport Conditions:
Ambient temperature for specimens on the blood clot (whole blood specimens transported on ice packs are acceptable), separated serum at 2-8°C (refrigerated) or -20°C (frozen).

### Specimen Rejection Criteria:
Discrepancy between name on tube and name on form, unlabeled specimen; hemolytic; lipemic; gross bacterial contamination.

### Availability:
Monday to Friday. **Test available only to DHMH epidemiologists for outbreak investigations. Prior approval by DHMH Epidemiology (410-767-6628) required.**

### Results and Interpretation:
- **Negative:** No detectable Varicella IgM antibodies. A negative result indicates no current infection with Varicella virus. However, specimens taken too early during a primary infection may not have detectable levels of IgM antibody. If a primary infection is suspected, another specimen should be taken within 7 days and tested concurrently in the same assay with the original specimen to look for seroconversion.
- **Equivocal:** Equivocal specimens are borderline. Another specimen should be collected after 7 days and retested.
- **Positive:** Indicates evidence of Varicella IgM antibodies. This suggests primary or reactivated infection with Varicella.

### Additional Information:
For more information, see the CDC link at:

### Purpose of Test:
For detection of IgM antibodies to Varicella virus. **Test available only to DHMH epidemiologists for outbreak investigations. Prior approval by DHMH Epidemiology (410-767-6628) required.**

### Method:
ELISA

### Interfering Substances:
Test results in an immune compromised patients should be interpreted with caution.

### Testing Site:
DHMH Laboratories Administration, Central Laboratory
1770 Ashland Avenue, Baltimore, Maryland 21205

### Comment:
**LIMITATIONS:** Results of the Varicella IgM ELISA are not by themselves diagnostic and should be interpreted in light of the patient’s clinical condition and results of other diagnostic procedures. Varicella virus specific IgG antibody may compete with IgM for binding sites and cause false negative results. Rheumatoid factor, if present along with specific IgG, will cause false positive results. The Sample Diluent contains an absorbent which will remove IgG from the test specimen, and significantly reduce the possibility of false positive or negative results. Heterotypic IgM antibody responses may occur in patients infected with Epstein-Barr virus, and sera from patients with infectious mononucleosis. Samples taken too early during the course of a primary infection may not have detectable levels of Varicella specific IgM. A negative result does not rule out a primary infection with rubella virus. It cannot distinguish the difference between vaccine-induced antibody and antibody resulting from a natural infection. False positive anti-Varicella IgM results may be obtained from patients with autoimmune disease. The performance of the Varicella IgM ELISA has not been validated using neonatal samples.

### TEST: Varicella Zoster Virus (VZV) Viral Culture
**Synonym:** Varicella Zoster Virus (VZV) culture: refer to instructions for Virus Culture.
**Laboratory/Phone:** Virology: 443-681-3934

### TEST: Vibrio culture
**Synonym:** Vibrio spp. Enteric Culture: Refer to instructions for Enteric Culture, Routine (Salmonella, Shigella, Campylobacter, and Shiga toxins–producing E. coli).
**Laboratory/Phone:** Microbiology-Enterics 443-681-4570
## Vibrio parahaemolyticus culture

**Synonym:** Vibrio spp. Enteric Culture: Refer to instructions for Enteric Culture, Routine (Salmonella, Shigella, Campylobacter, and Shiga toxins–producing E. coli).

**Laboratory/Phone:** Microbiology-Enterics 443-681-4570

## Virus Culture

**Synonym:** Viral Culture, Virus isolation for: Adenovirus, Cytomegalovirus (CMV), Enterovirus (including Echovirus, Coxsackie, and Polio), Herpes Simplex Virus (HSV Types 1 & 2), Influenza (Types A & B), Measles, Mumps, Parainfluenza (Types 1,2 & 3), Respiratory Syncytial Virus (RSV), Varicella Zoster Virus (VZV)

**Laboratory/Phone:** Virology: 443-681-3934

**Turnaround Time:** 3-28 business days

**Specimen Required:** One specimen per test requested, collected during the acute phase of the disease: blood, cerebrospinal fluid (CSF), skin lesion, eye, genital, mucosal, oral, upper and lower respiratory tract, stool, tissue/biopsy, urine

**Specimen identification:** Specify the source of the specimen. Label container with patient’s last name, first name, DOB, specimen type, date and time of collection.

**Specimen Volume (Optimum):**
- Fluid: ≥ 1 ml
- Swab/tissue in viral transport media (VTM)
- Unpreserved fresh stool: 4 grams in sterile container

**Specimen Volume (Minimum):**
<table>
<thead>
<tr>
<th>Collect:</th>
<th>Specimen</th>
<th>Collect</th>
<th>Container</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSF</td>
<td>Collect ≥ 2 ml aseptically.</td>
<td>Sterile container with leak-proof screw top lid.</td>
<td></td>
</tr>
<tr>
<td>Eye</td>
<td>Collect aseptically and leave swab in VTM.</td>
<td>Viral transport media (VTM)</td>
<td></td>
</tr>
<tr>
<td>Nasopharyngeal aspirate</td>
<td>Aspirate using #8 French catheter and trap</td>
<td>Sterile container with leak-proof screw top lid.</td>
<td></td>
</tr>
<tr>
<td>Oral</td>
<td>Swab inner side of both cheeks behind upper molars and floor of mouth, including any ulcerated areas. Leave swab in VTM.</td>
<td>Viral transport media (VTM)</td>
<td></td>
</tr>
<tr>
<td>Buccal</td>
<td>Swab inner side of both cheeks. Leave swab in VTM</td>
<td>Notify DHMH Epidemiology and send to laboratory ASAP after collection.</td>
<td></td>
</tr>
<tr>
<td>Rectal</td>
<td>Insert swab at least 5 cm into orifice and rotate the swab. Leave swab in VTM.</td>
<td>Viral transport media (VTM)</td>
<td></td>
</tr>
<tr>
<td>Stool</td>
<td>4-8 grams</td>
<td>Sterile container with leak-proof screw top lid.</td>
<td></td>
</tr>
<tr>
<td>Throat</td>
<td>Swab tonsillar area and back of pharynx. Leave swab in VTM.</td>
<td>Viral transport media (VTM)</td>
<td></td>
</tr>
<tr>
<td>Tissue</td>
<td>Collect biopsy and autopsy specimens aseptically</td>
<td>Sterile container with leak-proof screw top lid. If possible, add viral transport media.</td>
<td></td>
</tr>
<tr>
<td>Urine</td>
<td>Clean catch, midstream urine</td>
<td>Sterile container with leak-proof screw top lid. For recovery of CMV, send to lab within 2-3 hours after collection on cold ice packs. DO NOT FREEZE!</td>
<td></td>
</tr>
<tr>
<td>Urine for mumps</td>
<td>Collect entire stream.</td>
<td>Sterile container with leak-proof screw top lid. Notify DHMH Epidemiology and send to laboratory ASAP after collection.</td>
<td></td>
</tr>
</tbody>
</table>

Form: DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777) Indicate the specific virus suspected by placing a "Specimen Code' in the box next to the test. Provide clinical history, age of patient, relevant vaccination history, and specimen collection date.

Packaging and Shipping*: Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).

*Refer to current Federal regulations for specific shipping requirements.

Transport Conditions: Stool specimens for enterovirus (Polio, Coxsackie, and Echovirus) should be shipped on refrigerated cold packs.

