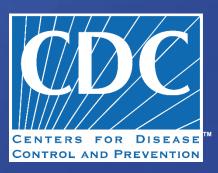
2025 CDC

INFECTIOUS DISEASES LABORATORY TEST DIRECTORY





2025, Version 33.0

This document was created under National Center for Emerging and Zoonotic Diseases / Office of Infectious Diseases (NCEZID/OD). The printed version of CDC's Infectious Diseases Laboratory Test Directory contains information that is current as of January 16, 2025. All information contained herein is subject to change.

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



| Acanthamoeba Molecular Detection CDC-10471 | |
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| Synonym(s) | Free-living ameba, parasite, <i>Acanthamoeba</i> , granulomatous amebic encephalitis (GAE), keratitis |
| CDC Pre-Approval Needed | Julia Haston (404)-718-1230 qdx2@cdc.gov Ibne Ali (404) 718-4157 xzn5@cdc.gov |
| Supplemental Information Required | Provide the following information: history of present illness, exposure history, past medical history, treatment history, CSF results, imaging results. Available images can be submitted for preliminary morphological diagnosis, prior to submitting specimen for molecular identification. Contact dpdx@cdc.gov for more information about submitting images. |
| Supplemental Form | Not Applicable |
| Performed on Specimens From | Human and Animal |
| Acceptable Sample / Specimen Type for Testing | For suspected cases of granulomatous amebic encephalitis (GAE) due to <i>Acanthamoeba</i> species by <i>Acanthamoeba</i> molecular detection, brain tissue is the preferred specimen type; however, these amebae can occasionally be detected in cerebrospinal fluid (CSF; see 'Interference & Limitations' below). For suspected cases of <i>Acanthamoeba</i> keratitis (AK), deep corneal scraping is an acceptable specimen. For suspected cases of <i>Acanthamoeba</i> skin lesion, skin tissue is an acceptable specimen. |
| Minimum Volume Required | 0.2 g tissue; 1 mL fluids; 5 mm corneal scraping |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Tissue or corneal scraping (in 0.5x phosphate-buffered saline (PBS)), or CSF should be stored refrigerated temperature (2-8°C) for up to 7 days or frozen (-20°C or lower, in absence of PBS buffer), for up to 60 days. |
| Transport Medium | Small piece of tissue or corneal scraping should be transported in small amount (e.g., 1 mL) of 0.5x phosphate-buffered saline (PBS) to prevent dryness. |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |

Test Order

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Shipping frozen is strongly recommended. Frozen specimens should only be sent with dry-ice by overnight priority mail and received within 60 days of collection. Refrigerated specimens should be sent with refrigerated or frozen cold packs and received within 7 days of collection. |
|---|--|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 54 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |

| Real-Time PCR |
|--|
| 7 Days |
| Formalin-fixed specimens are not acceptable for molecular studies as formalin fixation may cause DNA degradation. Additionally, CSF is NOT the preferred specimen type for <i>Acanthamoeba</i> or <i>Balamuthia</i> detection, because a negative CSF test result does not completely rule out infections with these amebae. Regarding testing of formalin-fixed specimens see Test Order CDC-10365 (Pathologic Evaluation of Tissues for Possible Infectious Etiologies) and contact pathology@cdc.gov. |
| For 24/7 diagnostic assistance, specimen collection guidance, shipping instructions, and treatment recommendations, contact the CDC Emergency Operations Center at (770) 488-7100. |
| Julia Haston (404)-718-1230 qdx2@cdc.gov Ibne Ali (404) 718-4157 xzn5@cdc.gov |
| |

Version 3.0

Test Order Adenovirus Molecular Detection CDC-10401

| Synonym(s) | Human adenovirus, HAdV |
|--|--|
| CDC Pre-Approval Needed | David Lowe (404) 718-6814 nqu9@cdc.gov Lijuan Wang (404) 639-4384 ynx2@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Nasopharyngeal swab (NP) in viral transport media (VTM), oropharyngeal swab (OP) in VTM, combined NP/OP in VTM, nasal aspirate, nasal wash, nasopharyngeal aspirate, bronchial wash, sputum, bronchoalveolar lavage (BAL), tracheal aspirate (TA), plasma, serum, blood, tissue, eye swab in VTM, and urine. |
| Minimum Volume Required | 0.2 mL; 0.5 mL preferred |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Specimens should be collected as soon as possible in the course of the illness and within 72 hours of symptom onset, prior to treatment, if possible. Prior to shipment, specimens can be stored refrigerated at 2-8°C for up to 7 days after collection; specimens stored for longer than 7 days should be stored frozen at - 20°C or lower for up to 2 months. Liquid specimens should be aliquoted into properly labeled, leak-proof, unbreakable screw cap vials. |
| Transport Medium | Viral transport medium (VTM) should be used with specimen types: nasopharyngeal swabs (NP), oropharyngeal swabs (OP), nasopharyngeal/oropharyngeal swabs (NP/OP), and eye swabs. |
| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| 11 3 | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Specimens should be shipped frozen, overnight on dry ice. |
|-------------|--|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 84 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Polymerase Chain Reaction (PCR) |

| Methodology | Polymerase Chain Reaction (PCR) |
|-----------------------------|--|
| Turnaround Time | 2 Weeks |
| Interferences & Limitations | Use only synthetic fiber swabs with thin plastic or wire shafts that have been designed for sampling the nasopharyngeal mucosa. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and may inhibit molecular tests. |
| | Whole blood or plasma specimens should be collected in a purple top EDTA tube or a yellow top Acid Citrate Dextrose (ACD) tube. Other acceptable collection tubes include pearl top Plasma Preparation Tube (PPT) and tiger top serum separator tube (SST). Heparin tubes are not recommended for molecular testing as heparin can interfere with PCR reactions. |
| Additional Information | None |
| CDC Points of Contact | Lijuan Wang (404) 639-4384 ynx2@cdc.gov Stacey Gonder (404) 639-8739 urv6@cdc.gov David Lowe (404) 718-6814 nqu9@cdc.gov |
| Version | 3.9 |
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| Test Order Aerobic <i>Actinomycetes</i> - Identification CDC-10148 | |
|---|---|
| Synonym(s) | Nocardia, Streptomyces, Tsukamurella, Gordonia, Rhodococcus, Williamsia, Dietzia, Nocardiopsis, Actinomadura, Pseudonocardia, Dermatophilus, Kroppenstedtia, and other related genera |
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Please complete all sections on the CDC 50.34 Specimen Submission Form. Please notify laboratory point of contact listed below of shipment if this is a critical care specimen. |
| Supplemental Form | None |
| Performed on Specimens From | Human and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Actively growing pure culture bacterial isolate on an agar slant, Lowenstein Jensen, trypticase soy agar (with or without sheep blood), heart infusion agar (with or without rabbit blood), chocolate agar, Sabouraud dextrose agar |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store isolates at room temperature (15-25 °C) for up to 7 days prior to shipping. |
| Transport Medium | Not applicable |
| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship at room temperature with room- temperature cold packs. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 17 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Primary culture based on specimen type, 16S sequence based identification, Matrix Assisted Laser Desorption Ionization Time of Flight Mass Spectrometry |

| Turnaround Time | 3 Weeks |
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| Interferences & Limitations | No significant interferences or limitations are currently known. |
| Additional Information | If available, please provide patient history including if the patient has used a catheter and/or if the patient is immunocompromised. |
| | Some isolates require additional time to accurately characterize the organism which may result in a longer turnaround time. Please contact the laboratory if concerned about a delay. |
| CDC Points of Contact | John McQuiston (404) 639-0270 zje8@cdc.gov Melissa Bell (404) 639-1348 jqv7@cdc.gov |