Specimens for CMV cultures should be delivered refrigerated on cold packs immediately after collection (within 2-3 hours). **DO NOT FREEZE specimens for CMV culture.** Varicella-Zoster Virus, Influenza, Parainfluenza, Adenovirus, Measles, Mumps, Respiratory Syncytial Virus, and HSV cultures should be shipped on cold packs or kept frozen using dry ice. Any specimen for virus isolation other than those previously listed should be shipped frozen in a dry ice outfit. Seal the specimen container tightly to prevent ingress of toxic carbon dioxide vapors.

Whenever possible, submit both acute and convalescent sera from patients for whom virus isolation tests are being requested.

Specimen Rejection Criteria: Bacterial swab, dry swab, swab with wooden shaft, calcium alginate swab, leaking container, expired transport media, unlabeled specimen, mismatch between labeling of specimen and test request form, specimen held at room temperature more than 2 hours, refrigerated for more than 3 days or frozen CMV urine specimens.

Availability: Monday through Friday.
| Results and Interpretation: | Positive: (Name of virus) isolated.  
Negative: No viruses isolated. |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional Information:</td>
<td>Purpose of Test: Virus isolation to determine probable cause of infection and aid in the diagnosis of viral disease or to further characterization for epidemiological purposes.</td>
</tr>
<tr>
<td>Method:</td>
<td>Cell culture, viruses detected by cytopathic effect and/or antibody/fluorescent staining.</td>
</tr>
</tbody>
</table>
| Interfering Substances:   | Testing Site: DHMH Laboratories Administration, Central Laboratory  
1770 Ashland Avenue, Baltimore, Maryland 21205 |
| Comment:                 | The two most important steps in viral isolation are specimen collection and specimen transportation. Since the detection of viruses is more likely to be achieved early in the illness, specimens for most viral diseases should be collected as soon as a viral infection is suspected and submitted to the laboratory as soon as possible.  
Submission of adequate specimen and patient history is essential. A blanket request for “Virus Study” should not be submitted. Information must specify the group of viruses suspected. Please indicate suspected infecting agent as well as additional information such as chief symptoms, clinical test results, epidemiology data, immunizations, etc. This will guide the laboratory in choosing which virological procedures and host systems should be inoculated. Since many viruses die rapidly once they have been separated from host tissue, specimens must be delivered to the Virology Laboratory immediately after collection.  
Isolation of a virus from clinical material does not establish an etiologic diagnosis per se. The significance of such a virus depends upon the source of the isolate. For example, isolation of a virus from the brain in encephalitis or from the spinal fluid in aseptic meningitis provides direct evidence of an etiological association. Likewise isolation of an influenza virus from throat washings of a patient ill with an influenza-like disease strongly suggests that the virus is the causative agent since this virus is only isolated from throat washings in acute influenza. In contrast, the isolation of an enteric virus from the stool of a patient suffering from aseptic meningitis does not by itself indicate an etiological relationship, as entroviruses are sometimes found in the feces of healthy individuals. Occasionally a virus other than the one ordered is detected since any reaction in the host system is investigated.  
A negative viral culture report does not preclude the possibility of the suspect virus or another virus being involved in the patient’s disease. The cultures may be negative because of specimen procurement problems, such as prolonged transportation or processing delays, procurement of sample too late in the course of the disease, or inability of some viruses or viral strains to adapt to growth in the tissue culture cell lines selected.  
For a more rapid diagnosis, Real-Time PCR detection tests for Influenza A virus, Influenza B virus, and Herpes simplex virus I and II are available. |
| TEST: VRE (rule out)      | Synonym: Vancomycin-Resistant Enterococcus culture; rule out Vancomycin-Resistant Enterococcus faecium; rule out Vancomycin-Resistant Enterococcus faecalis |
| Laboratory/Phone:         | Microbiology 443-681-3952 |
| Turnaround Time [from specimen receipt in the Laboratory]: | 2-3 days |
| Specimen Required:        | Rectal swab; perianal swab, stool |
| Specimen Identification:  | Specimen should be labeled with patient’s last and first name, patient’s address, DOB, specimen type/source, and the date and time of collection. The specimen/sample must be properly labeled and match the test requisition or electronic test order. |
| Specimen Volume (Optimum): | One (1) swab |
| Specimen Volume (Minimum): | N/A |
| Collect:                  | Culturette tube with transport medium |
| Form:                     | DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777)  
Indicate specimen type using the “Specimen Code” on form. |
| Packaging and Shipping*:  | Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).  
*Refer to current Federal regulations for specific shipping requirements. |

*Continued Next Page*
Transport Conditions: Store and ship at room temperature, ship as quickly as possible.

Specimen Rejection Criteria: The following rejection criteria are designed to prevent the reporting of inaccurate results and to avoid misleading information that might lead to misdiagnosis and inappropriate therapy. A request for a new specimen will provide appropriate materials and clinically relevant information to support good patient care.  
- Unlabeled or improperly labeled specimen  
- Non-sterile or leaking container  
- Inappropriate specimen transport conditions  
- Illegible, or no submitter information on the request form  
- Mismatched form and specimen  
- Broken specimen/sample container  
- The wrong specimen for test request  
- Inappropriate outfit for requested test  
- Illegible or no patient information on the specimen  
- Expired transport media  
- Specimen received after prolonged delay (usually more than 72 hours)

Availability: Monday through Friday

Results and Interpretation: VRE isolated and identified, Vancomycin resistance confirmed.

Reference Range: No VRE detected

Additional Information: N/A

Purpose of Test: Detect the presence of VRE

Method: N/A

Interfering Substances: N/A

Testing Site: DHMH Laboratories Administration, Central Laboratory  
1770 Ashland Avenue, Baltimore, Maryland 21205

Comment: N/A

TEST: West Nile Virus IgM Equine EIA (Equine specimen)

Synonym: Arthropod-borne virus: WNV (West Nile Virus)

Laboratory/Phone: Virology: 443-681-3937

Turnaround Time: 7 business days

Specimen Required: Serum (blood); CSF

Specimen identification: Label container with horse’s name, specimen type, date and time of collection.

Specimen Volume (Optimum): 2 ml serum; 2ml CSF

Specimen Volume (Minimum): 1 ml serum; 0.5 ml CSF

Collect: Red top vacuum tube, transfer serum to sterile tube: CSF in sterile container with leak-proof cap.

Request Form: Equine Arbovirus Testing Form  
[Order: 443-681-3776]  
For testing to be initiated, the ANIMAL INFORMATION box on the form must be filled out completely.

Packaging and Shipping*: Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).

*Refer to current Federal regulations for specific shipping requirements.

Transport Conditions: Store refrigerated and ship on cold packs in a cooler. If shipping is delayed beyond 48 hours, CSF must be frozen at -20°C and shipped on dry ice.

Specimen Rejection Criteria: Grossly hemolyzed specimens, unlabeled specimen, leaking container, duplicate specimen type (e.g., two serum specimens collected on the same day—one tube will not be tested), and mismatch between labeling of specimen and test request form.

Availability: Monday through Friday.

Results and Interpretation: IgM: Negative, High Background, Equivocal, Positive  
Serum and CSF samples that tests positive for IgM is consistent with acute WNV infection

Additional Information: The term “Arbovirus” has no taxonomic significance, but is a shortened name given to viruses that are transmitted by blood feeding arthropods (mosquitoes, ticks, etc). For more information, see the CDC link at:  
http://www.cdc.gov/ncidod/dvbid/arbor/arbdet.htm

Purpose of Test:  
Method: ELISA

Interfering Substances:
<table>
<thead>
<tr>
<th>Testing Site:</th>
<th>DHMH Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, Maryland 21205</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comment:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TEST:</th>
<th>Western Equine Encephalitis (CDC Referral)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synonym:</td>
<td>Arthropod-borne virus: Western Equine Encephalitis (WEE)</td>
</tr>
<tr>
<td>Laboratory/Phone:</td>
<td>Virology: 443-681-3937</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>3 weeks</td>
</tr>
<tr>
<td>Specimen Required:</td>
<td>Serum (blood)</td>
</tr>
</tbody>
</table>
| Specimen identification: | The specimen/sample must be properly labeled and include:  
1. The patient’s name or unique patient/sample identifier matching the test requisition or electronic test order,  
2. If appropriate, the date and time of specimen/sample collection, and  
3. Any additional information relevant and necessary for the test. |
| Specimen Volume (Optimum): | 2 ml serum                                    |
| Specimen Volume (Minimum): | 1 ml serum                                    |
| Collect:     | Red top vacutainer tube, transfer serum to sterile tube                                        |
| Request Form: | DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)  
Indicate specimen type using the “Specimen Code” on form. Write “S” for serum in the “Other Tests Request” and indicate Western Equine Encephalitis.  
For testing to be initiated the following information MUST be provided: date of onset, date specimen collected, travel history, and flavivirus vaccination history.  
Also please provide: patient’s date of birth, diagnosis, symptoms, fatality, and whether patient is immunocompromised. |
| Packaging and Shipping*: | Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).  
*Refer to current Federal regulations for specific shipping requirements. |
| Transport Conditions: | Store refrigerated and ship on cold packs in a cooler. If shipping is delayed beyond 48 hours, specimen can be frozen at -20°C and shipped on dry ice. |
| Specimen Rejection Criteria: | Grossly hemolyzed specimen, unlabeled specimen, leaking container, mismatch between labeling of specimen and test request form/electronic test order, and does not meet epidemiological criteria required for testing (e.g. travel history, etc.) |
| Availability: | Specimens shipped to the CDC Monday-Wednesday. |
| Results and Interpretation: | Serum that tests positive for IgM and negative for IgG is consistent with acute Western Equine Encephalitis infection. A positive Western Equine Encephalitis EIA is confirmed by PRNT (plaque reduction neutralization). A positive IgG antibody and a negative IgM antibody are consistent with infection in the distant past and are not consistent with acute infection. |
| Additional Information: | The term “Arbovirus” has no taxonomic significance, but is a shortened name give to viruses that are transmitted by blood feeding arthropods (mosquitoes, ticks, etc). Arboviruses that cause human encephalitis are members of three virus families: The Togaviridae (genus Alphavirus), Flaviviridae, and Bunyaviridae. For more information, see the CDC link at: https://www.cdc.gov/ncezid/dvbd/  
Patients with travel history supporting suspicion of other arboviruses will be sent to the CDC for testing. |
| Purpose of Test: | For the presumptive detection of antibodies to Western Equine Encephalitis Virus.  
Confirmatory testing by PRNT may be required. |
| Method:       | EIA (Screening) & PRNT (Plaque Reduction Neutralization Test) referral to the Centers for Disease Control and Prevention (CDC). |
| Interfering Substances: |                                                                 |
| Processing Site for CDC referral: | DHMH Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, Maryland 21205 |
| Comment:     | Other Arboviral testing not available at the state lab will be forwarded to the CDC based on patient’s travel history and onset date. |
### TEST: Whooping Cough

<table>
<thead>
<tr>
<th>Synonym:</th>
<th>B. pertussis, pertussis, Whooping Cough Refer to instructions for <em>Bordetella pertussis PCR and Culture</em>.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory/Phone:</td>
<td>Molecular Biology: 443-681-3924; Microbiology 443-681-3952</td>
</tr>
</tbody>
</table>

### TEST: Woolsorters' Disease

<table>
<thead>
<tr>
<th>Synonym:</th>
<th><em>Bacillus anthracis</em>, Cutaneous Anthrax: Refer to instructions for <em>Anthrax, Cutaneous (Woolsorters' disease)</em>.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory/Phone:</td>
<td>Office of Laboratory Emergency Preparedness and Response:&lt;br&gt;410-925-3121 (24/7 emergency contact number)&lt;br&gt;Select Agents Microbiology Laboratory: 443-681-3954&lt;br&gt;Division of Microbiology Laboratory: 443-681-3952</td>
</tr>
</tbody>
</table>

### TEST: Yellow Fever (CDC Referral)

<table>
<thead>
<tr>
<th>Synonym:</th>
<th>Arthropod-borne virus: <em>Bunyavirus</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory/Phone:</td>
<td>Virology: 443-681-3937</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>3 weeks (CDC Referral)</td>
</tr>
<tr>
<td>Specimen Required:</td>
<td>Serum</td>
</tr>
<tr>
<td>Specimen identification:</td>
<td>The specimen/sample must be properly labeled and include:&lt;br&gt;1. The patient’s name or unique patient/sample identifier matching the test requisition or electronic test order,&lt;br&gt;2. If appropriate, the date and time of specimen/sample collection, and&lt;br&gt;3. Any additional information relevant and necessary for the test.</td>
</tr>
<tr>
<td>Specimen Volume (Optimum):</td>
<td>2 ml serum</td>
</tr>
<tr>
<td>Specimen Volume (Minimum):</td>
<td>1 ml serum</td>
</tr>
<tr>
<td>Collect:</td>
<td>Red top vacutainer tube, transfer serum to sterile tube</td>
</tr>
<tr>
<td>Request Form:</td>
<td>DHMH Form#  4677 Serological Testing (Order Forms: 443-681-3777) Indicate specimen type using the “Specimen Code” on form. Write “S” for serum in the “Other Tests Request” and indicate Yellow Fever. For testing to be initiated, the following information MUST be provided: date of onset, date specimen collected, travel history, and flavivirus vaccination history. Also please provide: patient’s date of birth, diagnosis, symptoms, fatality, and whether patient is immunocompromised.</td>
</tr>
<tr>
<td>Packaging and Shipping*:</td>
<td>Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 &amp; 10 for triple packing guidance). *Refer to current Federal regulations for specific shipping requirements.</td>
</tr>
<tr>
<td>Transport Conditions:</td>
<td>Store refrigerated and ship on cold packs in a cooler. If shipping is delayed beyond 48 hours, specimen can be frozen at -20°C and shipped on dry ice.</td>
</tr>
<tr>
<td>Specimen Rejection Criteria:</td>
<td>Grossly hemolyzed specimen, unlabeled specimen, leaking container, mismatch between labeling of specimen and test request form/electronic test order, and does not meet epidemiological criteria required for testing (e.g. travel history, etc.)</td>
</tr>
<tr>
<td>Availability:</td>
<td>Specimens shipped to the CDC Monday-Wednesday.</td>
</tr>
<tr>
<td>Results and Interpretation:</td>
<td>Serum that tests positive for IgM and negative for IgG is consistent with acute Yellow Fever infection. All positive Yellow Fever EIA are confirmed by PRNT (plaque reduction neutralization). A positive IgG antibody and a negative IgM antibody are consistent with infection in the distant past and are not consistent with acute infection.</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>The term “Arbovirus” has no taxonomic significance, but is a shortened name give to viruses that are transmitted by blood feeding arthropods (mosquitoes, ticks, etc). Arboviruses that cause human encephalitis are members of three virus families: The Togaviridae (genus Alphavirus), Flaviridae, and Bunyaviridae. For more information, see the CDC link at: <a href="https://www.cdc.gov/ncezid/dvbd/">https://www.cdc.gov/ncezid/dvbd/</a> Patients with travel history supporting suspicion of other arboviruses will be sent to the CDC for testing.</td>
</tr>
<tr>
<td>Purpose of Test:</td>
<td>Detection of Yellow Fever Virus antibodies.</td>
</tr>
</tbody>
</table>

*Continued Next Page*>
Method: EIA (Screening) & PRNT (Plaque Reduction Neutralization Test) referral to the Centers for Disease Control and Prevention (CDC).