Test Order Aerobic Actinomycetes - Identification and Antimicrobial Susceptibility Testing CDC-10149

| Synonym(s) | Nocardia, Tsukamurella, Gordonia, Rhodococcus, Streptomyces, Actinomadura |
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| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Please provide as much information as possible on the CDC 50.34 Specimen Submission Form. Please notify laboratory point of contact listed below of shipment if this is a critical care specimen. |
| Supplemental Form | None |
| Performed on Specimens From | Human and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Actively growing pure culture bacterial isolate on an agar slant, Lowenstein Jensen, trypticase soy agar (with or without sheep blood), heart infusion agar (with or without rabbit blood), chocolate agar, Sabouraud dextrose agar |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store isolates at room temperature (15-25 °C) for up to 7 days prior to shipping. |
| Transport Medium | Not Applicable |
| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship at room temperature with room- temperature cold packs. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 17 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Antimicrobial Susceptibility Testing by broth microdilution, Primary culture based on specimen type, 16S sequence based identification, Matrix Assisted Laser Desorption Ionization Time of Flight Mass Spectrometry |
| Turnaround Time | 3 Weeks |
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| Additional Information | If available, please provide patient history including if the patient has used a catheter and/or if the patient is immunocompromised. |
| | Some isolates require additional time to accurately characterize the organism which may result in a longer turnaround time. Please contact the laboratory if concerned about a delay. |
| CDC Points of Contact | John McQuiston (404) 639-0270 zje8@cdc.gov Melissa Bell (404) 639-1348 jqv7@cdc.gov |

Test Order Alkhurma Hemorrhagic Fever Testing CDC-10274

| Synonym(s) | AHFV |
|--|---|
| CDC Pre-Approval Needed | Trevor Shoemaker (470) 312-0094 spather@cdc.gov Amy Schuh (404) 639-1756 wuc2@cdc.gov |
| Supplemental Information Required | Private citizens interested in clinical testing should contact their healthcare providers. Clinicians should contact their local or state health department for consultation. |
| Supplemental Form | None |
| Performed on Specimens From | Human and Animal |
| Acceptable Sample / Specimen Type for Testing | For serology testing the accepted specimen types are whole blood (EDTA) or serum. CDC POC contact is required prior to sending any specimens. |
| | Animal specimens or human research specimens may be submitted with approval from CDC POC. |
| Minimum Volume Required | 4 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Human serological specimens stored refrigerated (2-8°C) must be received within 7 days of specimen collection date, and specimens stored frozen (-20°C or below) must be received within 2 months of specimen collection date. Contact the CDC POC for approval prior to sending any specimens. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. Do not ship specimen without prior consultation and approval. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 70 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Serology |

| Turnaround Time | 2 Weeks |
|-----------------------------|--|
| Interferences & Limitations | Do not collect specimens in heparin, as heparin may cause interference with the molecular tests. Avoid thawing frozen specimens, as freeze-thawing may affect sensitivity of assays. |
| Additional Information | Pre-approval is required. Contact CDC's Emergency Operation Center at 770-488- 7100 and request VSPB's on-call epidemiologist to provide the clinical and epidemiological history on the patient. If testing is approved, VSPB will provide an approval number (EPIID) by email along with instructions for next steps. After receiving pre-approval and the EPIID number, the CDC specimen submission form can be submitted using one of two ways: |
| | 1) For submitters that use CSTOR, submit using the CSTOR Web Portal. Please include the EPIID in the Test Order Request's comments field. If the EPIID is not included, the order will be rejected. |
| | 2) For submitters that do not use CSTOR, submit via CDC 50.34 Specimen Submission Form. Enter the EPIID in the "Case ID field" within the "Patient Information" section on CSTOR and/or the CDC 50.34 Specimen Submission Form. Critical specimens will take less than 4 days to turn around. |
| CDC Points of Contact | Trevor Shoemaker (470) 312-0094 spather@cdc.gov Amy Schuh (404) 639-1756 wuc2@cdc.gov Maria Morales Betoulle (404) 718-1655 fof7@cdc.gov |

Version 5.3

| Test Order Ameba Identification (<i>Acanthamoeba, Balamuthia, Naegleria</i>) CDC-10286 | |
|---|---|
| Synonym(s) | Free-living ameba, <i>Acanthamoeba</i> , <i>Balamuthia</i> , <i>Naegleria fowleri</i> , primary amebic meningoencephalitis (PAM), granulomatous amebic encephalitis (GAE), <i>Acanthamoeba</i> keratitis (AK), brain-eating ameba |
| CDC Pre-Approval Needed | Julia Haston (404)-718-1230 qdx2@cdc.gov Ibne Ali (404) 718-4157 xzn5@cdc.gov |
| Supplemental Information Required | Provide the following information: history of present illness, exposure history, past medical history, treatment history, CSF results, imaging results. Available images can be submitted for preliminary morphological diagnosis prior to submitting specimen for molecular identification. Contact dpdx@cdc.gov for more information about submitting images. |
| Supplemental Form | Not Applicable |
| Performed on Specimens From | Human and Animal |
| Acceptable Sample / Specimen Type for Testing | Fresh, unfixed tissue, cerebrospinal fluid (CSF), biopsy specimen, and deep corneal scrapings. |
| Minimum Volume Required | <0.2 mL fluids (preferred 1 mL); 0.1 g tissue (preferred 0.2 g); 5-10 mm corneal scraping. |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | CSF and fresh, unfixed tissue, and corneal scraping should be kept and shipped at (a) refrigerated temperature (2-8°C) within 7 days, or (b) frozen (-20°C or lower, in absence of PBS buffer) within 60 days. |
| Transport Medium | For deep scraping and brain or skin biopsy materials, transport in a small volume of 0.5x phosphate-buffered saline (PBS) to prevent dryness for refrigerated temperature shipment with ice-packs. However, addition of 0.5x PBS is not needed if specimen is stored and shipped frozen |
| | Unfixed deep corneal scraping and brain or skin biopsy materials for identification of free-living ameba are usually very small and may dry if they are not stored in proper fluid such as 0.5x PBS. However, frozen tissue can be shipped frozen on dry-ice without adding 0.5x PBS. |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |

| CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 54 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
|--|
| All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |

| Methodology | Real-time polymerase chain reaction (PCR). |
|-----------------------------|---|
| Turnaround Time | 7 Days |
| Interferences & Limitations | For molecular detection, CSF is the preferred specimen type for <i>N. fowleri</i> only, and it is NOT the preferred specimen type for <i>Acanthamoeba</i> or <i>Balamuthia</i> detection. A negative CSF test result does not completely rule out infection with <i>Acanthamoeba</i> or <i>Balamuthia</i> . Fresh or frozen (unfixed) tissue specimens are preferred for <i>Balamuthia</i> or <i>Acanthamoeba</i> detection. Formalin-fixed specimens are not acceptable for molecular studies as formalin fixation may cause DNA degradation. Regarding testing of formalin-fixed specimens see Test Order CDC-10365 (Pathologic Evaluation of Tissues for Possible Infectious Etiologies) and contact pathology@cdc.gov. |
| Additional Information | For 24/7 diagnostic assistance, specimen collection guidance, shipping instructions, and treatment recommendations, contact the CDC Emergency Operations Center at (770) 488-7100. |
| CDC Points of Contact | Julia Haston (404)-718-1230 qdx2@cdc.gov Ibne Ali (404) 718-4157 xzn5@cdc.gov If calling outside of regular please call the CDC Emergency (770) 488-7100 |

| Test Order |
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| Anaerobic Bacteria Identification (ID) |
| CDC-10227 |

| Synonym(s) | anaerobe ID, anaerobe bacteria identification, anaerobe, anaerobic Actinomyces identification |
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| CDC Pre-Approval Needed | None |
| Supplemental Information Required | The CDC 50.34 Specimen Submission Form or Global File Accessioning Template (GFAT) must include the State Public Health Department contact information, the specimen source (type) AND specimen source site, the date the submitted culture was inoculated onto transport media, and the name of the suspected agent. If the suspect agent is <i>Clostridium</i> species, include documented confirmation that the isolate is not <i>Clostridium botulinum</i> . |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Pure culture isolates of anaerobic bacteria from clinically relevant sources |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Inoculate pure culture isolate in chopped meat broth and incubate anaerobically for 36-48 hours. Store anaerobically sealed vial at room temperature (15-25°C) or refrigerated temperature (2-8°C) and ship within 3 days of inoculation to transport media. |
| | For pure culture isolate on commercial semi-solid media, store according to temperature recommendations outlined in manufacturer's instructions and ship room temperature vials (15-25°C) or refrigerated temperature vials (2-8°C) within 3 days of inoculation to transport media. |
| | Alternatively, freeze culture following 36-48 hour anaerobic incubation and store frozen (-20°C or lower) until shipped. Anaerobe isolates submitted frozen in tryptic soy broth (TSB) plus glycerol (or preferably sterile skim milk media plus glycerol to enhance viability) must be inoculated very heavily (half to all the colonial mass from a 48-hour anaerobe culture plate). Ship isolates as soon as possible to ensure viability. |
| Transport Medium | Transport pure culture isolates in chopped meat broth at room temperature (15-25°C) or refrigerated (2-8°C). |
| | Transport pure culture isolates in commercial anaerobic semi-solid agar tube transport media (e.g. Anaerobe Systems Transport Media) in accordance with manufacturer's instructions. |
| | Transport pure culture isolates frozen (-20°C or lower) in sterile skim milk media plus glycerol (preferred) or tryptic soy broth (TSB) plus glycerol. |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |

Shipping Instructions which Include Specimen Handling Requirements CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. For pure culture isolates, ship broths overnight at room temperature or refrigerated. For semi-solid media, ship specimens at room temperature or refrigerated in accordance with manufacturer's instructions. Room-temperature samples should be shipped with room-temperature cold packs. Refrigerated samples should be shipped on dry ice.

> Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 13 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number]

All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number.

| Methodology | 16S ribosomal ribonucleic acid (rRNA) gene sequencing and additional phenotypic testing |
|-----------------------------|---|
| Turnaround Time | 4 Weeks |
| Interferences & Limitations | Specimens from respiratory, vaginal, and fecal sources are not acceptable. Pure culture isolates must be viable for testing. |
| Additional Information | If a healthcare facility will be submitting samples directly to CDC they must receive prior approval from the State Health Department. If submitting pure culture isolate(s) for testing, the original culture/isolate/inoculum should be maintained by the submitter until results are reported, indicating that CDC testing is completed. |
| CDC Points of Contact | Stephen LaVoie (404) 718-4747 qea5@cdc.gov Michelle Adamczyk (404) 639-2276 wqp1@cdc.gov |

Version 3.6

Test Order Anaplasma Molecular Detection CDC-10290

| Synonym(s) | Human granulocytic anaplasmosis (HGA), Anaplasma phagocytophilum anaplasmosis |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Required information on the CDC 50.34 Specimen Submission Form: - Test order name (one per submission form) - SPHL point of contact including direct phone number of the person responsible for sample submission and follow-up - Patient full name, sex, birth date - Date of illness onset - Specimen collection date - Specimen source (e.g., serum, whole blood, eschar swab, tissue) - Therapeutic agent and dates (specific antibiotic therapy and initiation date) - State of illness - Relevant clinical summary that includes signs and symptoms compatible with a rickettsial illness, as well as any pertinent comorbidities Requested additional information: - Other laboratory results (e.g., previous serologic or molecular tests, complete blood counts, hepatic transaminase levels or electrolyte values, if available) - Travel history (within 2 weeks of symptom onset), denote with "No" or "Unknown" if no travel occurred or travel history is unknown) - Exposure history, e.g., ticks, fleas, lice, mites, or relevant animal exposures (denote "None" or "Unknown" if no arthropod or animal exposure occurred or is unknown) |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Acute whole blood (taken within 14 days of illness onset or while symptomatic): EDTA-treated, or ACD-A treated. Acute serum: Serum separator tube, or cryo-tubes. Vascularized tissue biopsies, including bone marrow and lymph node; Autopsy tissue specimens. Swab specimen of eschar, using a dry, sterile cotton swab (include eschar scab when available). Samples must be collected before or within 72 hours of initiation of a tetracycline-class antibiotic, e.g., doxycycline (within 48 hours is preferred), or, if occurring outside of this established time frame, patients must be symptomatic at the time of collection. |

Minimum Volume Required 1.0 mL

| Collection, Storage, and Preservation of Specimen Prior to Shipping | Keep specimen refrigerated (2-8°C) if sample will arrive at CDC within 7 days from collection. If the sample requires storage for more than 7 days prior to arriving at CDC, freeze at -20°C or lower up to 2 months (35 days for tissue), or -70°C or lower up to 1 year (for serum, blood, and tissue). For 2-8°C storage, tissue should be placed in a sterile specimen cup with a gauze pad slightly moistened with sterile saline. To freeze tissue, place specimen in cryogenic container at -20°C or lower. Do not immerse the tissue in saline solution. For eschar swabs, place the specimen in a dry sterile specimen container without any medium. |
|--|---|
| Transport Medium | For tissue, place in sterile specimen cup with gauze pad lightly moistened with sterile saline. Do not immerse the sample in saline. |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Shipping frozen is strongly recommended. Frozen specimens should only be sent with dry-ice by overnight priority mail and received within 60 days of collection. Refrigerated specimens should be sent with refrigerated or frozen cold packs and received within 7 days of collection. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 78 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Real-time polymerase chain reaction (PCR), polymerase chain reaction (PCR), sequencing |
| Turnaround Time | 6 Weeks |
| Interferences & Limitations | Molecular detection methods have decreasing sensitivity after resolution of the febrile (acute) stage of illness. Hemolysis of whole blood can interfere with results. Other shipping media is not recommended and will be subject to rejection. Multiple freeze-thaw cycles and sample storage above refrigerated temperatures (2-8°C) can interfere with nucleic acid extraction. |