Interfering Substances:

Processing Site for CDC referral:
DHMH Laboratories Administration, Central Laboratory
1770 Ashland Avenue, Baltimore, Maryland 21205

Comment:
Other Arboviral testing not available at the state lab will be forwarded to the CDC based on patient’s travel history and onset date.

TEST: Yersinia culture
Synonym: Yersinia stool culture: Refer to instructions for Enteric Culture, Routine.
Laboratory/Phone: Microbiology-Enterics 443-681-4570

TEST: Yersinia enterocolitica
Synonym: Yersinia enterocolitica culture: Refer to instructions for Enteric Culture, Routine.
Laboratory/Phone: Microbiology-Enterics 443-681-4570

TEST: Yersinia pestis
Synonym: Plague
Laboratory/Phone: Office of Laboratory Emergency Preparedness and Response: 410-925-3121 (24/7 emergency contact number) Select Agents Microbiology Laboratory: 443-681-3954 Division of Microbiology Laboratory: 443-681-3952
Turnaround Time [from specimen receipt in the Laboratory]: 3-6 days

Specimen Required:
1. Lower respiratory tract (pneumonic): Bronchial wash or transtracheal aspirate (>1 ml). Sputum may be examined but this is not advised because of contamination by normal throat flora.
2. Blood (septicemia): Collect appropriate blood volume and number of sets per established laboratory protocol. NOTE: In suspected cases of plague, an additional blood or broth culture (general nutrient broth) should be incubated at room temperature (22-28°C), the temperature at which Y. pestis grows faster.
3. Aspire of involved tissue (bubonic) or biopsied specimen: Liver, spleen, bone marrow, lung. NOTE: Aspirates may yield little material; therefore, a sterile saline flush may be needed to obtain an adequate amount of specimen. Syringe and needle of aspirated sample should be capped, secured by tape, and sent to the Laboratory.
4. Isolate

Specimen Identification:
Specimen should be labeled with patient’s last and first name, patient’s address, DOB, specimen type/source, and the date and time of collection.

Specimen Volume (Optimum): N/A
Specimen Volume (Minimum): N/A

Collect:
1. Respiratory/sputum: Bronchial wash or transtracheal aspirate (>1.0 ml).
2. Blood: Collect appropriate blood volume and number of sets as per routine laboratory protocol.
3. Tissue aspirate/biopsy specimen: Add several drops of sterile saline to keep tissue moist.
4. Isolate: Pure culture, 24 hours old, growing on a sheep blood agar plate or slant.

Form:
DHMH Form #4676 Infectious Agents: Culture/Detection (Order Forms: 443-681-3777) Indicate specimen type using the “Specimen Code” on form.

Packaging and Shipping*:
Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance).
*Refer to current Federal regulations for specific shipping requirements.
Transport Conditions:
1. Respiratory/sputum: Transport at room temperature. If it is known that the material will be transported from 2-24 hours after collection, then store container and transport at 2-8°C.
2. Blood: Transport at room temperature. Hold them at ambient temperature until they are incubated. DO NOT REFRIGERATE.
3. Tissue aspirate/biopsy specimen: Transport the sample at room temperature for immediate processing. Keep the specimen chilled if processing of the specimen will be delayed.
4. Isolate: Transport the specimen at room temperature on a sealed sheep blood agar plate or slant.

Specimen Rejection Criteria:
The following rejection criteria are designed to prevent the reporting of inaccurate results and to avoid misleading information that might lead to misdiagnosis and inappropriate therapy. A request for a new specimen will provide appropriate materials and clinically relevant information to support good patient care.
- Unlabeled or improperly labeled specimen
- Non-sterile or leaking container
- Inappropriate specimen transport conditions
- Illegible, or no submitter information on the request form
- Mismatched form and specimen
- Broken specimen/sample container
- The wrong specimen for test request
- Inappropriate outfit for requested test
- Illegible or no patient information on the specimen
- Expired transport media

Availability:
24 hours/day, 7 days/week

Results and Interpretation:
Yersinia pestis isolated/detected
Yersinia pestis not found

Additional Information: Call 410-925-3121 before sending to the Laboratory.

Purpose of Test:
To confirm the diagnosis of plague.

Method:
LRN Protocols

Interfering Substances:
N/A

Testing Site:
DHMH Laboratories Administration, Central Laboratory
1770 Ashland Avenue, Baltimore, Maryland 21205

Comment:
Call 410-925-3121 before sending to the Laboratory.

---

TEST:
Zika Virus IgM EIA
Test available based on patient’s travel history and risk assessment.

Synonym:
Arthropod-borne virus: Zika Virus

Laboratory/Phone:
443-681-3937

Turnaround Time:
5-10 business days during Arbovirus Season (excluding PRNT Testing)

Specimen Required:
Serum (blood)

Specimen Identification:
The specimen/sample must be properly labeled and include:
1. The patient’s name or unique patient/sample identifier matching the test requisition or electronic test order,
2. If appropriate, the date and time of specimen/sample collection, and
3. Any additional information relevant and necessary for the test.

Specimen Volume (Optimum):
2 ml serum

Specimen Volume (Minimum):
1 ml serum

Collect:
Red-top vacutainer, transfer serum to sterile tube

Form:
DHMH Form# 4677 Serological Testing (Order Forms: 443-681-3777)
Indicate specimen type using the “Specimen Code” on form. Write “S” for serum in the “Arbovirus Travel-Associated Panel”.

For testing to be initiated the following information MUST be provided: date of onset, date specimen collected, travel history, and flavivirus vaccination history. Also please provide: patient’s date of birth, diagnosis, symptoms, fatality, and whether patient is immunocompromised.

Prior authorization for testing must be obtained by Maryland State or Local Health Department Epidemiologists before testing may proceed.
**Packaging and Shipping***:** Specimens must be packaged in a triple packaging system to ensure that under normal conditions of transport they cannot break, be punctured or leak their contents (Refer to pages 9 & 10 for triple packing guidance). *Refer to current Federal regulations for specific shipping requirements.

**Transport Conditions:** Store refrigerated and ship on cold packs in a cooler. If shipping is delayed beyond 48 hours, specimen can be frozen at -20°C and shipped on dry ice.

**Specimen Rejection Criteria:** Grossly hemolyzed specimen, unlabeled specimen, leaking container, mismatch between labeling of specimen and test request form/electronic test order, and does not meet epidemiological criteria required for testing (e.g. travel history, etc.)

**Availability:** Monday-Friday

**Results and Interpretation:**

- **Negative:** No detectable IgM antibody to Zika virus. This result does not rule-out Zika virus infection. Lack of serologic evidence of infection may reflect that the specimen was collected prior to the development of an antibody response. Virus-specific IgM antibodies can be detectable equal to or greater than four days after onset of illness. Serum collected within 7 days of illness onset might not have detectable virus-specific IgM antibodies. It has been reported that IgM antibodies persist for approximately 2-12 weeks. Tests of a single acute-phase specimen can be inconclusive. If indicated, please submit another serum specimen collected greater than 14 days after onset of illness for further testing.

- **High Background:** Results are uninterpretable due to high background reactivity. Please submit a new specimen for further testing.

- **Equivocal:** Specimen tested equivocal for IgM antibody to Zika virus. Further testing by PRNT (plaque reduction neutralization test) is required.

- **Positive:** Specimen tested presumptively positive for IgM antibody to Zika virus. Further testing by PRNT (plaque reduction neutralization test) is required. **A positive IgM result may not indicate a recent infection because IgM may persist for several months after infection.**

**Reference Range:** IgM EIA: Negative, High Background, Equivocal, Positive

**Additional Information:** The term “Arbovirus” has no taxonomic significance, but is a shortened name give to viruses that are transmitted by blood feeding arthropods (mosquitoes, ticks, etc). Arboviruses that cause human encephalitis are members of three virus families: The Togaviridae (genus Alphavirus), Flaviviridae, and Bunyaviridae. For more information, see the CDC link at: [http://www.cdc.gov/zika/hc-providers/index.html](http://www.cdc.gov/zika/hc-providers/index.html).

Patients with travel history supporting suspicion of other arboviruses will be sent to the CDC for testing. Additional Arbovirus testing may be performed as indicated by travel history, symptoms, or other epidemiological information to include but not limited to: Dengue Virus and Chikungunya Virus.

**Purpose of Test:** For the presumptive detection of IgM antibody to Zika Virus. Confirmatory testing by PRNT may be required.

**Method:** EIA (Screening) & PRNT (Plaque Reduction Neutralization Test) referral to the Centers for Disease Control and Prevention (CDC) for confirmatory testing.

**Interfering Substances:**

**Testing Site:** DHMH Laboratories Administration, Central Laboratory
1770 Ashland Avenue Baltimore, MD 21205

**Comment:**
E. GUIDE TO INTERPRETATION OF RETROVIROLOGY SEROLOGICAL TESTS

RETROVIRUSES

Human Immunodeficiency Viruses (HIV)

Reactive results indicate presence of HIV antigen or antibody in serum/plasma. All screening test reactive specimens undergo testing using the Geenius HIV 1/2 Supplemental Assay for differentiation of HIV-1 and HIV-2 antibodies. An In-house developed HIV-1 NAAT assay is performed on the specimens that test reactive by the HIV antigen/antibody screening test but are not confirmed as antibody positive in the Geenius assay.

F. GUIDE TO INTERPRETATION OF HEREDITARY DISORDERS

F.1. TESTS

SIGNIFICANT RESULTS

F.1.a. Galactosemia - GALT

1.) < 7 days old
   a.) Normal Presence of fluorescence or enzyme activity
   b.) Abnormal Absence of fluorescence or enzyme activity

2.) ≥ 7 days old
   a.) Normal Presence of fluorescence or enzyme activity
   b.) Abnormal Absence of fluorescence or enzyme activity

F.1.b. Galactosemia – Total Galactose

1.) < 7 days old
   a.) Normal Less than 10 mg/dL
   b.) Borderline 10 - 20 mg/dL
   c.) Abnormal 20, 40, 60, 80, or greater mg/dL
      >40 mg/dL with abnormal GALT or
      >80 mg/dL = neonatal emergency

2.) ≥ 7 days old
   a.) Normal Less than 10 mg/dL
   b.) Borderline 10 - 20 mg/dL
   c.) Abnormal 20, 40, 60, 80, or greater mg/dL
      >40 mg/dL with abnormal GALT or
      >80 mg/dL = neonatal emergency

F1.c. Biotinidase

1.) < 7 days old
   a.) Normal Color change indicating enzyme activity
   b.) Abnormal Lack of color change – lack of enzyme activity

2.) ≥ 7 days old
   a.) Normal Color change indicating enzyme activity
   b.) Abnormal Lack of color change – lack of enzyme activity
F.1.d. Thyroxine

1.) < 7 days old
   a.) Normal \( \geq 6.5 \, \mu g/dL \)
   b.) Borderline \( 3.0 - 6.49 \, \mu g/dL \)
   c.) Abnormal \( 2.0 - 2.9 \) or \(< 2.0 \, \mu g/dL \)

2.) ≥ 7 days old
   a.) Normal \( \geq 4.0 \, \mu g/dL \)
   b.) Borderline \( 3.0 - 3.9 \, \mu g/dL \)
   c.) Abnormal \( 2.0 - 2.9 \) or \(< 2.0 \, \mu g/dL \)

F.1.e. TSH

1.) < 7 days old
   a.) Normal \( \leq 20 \, \mu IU/mL \)
   b.) Borderline \( 21 - 40 \, \mu IU/mL \)
   c.) Abnormal \( \geq 40 \, \mu IU/mL \)

2.) ≥ 7 days old
   a.) Normal \( \leq 20 \, \mu IU/mL \)
   b.) Borderline \( 21 - 40 \, \mu IU/mL \)
   c.) Abnormal \( \geq 40 \, \mu IU/mL \)

F.1.f. Hemoglobin

1.) < 7 days old
   a.) Normal FA hemoglobins or AF
   b.) Trait FAS, FAC, FAV, ACF, ASF, AVF, FA(C), FA(S), FACV, FASV
   c.) Disease FS, FC, FSC, F, FV, FSV, FCV, FSA, FVA

1.) ≥ 7 days old
   a.) Normal FA hemoglobins or AF
   b.) Trait FAS, FAC, FAV, ACF, ASF, AVF, FA(C), FA(S), FACV, FASV
   c.) Disease FS, FC, FSC, F, FV, FSV, FCV, FSA, FVA

F.1.g. Congenital Adrenal Hyperplasia

1.) < 7 days old
   a.) Normal Varies with weight.
       Call laboratory at 410-767-6099

2.) ≥ 7 days old Same as above
### F.1.h. GUIDE TO INTERPRETATION OF HEREDITARY DISORDERS

<table>
<thead>
<tr>
<th>ANALYTE</th>
<th>NORMAL RESULT</th>
<th>SIGNIFICANT RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-6 DAYS OLD</td>
<td>≥ 7 DAYS OLD</td>
</tr>
<tr>
<td>Arginine</td>
<td>≤ 70 μM</td>
<td>≤ 80 μM</td>
</tr>
<tr>
<td>Citrulline</td>
<td>≤ 40 μM</td>
<td>≤ 70 μM</td>
</tr>
<tr>
<td>Valine</td>
<td>≤ 400 μM</td>
<td>≤ 400 μM</td>
</tr>
<tr>
<td>Leucine</td>
<td>≤ 275 μM</td>
<td>≤ 300 μM</td>
</tr>
<tr>
<td>Methionine</td>
<td>≤ 75 μM</td>
<td>≤ 80 μM</td>
</tr>
<tr>
<td>Phenylalanine</td>
<td>≤ 120 μM</td>
<td>≤ 220 μM</td>
</tr>
<tr>
<td>Tyrosine</td>
<td>≤ 300 μM</td>
<td>≤ 300 μM</td>
</tr>
<tr>
<td>Acylcarnitine Profile (for 11 Organic Acidemias and 9 Fatty Acid Oxidation Disorders)</td>
<td>Contact Newborn Screening</td>
<td>Contact Newborn Screening</td>
</tr>
</tbody>
</table>