Additional Information Routine diagnostic samples should be sent to your state public health laboratory (SPHL) or a commercial laboratory if the test is available commercially. The Rickettsial Zoonoses Branch (RZB) Reference Diagnostic Laboratory assists state public health laboratories by providing specialized testing for rickettsial agents. Molecular testing for other pathogens including Rickettsia spp., Coxiella, Orientia, and Ehrlichia spp. may be included following clinical review in RZB. Results are reported directly to SPHLs. Additional RZB specimen and shipping information can be found at the following address: https://www.cdc.gov/ncezid/dvbd/specimensub/rickettsial-shipping.html CDC Points of Contact Yan Zeng (404) 639-5177 RZBrefdxlab@cdc.gov Arlyn N Gleaton (404) 639-4904 iwv7@cdc.gov

Test Order Anaplasma Serology CDC-10292

| Synonym(s) | Human granulocytic anaplasmosis (HGA), Anaplasma phagocytophilum anaplasmosis |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Required information on the CDC 50.34 Specimen Submission Form: - Test order name (one per submission form) - SPHL point of contact including direct phone number of the person responsible for sample submission and follow-up - Patient full name, sex, birth date - Date of illness onset - Specimen collection date - Specimen source (e.g., serum, whole blood, eschar swab, tissue) - Therapeutic agent and dates (specific antibiotic therapy and initiation date) - State of illness - Relevant clinical summary that includes signs and symptoms compatible with a rickettsial illness, as well as any pertinent comorbidities Requested additional information: - Other laboratory results (e.g., previous serologic or molecular tests, complete blood counts, hepatic transaminase levels or electrolyte values, if available) - Travel history (within 2 weeks of symptom onset), denote with "No" or "Unknown" if no travel occurred or travel history is unknown) - Exposure history, e.g., ticks, fleas, lice, mites, or relevant animal exposures (denote "None" or "Unknown" if no arthropod or animal exposure occurred or is unknown) |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Acute-phase serum (taken within 14 days of illness onset or while symptomatic) paired with convalescent-phase serum (taken 2-10 weeks after initial sample); or single acute-phase or convalescent serum. |
| Minimum Volume Required | 1.0 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Keep specimen refrigerated (2-8°C) if sample will arrive at CDC within 7 days from collection. If the sample requires storage for more than 7 days, freeze at - 20°C or lower up to 2 months, or -70°C or lower up to 1 year. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., |

Specimen Labeling Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition.

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Shipping frozen is strongly recommended. Frozen specimens should only be sent with dry-ice by overnight priority mail and received within 60 days of collection. Refrigerated specimens should be sent with refrigerated or frozen cold packs and received within 7 days of collection. |
|---|--|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 78 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |

| Methodology | Indirect immunofluorescence antibody assay (IFA) |
|-----------------------------|--|
| Turnaround Time | 6 Weeks |
| Interferences & Limitations | Multiple freeze thaw cycles can interfere with antigen binding. A detectable antibody response is often not detected during the first week of illness. Confirmation of anaplasmosis can only be established by demonstrating a four- fold or greater increase in antibody titer which requires evaluation of paired serum samples collected during acute and convalescent phases of the illness. |
| Additional Information | Routine diagnostic samples should be sent to your state public health laboratory (SPHL) or a commercial laboratory if the test is available commercially. |
| | The Rickettsial Zoonoses Branch (RZB) Reference Diagnostic Laboratory assists state public health laboratories by providing specialized testing for rickettsial agents. Serological testing for other pathogens including typhus group <i>Rickettsia</i> , spotted fever group <i>Rickettsia</i> , <i>Coxiella</i> , <i>Orientia</i> , and <i>Ehrlichia</i> spp. may be included following clinical review in RZB. Results are reported directly to SPHLs. |
| | Additional RZB specimen and shipping information can be found at the following address: https://www.cdc.gov/ncezid/dvbd/specimensub/rickettsial-shipping.html |
| CDC Points of Contact | Yan Zeng (404) 639-5177 RZBrefdxlab@cdc.gov Arlyn N Gleaton (404) 639-4904 iwv7@cdc.gov |

Test Order Angiostrongylus cantonensis Molecular Detection CDC-10472

| Synonym(s) | Angiostrongyliasis, Rat lungworm, parasite |
|--|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human and Animal |
| Acceptable Sample / Specimen Type for Testing | Cerebrospinal fluid (CSF) |
| Minimum Volume Required | 0.2 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Specimens should be stored in sterile leak-proof tubes. Specimens must be stored refrigerated (2-8°C) for up to 7 days or frozen (-20 °C or lower) for up to 30 days after collection. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. All specimens should be shipped to CDC by same- or next-day courier as etiologic agent. Ship specimens frozen on dry ice. Specimens not meeting these conditions will not be accepted for testing and a new specimen will be required. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 52 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Real-time Polymerase Chain Reaction (PCR) |
| Turnaround Time | 2 Weeks |

Formalin-fixed specimens are not suitable for this test order. Please see Test Order CDC-10365 (Pathologic Evaluation of Tissues for Possible Infectious Etiologies) and contact <u>pathology@cdc.gov</u> regarding testing of formalin-fixed specimens.

| Additional Information | None |
|------------------------|---|
| CDC Points of Contact | Parasitology Lab Mailbox (404) 718-4175 parasiteslab@cdc.gov Yvonne Qvarnstrom (404) 718-4123 bvp2@cdc.gov |

| Test Order Antimicrobial Resistant Bacteria - Colonization Screening CDC-10521 | | |
|---|--|--|
| Synonym(s) | point prevalence survey (PPS), carbapenemase-producing organism (CPO) surveillance, processing of surveillance swabs, surveillance screening for antimicrobial resistant (AR) bacteria, Cepheid Xpert Carba-R assay, infection prevention and control (IPC) surveillance | |
| CDC Pre-Approval Needed | Stephen LaVoie (404) 718-4747 qea5@cdc.gov Cynthia Longo (404) 718-7568 own7@cdc.gov | |
| Supplemental Information Required | The CDC 50.34 Specimen Submission Form or Global File Accessioning Template (GFAT) must include the State Public Health Department contact information, previous testing results that identify the isolated or suspected microorganism as <i>Enterobacterales</i> , <i>Acinetobacter baumannii</i> or <i>Pseudomonas aeruginosa</i> and demonstrate evidence of carbapenem-non- susceptibility. | |
| | Swab submissions: document the date the swab was collected. Pure culture isolate submissions: document the date the submitted culture was inoculated into transport media | |
| Supplemental Form | None | |
| Performed on Specimens From | Human | |
| Acceptable Sample / Specimen Type for Testing | Cepheid Xpert Carba-R assay: rectal swabs on Copan Dual-Swab Collection and Transport System (Cepheid catalog #900-0370) or pure culture isolate of Enterobacterales, <i>Acinetobacter baumannii</i> or <i>Pseudomonas aeruginosa</i> which are carbapenem non-susceptible. | |

collection and transport system.

Minimum Volume Required Not Applicable

Culture-based methods: rectal swabs on Copan Dual-Swab Collection and Transport System (Cepheid catalog #900-0370) and/or tracheal, axilla, groin or composite axilla/groin swabs on Elution Swab (ESwab) with liquid Amies swab

| Collection, Storage, and Preservation of Specimen Prior to Shipping | Rectal swabs on Copan Dual-Swab Collection and Transport System (Cepheid catalog #900-0370): store at room temperature (15-25 °C) and ship within 24 hours of collection. Do not refrigerate or freeze. |
|--|---|
| | Non-rectal swabs on Elution Swab (ESwab) with liquid Amies swab collection and transport system should be stored and shipped in accordance with the manufacturer's instructions for use. |
| | Store pure culture isolates at room temperature (15-25 °C) for up to 7 days or at refrigerated temperature (2-8 °C) up to 14 days. Isolates being stored more than 14 days should be frozen (-20 °C or lower). |
| | Ship isolates as soon as possible to ensure viability and to avoid loss of antimicrobial resistance mechanisms. |
| Transport Medium | Transport rectal swabs using Copan Dual-Swab Collection and Transport System (Cepheid catalog #900-0370). |
| | Transport non-rectal swabs using elution swab (ESwab) with liquid Amies swab collection and transport system. |
| | Transport pure culture isolates at room temperature (15-25 °C) or refrigerated (2- 8 °C) on trypticase soy agar (TSA); heart or brain-heart infusion agar (HIA or BHIA); blood agar or chocolate agar. Transport frozen (-20 °C or lower) submissions in trypticase soy broth (TSB) plus 15% glycerol. |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |

| CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Rectal swabs (Copan Dual-Swab Collection and Transport System (Cepheid catalog #900-0370): ship at room-temperature with room-temperature cold packs within 24 hours of swab collection to arrive at CDC overnight. Do not refrigerate or freeze swab specimens. Non-rectal swabs (Elution Swab (ESwab) with liquid Amies swab collection and transport system): ship refrigerated with refrigerated or frozen cold packs or at room-temperature with room-temperature cold packs within 24 hours of swab collection to arrive at CDC overnight. Do not freeze swab specimens. |
|---|
| Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 13 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Cepheid Carba-R Assay: real-time polymerase chain reaction (PCR)-based detection of blaKPC, blaNDM, blaVIM, blaOXA-48-like, and blaIMP genes. |
| Culture-based method : broth enrichment and subsequent characterization by phenotypic testing, polymerase chain reaction (PCR)-based detection of carbapenemase genes, and organism identification by matrix-assisted laser desorption ionization – time of flight mass spectrometry (MALDI-ToF MS). |
| 5 Days |
| Cepheid Carba-R assay: interfering substances include barium sulfate at >0.1% w/v, Pepto-Bismol at >0.01% w/v; or fecal fat at 0.25% w/v (for blaVIM detection). Level of detection (LOD) of targets for Cepheid system (per package insert) ranged from 74-815 cfu/swab (specificity reported as 100%). If more than one PCR target is present in the sample, one target may not be detected. Pure culture isolates must be viable for testing. |
| |

| Additional Information | Contact the CDC POC for approval prior to submitting any specimen. If a |
|------------------------|---|
| | healthcare facility will be submitting samples directly to CDC they must receive |
| | prior approval from the State Health Department. Prior epidemiologic |
| | consultation with CDC/DHQP Prevention and Response Branch |
| | (haioutbreak@cdc.gov) is also required. If submitting pure culture isolate(s) for |
| | testing, the original culture/isolate/inoculum should be maintained by the |
| | submitter until results are reported, indicating that CDC testing is completed. |
| | |

Note: Turnaround times differ by methodology

Cepheid Carba-R Assay: 5 days Culture-based method: 3 weeks

CDC Points of Contact Stephen LaVoie (404) 718-4747 qea5@cdc.gov Cynthia Longo (404) 718-7568 own7@cdc.gov

Version 3.2

| Test Order Antimicrobial Susceptibility Testing (AST) - Bacteria CDC-10223 | |
|---|--|
| Synonym(s) | Antimicrobial Susceptibility Testing (AST), sensitivity, resistance, Minimum Inhibitory Concentration (MIC) testing |
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | The CDC 50.34 Specimen Submission Form or Global File Accessioning Template (GFAT) must include the State Public Health Department contact information, specific antibacterial agent(s) of interest, previous results and testing method, as well as the date the submitted culture was inoculated onto transport media. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Pure culture isolates of bacteria demonstrating unusual resistance or unusual isolates on which the submitter cannot perform susceptibility testing. |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store pure culture isolates at room temperature (15-25 °C) for up to 7 days or at refrigerated temperature (2-8 °C) up to 14 days. |
| | Isolates being stored more than 14 days should be frozen (-20 °C or lower). Ship isolates as soon as possible to ensure viability and to avoid loss of antimicrobial resistance mechanisms. |
| Transport Medium | Transport pure culture isolates at room temperature (15-25 °C) or refrigerated (2-8 °C) on trypticase soy agar (TSA); heart or brain-heart infusion agar (HIA or BHIA); blood agar or chocolate agar. |
| | Transport frozen (-20 °C or lower) submissions in trypticase soy broth (TSB) plus 15% glycerol. |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship submissions overnight. Refrigerated samples should be shipped with refrigerated or frozen cold packs. Frozen samples should be shipped frozen with dry ice. |
|---|--|
| | Ship To: |
| | [Insert CDC Point of Contact] |
| | Centers for Disease Control and Prevention |
| | RDSB/STATT Unit 13 |
| | 1600 Clifton Road, NE |
| | Atlanta, GA 30329 |
| | [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |

| Methodology | broth microdilution (BMD), disk diffusion, molecular detection of antimicrobial resistance markers, additional phenotypic testing |
|-----------------------------|---|
| Turnaround Time | 3 Weeks |
| Interferences & Limitations | Pure culture isolates must be viable for testing. It is recommended that <i>Streptococcus pneumoniae, Neisseria meningitidis,</i> and <i>Haemophilus influenzae</i> be stored at room temperature (15-25 °C) to ensure isolate viability. |
| Additional Information | If a healthcare facility will be submitting samples directly to CDC they must receive prior approval from the State Health Department. If submitting pure culture isolate(s) for testing, the original culture/isolate/inoculum should be maintained by the submitter until results are reported, indicating that CDC testing is completed. |
| CDC Points of Contact | Stephen LaVoie (404) 718-4747 qea5@cdc.gov Cynthia Longo (404) 718-7568 own7@cdc.gov |