### F.2. CLINICAL AND HEMOTOLOGIC ASPECTS OF SOME HEMOGLOBINOPATHIES

<table>
<thead>
<tr>
<th>TRAIT 1</th>
<th>HB TYPES</th>
<th>CLINICAL SEVERITY</th>
<th>RED-CELL MORPHOLOGY</th>
<th>ANEMIA</th>
<th>SICKLING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hb-S trait</td>
<td>A + S</td>
<td>+</td>
<td>Normal</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Hb-C trait</td>
<td>A + C</td>
<td>-</td>
<td>Normal</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Hb-E trait</td>
<td>A + E</td>
<td>-</td>
<td>Normal</td>
<td>+</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DISEASE 2</th>
<th>HB TYPES</th>
<th>CLINICAL SEVERITY</th>
<th>RED-CELL MORPHOLOGY</th>
<th>ANEMIA</th>
<th>SICKLING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homozygous</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sickle cell anemia</td>
<td>S + S</td>
<td>+ + +</td>
<td>Normocytic Normochromic</td>
<td>+ + +</td>
<td>+</td>
</tr>
<tr>
<td>HbC disease</td>
<td>C + C</td>
<td>+</td>
<td>Slightly microcytic normochromic</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>HbD disease</td>
<td>D + D</td>
<td>-</td>
<td>Microcytic normochromic</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>HbE disease</td>
<td>E + E</td>
<td>+</td>
<td>Microcytic normochromic</td>
<td>+</td>
<td>-</td>
</tr>
</tbody>
</table>

<p>| Mixed Heterozygous |          |                   |                     |        |          |
| Sickle Cell HbC Disease | C + S (F*) | - to + + + | Slightly microcytic, slightly hypochromic | - to + + + | + |</p>
<table>
<thead>
<tr>
<th>Sickle Cell HbD Disease</th>
<th>D + S (F*)</th>
<th>++</th>
<th>+++</th>
<th>+</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Thalassemia Syndrome</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thalassemia major</td>
<td>A + F</td>
<td>++</td>
<td>+++</td>
<td>-</td>
</tr>
<tr>
<td>Thalassemia HbS Disease</td>
<td>S + F + A</td>
<td>+ to ++</td>
<td>Microcytic hypochromic</td>
<td>++ to +++</td>
</tr>
<tr>
<td>Thalassemia HbC Disease</td>
<td>A + C (F*)</td>
<td>+ to +</td>
<td>Microcytic hypochromic</td>
<td>- to</td>
</tr>
<tr>
<td>Thalassemia HbE Disease</td>
<td>E + F</td>
<td>+ to ++</td>
<td>Microcytic hypochromic</td>
<td>+ to +++</td>
</tr>
</tbody>
</table>

References (to “Clinical and Hemotologic Aspects of Some Hemoglobinopathies”)
2 Modified from Chernoff (1958)
* F may be present

F.3. COMPARISON OF IRON-DEFICIENCY ANEMIA AND THALASSEMIA

<table>
<thead>
<tr>
<th>PARAMETER</th>
<th>IRON-DEFICIENCY ANEMIA</th>
<th>BETA-THALASSEMIA MINOR</th>
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<tbody>
<tr>
<td>RBC</td>
<td>decreased</td>
<td>normal to increased</td>
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<tr>
<td>Hemoglobin</td>
<td>decreased</td>
<td>decreased</td>
</tr>
<tr>
<td>Hematocrit</td>
<td>decreased</td>
<td>decreased</td>
</tr>
<tr>
<td>Mean Corpuscular Volume (MCV) and Mean Corpuscular Hemoglobin (MCH)</td>
<td>decreased</td>
<td>decreased</td>
</tr>
<tr>
<td>Mean Corpuscular Hemoglobin Concentration (MCHC)</td>
<td>decreased</td>
<td>normal</td>
</tr>
<tr>
<td>Serum Iron</td>
<td>decreased</td>
<td>normal to increased</td>
</tr>
<tr>
<td>Total iron Binding Capacity (TIBC)</td>
<td>decreased</td>
<td>normal to increased</td>
</tr>
<tr>
<td>Response to parenteral iron administration</td>
<td>very rapid</td>
<td>negligible</td>
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</table>
G. COMMON VIRAL AND RICKETTSIAL CLINICAL SYNDROMES

As a guide to the physician in submitting specimens for viral and rickettsial studies, the following chart has been included. It lists the common clinical syndromes, viruses which have been associated with each, and the clinical materials which should be collected. Every attempt should be made to obtain all of the materials listed for each illness, since this will greatly increase the chances of the laboratory in establishing an etiologic diagnosis.