Version 3.5

Test Order Arbovirus Isolation CDC-10566

| Synonym(s) | Arbovirus |
|--|---|
| CDC Pre-Approval Needed | Amanda Panella (970) 225-4237 ahf6@cdc.gov Jason Velez (970) 225-4262 jdv4@cdc.gov |
| Supplemental Information Required | Onset of symptoms date, specimen collection date, brief clinical summary, suspected agent, preliminary results, travel dates, and travel location(s). |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Fresh-frozen (-20°C or lower) serum and cerebrospinal fluid (CSF). All specimens should be acute (0-7) days post onset of symptoms date for most arboviruses. |
| Minimum Volume Required | 0.5 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Collect blood in a serum-separator tube and separate the serum from the pelleted red blood cells following the manufacturer's instructions for the tube used. Aseptically transfer serum to a sterile tube that has an externally threaded cap with an o-ring seal. Promptly freeze (-20°C or lower) serum specimen. For CSF, collect each specimen in a sterile leak-proof container and immediately freeze (-20°C or lower) specimen. Specimen may be stored frozen (-20°C or lower) for up to 90 days post-collection. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. All specimens should be submitted to CDC through state health departments and not submitted directly to CDC. Ship frozen specimens on dry ice. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention Arbovirus Diagnostic and Reference Laboratory 3156 Rampart Rd Fort Collins, CO 80521 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |

| Methodology | Viral isolation in cell culture |
|-----------------------------|---|
| Turnaround Time | 4 Weeks |
| Interferences & Limitations | Specimen must remain frozen (-20°C or lower); warming or freeze thawing cycles reduces sensitivity. |
| Additional Information | Turnaround time will vary based on length of time required for virus growth. |
| CDC Points of Contact | Amanda Panella (970) 225-4237 ahf6@cdc.gov Jason Velez (970) 225-4262 jdv4@cdc.gov |

Version 1.1

Test Order Arbovirus Molecular Detection CDC-10280

| Synonym(s) | Arbovirus, RT-PCR, Colorado tick fever virus (CTFV), Oropouche virus (OROV) |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Onset date, specimen collected date, brief clinical summary, suspected agent, travel dates, and travel location(s). Please provide dengue testing results for OROV RT-PCR requests. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum and cerebrospinal fluid (CSF) must be acute (0-7 days post onset date) for OROV RT-PCR. For CTFV RT-PCR, acute serum samples only (0-14 days post onset date) will be acceptable. |
| Minimum Volume Required | 0.5 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Collect blood in a serum-separator tube and separate the serum from the pelleted red blood cells following the manufacturer's instructions for the tube used. Aseptically transfer serum to a sterile tube that has an externally threaded cap with an o-ring seal. Promptly refrigerate (2-8°C) or freeze (-20°C or lower) serum specimen. For CSF, collect each specimen in a clean, dry, leak-proof container and immediately refrigerate (2-8°C) or freeze (-20°C or lower) specimen. Specimen may be stored at refrigerated temperature (2-8°C) for up to 30 days and frozen (-20°C or lower) for up to 90 days post-collection. If serum or CSF is not shipped to CDC within \leq 2 weeks of collection, storing and shipping specimen frozen (-20°C or lower) is preferred. Specimen must not exceed 3 freeze/thaw cycles. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. All specimens should be submitted to CDC through state health departments and not submitted directly to CDC. |
|---|---|
| | Ship frozen specimens on dry ice. Ship refrigerated specimens with refrigerated or frozen cold packs. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention Arbovirus Diagnostic and Reference Laboratory 3156 Rampart Rd Fort Collins, CO 80521 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| | |

| Methodology | Reverse transcriptase (RT)-Polymerase Chain Reaction (PCR); real-time RT-PCR (rRT-PCR) |
|-----------------------------|---|
| Turnaround Time | 3 Weeks |
| Interferences & Limitations | Hemolysis can affect the test results. |
| Additional Information | RT-PCR testing currently offline for most arboviruses (except OROV and CTFV). Testing is available commercially and/or through Wadsworth Center Virology NYS Department of Health. Please contact CDC for assistance if needed. |
| | For additional information regarding the fields above, please see this link: "http://www.cdc.gov/vector-borne-diseases/php/laboratories/submitting- arboviral-specimens.html" |
| | Turnaround Time: Molecular testing is typically performed once a week but will take longer to have results interpreted and reported to state health department. |

| CDC Points of Contact | Amy Lambert |
|-----------------------|----------------|
| | (970) 225-4227 |
| | ahk7@cdc.gov |
| | Amanda Panella |
| | (970) 225-4237 |
| | ahf6@cdc.gov |
| | |

| Test Order Arbovirus Neutralization Antibody CDC-10283 | | |
|--|---|--|
| Synonym(s) | Arbovirus, Arbo plaque reduction neutralization test (PRNT), Chikungunya virus (CHIKV), Dengue virus (DENV), Eastern equine encephalitis virus (EEEV), Jamestown Canyon virus (JCV), Japanese encephalitis virus (JEV), La Crosse virus (LACV), Oropouche virus (OROV), Powassan virus (POWV), St. Louis encephalitis virus (SLEV), West Nile virus (WNV), Yellow fever virus (YFV), Zika virus (ZIKV) | |
| CDC Pre-Approval Needed | None | |
| Supplemental Information Required | Onset date, specimen collected date, brief clinical summary, suspected agent, travel dates, travel location(s), and IgM test results for requested virus | |
| Supplemental Form | None | |
| Performed on Specimens From | Human | |
| Acceptable Sample / Specimen Type for Testing | Serum and cerebrospinal fluid (CSF) | |
| Minimum Volume Required | 0.5 mL | |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Collect blood in a serum-separator tube and separate the serum from the pelleted red blood cells following the manufacturer's instructions for the tube used. Aseptically transfer serum to a sterile tube that has an externally threaded cap with an o-ring seal. Promptly refrigerate (2-8 °C) or freeze (-20 °C or lower) serum specimen. For CSF, collect each specimen in a clean, dry, leak-proof container and immediately refrigerate (2-8 °C) or freeze (-20 °C or lower) specimen. Specimen may be stored at refrigerated temperature (2-8°C) for up to 120 days and frozen (-20°C or lower) for up to 1 year post-collection. Specimen must not exceed 3 freeze/thaw cycles. | |
| Transport Medium | Not Applicable | |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. | |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. All specimens should be submitted to CDC through state health departments and NOT submitted directly to CDC. |
|---|---|
| | Ship frozen specimens on dry ice. Ship refrigerated specimens with refrigerated or frozen cold packs. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention Arbovirus Diagnostic and Reference Laboratory 3156 Rampart Rd Fort Collins, CO 80521 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |

| MethodologyPlaque reduction neutralization test (PRNT)Turnaround Time4 WeeksInterferences & LimitationsHemolysis can cause non-specific binding in serological tests and can have an effect on laboratory results.Additional InformationPRNT testing currently offline for many arboviruses (unless listed above in test order synonym). Diagnostic testing is available through Wadsworth Center Virology NYS Department of Health. Please contact CDC for assistance if needed Colorado tick fever virus PRNT testing may be available at CDC with prior approval, please contact Dr. Amy Lambert.For additional information regarding the fields above, please see this link: https://www.cdc.gov/vector-borne-diseases/php/laboratories/submitting- arboviral-specimens.htmlCDC Points of ContactAmanda Panella (970) 225-4237 ahf6@cdc.govAmy Lambert (970) 225-4227 ahk7@cdc.gov | | |
|---|-----------------------------|--|
| Interferences & Limitations Hemolysis can cause non-specific binding in serological tests and can have an effect on laboratory results. Additional Information PRNT testing currently offline for many arboviruses (unless listed above in test order synonym). Diagnostic testing is available through Wadsworth Center Virology NYS Department of Health. Please contact CDC for assistance if neede Colorado tick fever virus PRNT testing may be available at CDC with prior approval, please contact Dr. Amy Lambert. For additional information regarding the fields above, please see this link: https://www.cdc.gov/vector-borne-diseases/php/laboratories/submitting-arboviral-specimens.html CDC Points of Contact Amanda Panella (970) 225-4237 ahf6@cdc.gov Amy Lambert (970) 225-4227 | Methodology | Plaque reduction neutralization test (PRNT) |
| effect on laboratory results. Additional Information PRNT testing currently offline for many arboviruses (unless listed above in test order synonym). Diagnostic testing is available through Wadsworth Center Virology NYS Department of Health. Please contact CDC for assistance if needed Colorado tick fever virus PRNT testing may be available at CDC with prior approval, please contact Dr. Amy Lambert. For additional information regarding the fields above, please see this link: https://www.cdc.gov/vector-borne-diseases/php/laboratories/submitting-arboviral-specimens.html CDC Points of Contact Amanda Panella (970) 225-4237 ahf6@cdc.gov Amy Lambert (970) 225-4227 | Turnaround Time | 4 Weeks |
| order synonym). Diagnostic testing is available through Wadsworth Center Virology NYS Department of Health. Please contact CDC for assistance if neede Colorado tick fever virus PRNT testing may be available at CDC with prior approval, please contact Dr. Amy Lambert. For additional information regarding the fields above, please see this link: https://www.cdc.gov/vector-borne-diseases/php/laboratories/submitting- arboviral-specimens.html CDC Points of Contact Amanda Panella (970) 225-4237 ahf6@cdc.gov Amy Lambert (970) 225-4227 | Interferences & Limitations | , |
| approval, please contact Dr. Amy Lambert. For additional information regarding the fields above, please see this link: https://www.cdc.gov/vector-borne-diseases/php/laboratories/submitting- arboviral-specimens.html CDC Points of Contact Amanda Panella (970) 225-4237 ahf6@cdc.gov Amy Lambert (970) 225-4227 | Additional Information | |
| https://www.cdc.gov/vector-borne-diseases/php/laboratories/submitting- arboviral-specimens.html CDC Points of Contact Amanda Panella (970) 225-4237 ahf6@cdc.gov Amy Lambert (970) 225-4227 | | |
| (970) 225-4237 ahf6@cdc.gov Amy Lambert (970) 225-4227 | | https://www.cdc.gov/vector-borne-diseases/php/laboratories/submitting- |
| | CDC Points of Contact | (970) 225-4237 ahf6@cdc.gov Amy Lambert (970) 225-4227 |
| | | |

Version 1.6

Test Order Arbovirus Serology CDC-10282

| Synonym(s) | Arbovirus, Arbo serology, Arbovirus immunoglobulin M (IgM), Eastern equine encephalitis virus (EEEV), Jamestown Canyon virus (JCV), La Crosse virus (LACV), Powassan virus (POWV), St. Louis encephalitis virus (SLEV), West Nile virus (WNV), Yellow fever virus (YFV), Zika virus (ZIKV) |
|--|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Onset date, specimen collected date, brief clinical summary, suspected agent, travel dates, and travel location(s) |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum and cerebrospinal fluid (CSF) |
| Minimum Volume Required | 0.5 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Collect blood in a serum-separator tube and separate the serum from the pelleted red blood cells following the manufacturer's instructions for the tube used. Aseptically transfer serum to a sterile tube that has an externally threaded cap with an o-ring seal. Promptly refrigerate (2-8°C) or freeze (-20°C or lower) serum specimen. For CSF, collect each specimen in a clean, dry, leak-proof container and immediately refrigerate (2-8°C) or freeze (-20°C or lower) specimen. Specimen may be stored at refrigerated temperature (2-8°C) for up to 120 days and frozen (-20°C or lower) for up to 1 year post-collection. Specimen must not exceed 3 freeze/thaw cycles. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |

| CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. All specimens should be submitted to CDC through state health departments and NOT submitted directly to CDC. |
|---|
| Ship frozen specimens on dry ice. Ship refrigerated specimens with refrigerated or frozen cold packs. |
| Ship To: |
| [Insert CDC Point of Contact] |
| Centers for Disease Control and Prevention |
| Arbovirus Diagnostic and Reference Laboratory |
| 3156 Rampart Rd |
| Fort Collins, CO 80521 |
| [Insert CDC Point of Contact's Telephone Number] |
| All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| |

| Methodology | Enzyme-linked immunosorbent assay (ELISA) immunoglobulin (Ig) M, Microsphere immunoassay (MIA) IgM |
|-----------------------------|--|
| Turnaround Time | 4 Weeks |
| Interferences & Limitations | Hemolysis can cause non-specific binding in serological tests and can have an effect on laboratory results. |
| Additional Information | IgM serology testing currently offline for many arboviruses (unless listed above in test order synonym). Diagnostic testing is available commercially and/or through Wadsworth Center Virology NYS Department of Health. Please contact CDC for assistance if needed. |
| | Heartland virus and Japanese encephalitis virus IgM testing may be available with prior approval from Dr. Amy Lambert. |
| | For additional information regarding the fields above, please see this link: https://www.cdc.gov/vector-borne-diseases/php/laboratories/submitting- arboviral-specimens.html |
| | Turnaround Time is impacted by whether the specimen tests positive for immunoglobulin (Ig) M antibodies, IgM positive samples may have plaque reduction neutralization tests performed (see CDC-10283 Arbovirus Neutralization Antibodies). |

CDC Points of Contact Amanda Panella (970) 225-4237 ahf6@cdc.gov Amy Lambert (970) 225-4227 ahk7@cdc.gov

Version 1.5

Test Order Arenavirus (New World) Testing CDC-10293

| Synonym(s) New World Arenavirus, South American hemorrhagic fever viruses CDC Pre-Approval Needed Trevor Shoemaker (470) 312-0094 spather@cdc.gov Amy Schuh (404) 639-1756 wuc2@cdc.gov Supplemental Information Required Private citizens interested in clinical testing should contact their health providers. Clinicians should contact their local or state health department for consultation. |
|---|
| (470) 312-0094 spather@cdc.gov Amy Schuh (404) 639-1756 wuc2@cdc.gov Supplemental Information Private citizens interested in clinical testing should contact their health Required providers. Clinicians should contact their local or state health department |
| Required providers. Clinicians should contact their local or state health departme |
| for consultation. |
| Supplemental Form None |
| Performed on Specimens From Human and Animal |
| Acceptable Sample / Specimen Type For serology testing, the accepted specimen types are whole blood (EDTA) of for Testing serum. Contact the CDC POC for approval prior to sending any specimens. |
| Animal specimens or human research specimens may be submitted with approval from CDC POC. |
| Minimum Volume Required 4 mL |
| Collection, Storage, and Preservation Human serological specimens stored refrigerated (2-8°C) must be received of Specimen Prior to Shipping 7 days of specimen collection date, and specimens stored frozen (-20°C or the must be received within 2 months of specimen collection date. Contact the POC for approval prior to sending any specimens. |
| Transport Medium Not Applicable |
| Specimen Labeling Research or surveillance specimens may be labeled according to protocol. L should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements sure packages arrive Monday - Friday. Do not ship specimen without prior consultation and approval. |
| Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 70 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| All samples must be shipped in accordance with all applicable local, state ar federal regulations. |
| Methodology Serology |