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<thead>
<tr>
<th>MANIFESTATION</th>
<th>AGENT</th>
<th>SOURCE OF SPECIMEN</th>
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<tbody>
<tr>
<td></td>
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<td>CLINICAL</td>
</tr>
<tr>
<td>G.1. CARDIOVASCULAR</td>
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<td></td>
</tr>
<tr>
<td>a. Myocarditis and Pericarditis</td>
<td>Enteroviruses: (including Coxsackie A), (types 4, 14, 16) B-1 – B-5</td>
<td>Throat swab/washing Feces Pericardial fluid</td>
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<tr>
<td>G.2. CENTRAL NERVOUS SYSTEM (CNS)</td>
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</tr>
<tr>
<td>a. Paralysis</td>
<td>Enteroviruses: Polioviruses types 1,2,3 Coxsackie A-7, A-9 ECHO types 2 and 9</td>
<td>Throat swab/washing CSF Feces</td>
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<tr>
<td>b. Aseptic meningitis and/or encephalitis</td>
<td>Enteroviruses: Poliovirus Coxsackie Group A and B ECHO viruses Herpes simplex</td>
<td>Throat swab/washing CSF Feces</td>
</tr>
<tr>
<td></td>
<td>Mouth swab CSF</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mumps</td>
<td>Mouth swab of Swenson’s ducts CSF Urine</td>
</tr>
<tr>
<td></td>
<td>Arboviruses</td>
<td>Blood Throat CSF</td>
</tr>
<tr>
<td></td>
<td>Lymphocytic choriomeningitis</td>
<td>Blood CSF</td>
</tr>
<tr>
<td></td>
<td>Lymphogranuloma venereum</td>
<td>CSF Primary Lesion site</td>
</tr>
<tr>
<td></td>
<td>Rabies</td>
<td>See CDC Rabies Guidelines</td>
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<td>SOURCE OF SPECIMEN</td>
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<tr>
<td>G.3. EXANTHEMATOUS INFECTION</td>
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<td></td>
</tr>
<tr>
<td>a. Skin and Mucous Membrane</td>
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<td></td>
</tr>
<tr>
<td>(1.) Smallpox</td>
<td>Vaccinia variola</td>
<td>Crusts</td>
</tr>
<tr>
<td>(2.) Chickenpox</td>
<td>Varicella zoster</td>
<td>Throat swab/washing Vesicle fluid Scrapings from vesicle base</td>
</tr>
<tr>
<td>(3.) Fever blisters</td>
<td>Herpes simplex</td>
<td>Mouth swab Vesicle fluid and scrapings</td>
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<tr>
<td>(4.) Herpangina</td>
<td>Enterovirus: Coxsackie A</td>
<td>Vesicle fluid Throat swab/washing Feces Vaginal swab</td>
</tr>
<tr>
<td>(5.) Hand, foot and mouth disease</td>
<td>Enterovirus Coxsackie A</td>
<td>Vesicle fluid Throat swab/washing (types 5, 10, 16)</td>
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<tr>
<td>(6.) Dengue fever</td>
<td>Dengue virus (types 1-4)</td>
<td>Blood</td>
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<tr>
<td>b. Maculopapular Rash</td>
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<tr>
<td>G4. OCULAR (OPHTHALMIC DISEASE)</td>
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<tr>
<td>a. Kerato-conjunctivitis</td>
<td>Adenoviruses (types 8, 19, and 37)</td>
<td>Eye swab</td>
</tr>
<tr>
<td>b. Ocular Herpes</td>
<td>Herpes Simplex</td>
<td>Eye swab</td>
</tr>
<tr>
<td>c. Follicular Conjunctivitis</td>
<td>Adenoviruses (types 3, 7, and others)</td>
<td>Eye swab</td>
</tr>
<tr>
<td>d. Conjunctivitis</td>
<td>New Castle Disease Virus</td>
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<tr>
<td>G5. RESPIRATORY INFECTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Lower Tract</td>
<td></td>
<td></td>
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<tr>
<td>(1.) Bronchitis Laryngotracheo bronchitis (Croup)</td>
<td>Influenza Parainfluenza Respiratory syncytial virus (infants)</td>
<td>Nasopharyngeal Aspirate Sputum</td>
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<tr>
<td></td>
<td>Chlamydia</td>
<td>Sputum Pleural fluid Throat swab/washing</td>
</tr>
<tr>
<td></td>
<td>Adenoviruses</td>
<td>Sputum Nasopharyngeal Aspirate Feces</td>
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<tr>
<td></td>
<td>Enteroviruses</td>
<td>Throat swab/washing Feces</td>
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<tr>
<td>G6. RICKETTSIAL INFECTIONS</td>
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</tr>
<tr>
<td>a. Rocky Mountain Spotted Fever</td>
<td>Rickettsia rickettsii</td>
<td>Blood</td>
</tr>
<tr>
<td>b. Ehrlichiosis</td>
<td>Ehrlichia chaffeensis</td>
<td>Blood</td>
</tr>
<tr>
<td>c. Epidemic typhus</td>
<td>Rickettsia prowazekii</td>
<td>Blood</td>
</tr>
<tr>
<td>MANIFESTATION</td>
<td>AGENT</td>
<td>SOURCE OF SPECIMEN</td>
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</tr>
<tr>
<td>d. Murine typhus</td>
<td><em>Rickettsia typhi</em></td>
<td>Blood</td>
</tr>
<tr>
<td>e. Q Fever</td>
<td><em>Coxiella burnetii</em></td>
<td>Sputum, Urine, CSF, Blood</td>
</tr>
<tr>
<td>f. Rickettsial pox</td>
<td><em>Rickettsia akari</em></td>
<td>Blood</td>
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<tr>
<td><strong>G.7. SEXUALLY TRANSMITTED DISEASES (STD)</strong></td>
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<tr>
<td>a. Acquired Immuno-Deficiency Syndrome (AIDS)</td>
<td>Human Immuno-Deficiency virus HIV1, HIV2</td>
<td>Whole blood</td>
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<tr>
<td>b. Genitourinary tract infection</td>
<td>Herpes Simplex 2</td>
<td>Lesion scraping, Vaginal swab</td>
</tr>
<tr>
<td>c. Vulvovaginitis</td>
<td>Coxsackie B, Herpes Simplex 2</td>
<td>Vaginal swab, Lesion scraping</td>
</tr>
<tr>
<td>d. Lymphogranuloma venereum, cervicitis, urethritis</td>
<td><em>Chlamydia trachomatis</em></td>
<td>Fluid and pus, Cervical swab, Urethral swab, Rectal swab</td>
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</table>

<table>
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<td><strong>G.8. SYSTEMIC</strong></td>
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<tr>
<td></td>
<td><em>Cytomegalovirus</em></td>
<td>Urine, Saliva, Throat swab/washing, Heparinized blood, CSF, Lung Biopsy</td>
</tr>
<tr>
<td></td>
<td><em>Adenoviruses</em></td>
<td>Throat swab/washing, Sputum, Feces, Urine, CSF</td>
</tr>
<tr>
<td></td>
<td><em>Coxsackie B</em></td>
<td>Throat swab/washing, CSF, Feces, pleural, or as indicated</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>MANIFESTATION</th>
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<th>SOURCE OF SPECIMEN</th>
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</thead>
<tbody>
<tr>
<td></td>
<td><em>Kidney</em></td>
<td>Lung, Liver, Brain</td>
</tr>
<tr>
<td></td>
<td><em>Intestinal contents</em></td>
<td>Lung, Brain, Liver, Kidney, Heart</td>
</tr>
<tr>
<td></td>
<td><em>Intestinal</em></td>
<td>Brain, Heart, Lymph node, Intestinal</td>
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</tbody>
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### MANIFESTATION

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<td></td>
<td>CLINICAL</td>
</tr>
<tr>
<td><strong>G.9. MISCELLANEOUS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Infantile diarrhea</td>
<td>Coxsackie A (types 18, 20, 21, 22, 24)</td>
<td>Feces</td>
</tr>
<tr>
<td>b. Hepatitis</td>
<td>Enteroviruses (including Coxsackie A) (types 4, 9)</td>
<td>Throat swab/washing</td>
</tr>
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<td>c. Hemolytic-uremic Syndrome</td>
<td>Coxsackie A (type 4)</td>
<td>Throat swab/washing</td>
</tr>
<tr>
<td>d. T cell leukemia</td>
<td>HTLV I, II</td>
<td>Heparinized blood</td>
</tr>
<tr>
<td>e. Gastroenteritis</td>
<td>ECHO Coxsackie B Rotaviruses Norovirus</td>
<td>Feces</td>
</tr>
<tr>
<td>f. Orchitis and Epididymitis</td>
<td>Mumps Coxsackie</td>
<td>Urine</td>
</tr>
<tr>
<td>g. Intussusception</td>
<td>Adenovirus</td>
<td>Feces</td>
</tr>
<tr>
<td>h. Colorado Tick Fever</td>
<td>CTF virus</td>
<td>Blood</td>
</tr>
<tr>
<td>i. Acute Infectious Lymphocytosis</td>
<td>Epstein-Barr virus (EB) Coxsackie-like virus</td>
<td>Blood</td>
</tr>
<tr>
<td>j. Post Perfusion Syndrome</td>
<td>Cytomegalovirus Epstein-Barr virus</td>
<td>Blood</td>
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### H. DIRECTORY OF LOCAL HEALTH DEPARTMENTS

<table>
<thead>
<tr>
<th>HEALTH DEPARTMENT</th>
<th>ADDRESS</th>
<th>TELEPHONE</th>
<th>EMERGENCY/AFTER HOURS PHONE#</th>
<th>FAX NO.</th>
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<tbody>
<tr>
<td>Allegany</td>
<td>P.O. Box 1745 12501-12503 Willowbrook Rd. Cumberland MD 21501-1745</td>
<td>301-759-5000 301-759-3060</td>
<td>301-777-5674</td>
<td></td>
</tr>
<tr>
<td>Anne Arundel</td>
<td>Health Services Buildings 3 Harry S. Truman Parkway Annapolis MD 21401</td>
<td>410-222-7375 410-222-7095</td>
<td>410-222-4436</td>
<td></td>
</tr>
<tr>
<td>HEALTH DEPARTMENT</td>
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<td>TELEPHONE</td>
<td>EMERGENCY/AFTER HOURS PHONE#</td>
<td>FAX NO.</td>
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<tr>
<td>Baltimore City</td>
<td>1001 East Fayette Street Baltimore MD 21202</td>
<td>410-396-4387</td>
<td>410-396-3100</td>
<td>410-396-1617</td>
</tr>
<tr>
<td>Baltimore County</td>
<td>Drumcastle Government Center 6401 York Road, 3rd Floor Baltimore MD 21212</td>
<td>410-887-2243</td>
<td>410-832-7182</td>
<td>410-377-5397</td>
</tr>
<tr>
<td>Calvert</td>
<td>P.O. Box 980 975 Solomons Island Rd Prince Frederick MD 20678</td>
<td>410-535-5400</td>
<td>443-532-5973</td>
<td>410-535-5285</td>
</tr>
<tr>
<td>Caroline</td>
<td>403 South 7th Street Denton MD 21629</td>
<td>410-479-8030</td>
<td>Comm. Disease 443-786-1398 Rabies 410-479-2232</td>
<td>410-479-0554</td>
</tr>
<tr>
<td>Carroll</td>
<td>290 S. Center Street Westminster MD 21157</td>
<td>410-876-2152</td>
<td>410-386-2260</td>
<td>410-876-4988</td>
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<tr>
<td>Cecil</td>
<td>John M. Byers Health Center 401 Bow Street Elkton MD 21921</td>
<td>410-996-5550</td>
<td>410-996-5550</td>
<td>410-996-5179</td>
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<tr>
<td>Charles</td>
<td>4545 Crain Highway White Plains MD 20695-1050 Mailing Address: P.O. Box 1050 White Plains MD 20695</td>
<td>301-609-6900</td>
<td>301-932-2222</td>
<td>301-934-4632</td>
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<tr>
<td>Dorchester</td>
<td>3 Cedar Street Cambridge MD 21613</td>
<td>410-228-3223</td>
<td>410-228-3223</td>
<td>410-228-9319</td>
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<tr>
<td>Frederick</td>
<td>350 Montevue Lane Frederick MD 21702</td>
<td>301-600-1029</td>
<td>301-600-0311</td>
<td>301-600-3111</td>
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<tr>
<td>Garrett</td>
<td>1025 Memorial Drive Oakland MD 21550</td>
<td>301-334-7777</td>
<td>301-334-1930</td>
<td>301-334-7771</td>
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<tr>
<td>Harford</td>
<td>120 South Hays Street P.O. Box 797 Bel Air MD 21014-0797</td>
<td>410-838-1500</td>
<td>Comm. Disease 443-243-5726 Environ. Health 410-638-3400</td>
<td>410-638-4952</td>
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<tr>
<td>Howard</td>
<td>8930 Stanford Boulevard Columbia, MD 21045</td>
<td>410-313-1412</td>
<td>410-313-2929</td>
<td>410-313-6108</td>
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<tr>
<td>Montgomery</td>
<td>401 Hungerford Drive, 5th Floor Rockville MD 20850</td>
<td>240-777-1741</td>
<td>240-777-4000</td>
<td>301-279-1692</td>
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<tr>
<td>Prince George’s</td>
<td>1701 McCormick Drive Largo MD 20774</td>
<td>301-883-7834</td>
<td>301-883-4748</td>
<td>301-883-7896</td>
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I. ACRONYMS

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<tr>
<th>ACRONYM</th>
<th>DESCRIPTION</th>
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<td>AFB</td>
<td>acid fast bacillus</td>
</tr>
<tr>
<td>AFP</td>
<td>alpha fetoprotein</td>
</tr>
<tr>
<td>Ag</td>
<td>Antigen</td>
</tr>
<tr>
<td>BCK</td>
<td>branch chain ketoacids</td>
</tr>
<tr>
<td>CAH</td>
<td>congenital adrenal hyperplasia</td>
</tr>
<tr>
<td>CF</td>
<td>complement fixation</td>
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<tr>
<td>CHS</td>
<td>Childhood Screening</td>
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<tr>
<td>CMV</td>
<td>Cytomegalovirus</td>
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<tr>
<td>CSF</td>
<td>cerebrospinal fluid</td>
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<tr>
<td>DF</td>
<td>dark field</td>
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<tr>
<td>DFA</td>
<td>direct fluorescent antibody</td>
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<td>DHMH</td>
<td>Department of Health and Mental Hygiene</td>
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<tr>
<td>EBNA</td>
<td>Epstein Barr virus nuclear antigen</td>
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<td>EBV</td>
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<tr>
<td>EEE</td>
<td>Eastern Equine Encephalitis</td>
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<td>EIA</td>
<td>enzyme linked immunosorbent assay</td>
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<td>ELISA</td>
<td>enzyme linked immunosorbent assay</td>
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<tr>
<td>GALT</td>
<td>Galactose 1-phosphate uridyl transferase</td>
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<td>Hepatitis A virus antibody</td>
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<tr>
<td>Hb</td>
<td>Hemoglobin</td>
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<tr>
<td>Abbreviation</td>
<td>Description</td>
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<td>HIV</td>
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<td>Herpes Simplex virus</td>
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<td>HTLV I/II</td>
<td>Human T Lymphocytic virus</td>
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<tr>
<td>IFA</td>
<td>indirect fluorescent antibody</td>
</tr>
<tr>
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<td>Immunofluorescent antibody</td>
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<td>IgG</td>
<td>Immunoglobulin G</td>
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<td>IgM</td>
<td>Immunoglobulin M</td>
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<td>IHA</td>
<td>indirect hemagglutination</td>
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<td>LIMS</td>
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<td>LT</td>
<td>lavender top tube</td>
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<tr>
<td>MAC</td>
<td><em>Mycobacterium avium complex</em></td>
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<tr>
<td>MCAD</td>
<td>medium chain acyl-dehydrogenase deficiency</td>
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<tr>
<td>MCHC</td>
<td>mean corpuscular hemoglobin concentration</td>
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<tr>
<td>mg/dL</td>
<td>milligram per deciliter</td>
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<td>NBS</td>
<td>Newborn Screening</td>
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<td>PCR</td>
<td>polymerase chain reaction</td>
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<td>pulsed-field gel electrophoresis</td>
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<td>rapid fluorescent focus inhibition technique</td>
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<td>RPR</td>
<td>rapid plasma reagin</td>
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<td>RSV</td>
<td>Respiratory Syncytial virus</td>
</tr>
<tr>
<td>RT</td>
<td>red top tube</td>
</tr>
<tr>
<td>RT-PCR</td>
<td>Reverse-transcribed polymerase chain reaction</td>
</tr>
<tr>
<td>SPS</td>
<td>yellow blood collection tubes containing sodium polyanethol sulfonate</td>
</tr>
<tr>
<td>TIBC</td>
<td>total iron binding capacity</td>
</tr>
<tr>
<td>VIR-IMM</td>
<td>Virology Immunology Division</td>
</tr>
<tr>
<td>VCA</td>
<td>viral capsid antigen</td>
</tr>
<tr>
<td>VTM</td>
<td>viral transport media</td>
</tr>
<tr>
<td>VZV</td>
<td>Varicella-Zoster virus</td>
</tr>
<tr>
<td>WB</td>
<td>Western Blot</td>
</tr>
<tr>
<td>WEE</td>
<td>Western Equine encephalitis</td>
</tr>
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</table>