| 2 Weeks |
|--|
| Avoid thawing frozen specimens, as freeze-thawing may affect sensitivity of assays. |
| Pre-approval is required. Contact CDC's Emergency Operation Center at 770-488- 7100 and request VSPB's on-call epidemiologist to provide the clinical and epidemiological history on the patient. If testing is approved, VSPB will provide an approval number (EPIID) by email along with instructions for next steps. After receiving pre-approval and the EPIID number, the CDC specimen submission form can be submitted using one of two ways: |
| 1) For submitters that use CSTOR, submit using the CSTOR Web Portal. Please include the EPIID in the Test Order Request's comments field. If the EPIID is not included, the order will be rejected. |
| 2) For submitters that do not use CSTOR, submit via CDC 50.34 Specimen Submission Form. Enter the EPIID in the "Case ID field" within the "Patient Information" section on CSTOR and/or the CDC 50.34 Specimen Submission Form. Critical specimens will take less than 4 days to turn around. |
| Trevor Shoemaker (470) 312-0094 spather@cdc.gov Amy Schuh (404) 639-1756 wuc2@cdc.gov Maria Morales Betoulle (404) 718-1655 fof7@cdc.gov |
| |

Version 4.3

Test Order Babesia Molecular Detection CDC-10473

| Synonym(s) | Babesiosis; Babesia microti; Babesia duncani, parasite |
|--|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Please submit the blood smear slides with the whole blood, each with its own CDC 50.34 Specimen Submission Form. Microscopic examination of blood smears is mandatory prior to performing molecular detection. Babesia Molecular Detection will be performed on microscopy-positive specimens to provide a species-level diagnosis. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | EDTA-treated whole blood |
| Minimum Volume Required | 0.2 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Specimens should be stored in leak-proof containers and kept refrigerated (2- 8°C) at all times. Ship to CDC within 21 days of collection. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. All specimens should be shipped to CDC by same- or next-day courier as an etiologic agent. Specimens must be shipped in insulated shipping containers with refrigerated or frozen cold packs. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 52 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Conventional and Real-time Polymerase Chain Reaction (PCR) and Sanger sequencing |
| Turnaround Time | 2 Weeks |
| Interferences & Limitations | No significant interferences or limitations are currently known. |
| | |

| Additional Information | Shipping Instructions: Specimens must arrive to CDC at 2-8°C within 21 days of |
|------------------------|--|
| | collection. Specimens not meeting these conditions will not be accepted for |
| | testing and new specimen will be required. |

| CDC Points of Contact | (404) 718-4123 bvp2@cdc.gov Sarah Sapp (404) 718-5227 |
|-----------------------|--|
| | xyz6@cdc.gov |

Version 2.7

Test Order Babesiosis Serology CDC-10456

| Synonym(s) | Babesia microti, babesiosis, parasite |
|--|---|
| CDC Pre-Approval Needed | Parasitology Lab Mailbox (404) 718-4175 parasiteslab@cdc.gov Xiaojuan Tan (404) 718-3434 xit0@cdc.gov |
| Supplemental Information Required | CDC 50.34 Specimen Submission Form must include exposure and travel history, any relevant risk factors (ticks, transfusion); clinical symptoms, treatment and relevant lab results. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum |
| Minimum Volume Required | 0.2 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Serum for serology testing should be collected, centrifuged and transferred to leak proof tubes. Serum can be stored at refrigerated temperature (2-8°C) for up to 7 days prior to freezing or stored frozen (-20°C or lower) for up to 8 weeks. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Sera specimens should be shipped frozen on dry ice. Specimens not received under these conditions will be rejected for testing, and a new specimen must be submitted. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 57 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Indirect Fluorescent Antibody assay, Antibody detection |
| Turnaround Time | 3 Weeks |
| Interferences & Limitations | Cross-reactions may occur with sera from patients infected with Plasmodium spp. |
| | |

| Additional Information | Please send one CDC 50.34 Specimen Submission Form and one separate sample tube for each test requested. |
|------------------------|--|
| CDC Points of Contact | Xiaojuan Tan (404) 718-3434 xit0@cdc.gov Parasitology Lab Mailbox (404) 718-4175 parasiteslab@cdc.gov |

Version 4.9

Test Order Bacillus anthracis Detection in Clinical Specimens CDC-10204

| Synonym(s) | Anthrax PCR |
|--|---|
| CDC Pre-Approval Needed | Zoonoses and Select Agent Laboratory ZSAL (404) 639-1711 zsal@cdc.gov Bacterial Special Pathogens Branch CDC (770) 488-7100 bzb@cdc.gov |
| Supplemental Information Required | Provide the following information on the CDC 50.34 Specimen Submission Form: history of present illness, exposure history, travel history, past medical history, treatment history, preliminary results. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Whole blood, serum, cerebral spinal fluid (CSF) |
| Minimum Volume Required | 0.10 mL (prefer 0.5-1.0 mL) |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Specimens may be stored at 2-8°C for up to 14 days post-collection and -20°C or lower for up to 28 days and not to exceed 3 freeze/thaw cycles. |
| Transport Medium | Dependent on specimen type submitted. For more information, reference the Additional Information field. |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Samples should be shipped frozen on dry ice. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 91 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Polymerase chain reaction (PCR) |
| Turnaround Time | 2 Weeks |
| Interferences & Limitations | Varies depending on tests used. Blood specimens should be collected in EDTA or Sodium Citrate tubes (not heparin). |
| | |

| Additional Information | Turnaround time will vary depending on methods selected for detection at CDC. Some methods may require up to 2 weeks. Information on specimens, storage, and shipping can be found at: http://www.cdc.gov/anthrax/labs/recommended_specimen.html Pre-approval required from state/territorial health department or laboratory. If you are a state or local health department, please contact the CDC Emergency Operations Center at 770-488-7100 Call: 770-488-7100 for additional guidance. If you are an LRN laboratory, please follow the LRN protocol or contact the CDC Emergency Operations Center at 770-488-7100 Call: 770-488-7100 for additional guidance. |
|------------------------|---|
| | Study or research samples should be submitted under test code CDC-10205, <i>Bacillus anthracis</i> Study |
| CDC Points of Contact | Zoonoses and Select Agent Laboratory ZSAL (404) 639-1711 ZSAL@cdc.gov Chung Marston (404) 639-4057 cdk5@cdc.gov Zachary Weiner (404) 639-0507 xxd7@cdc.gov |

Version 3.5

Test Order Bacillus anthracis Identification CDC-10203

| | 000 10200 |
|--|---|
| Synonym(s) | Anthrax, Anthrax Gamma phage, Anthrax PCR, Anthrax typing |
| CDC Pre-Approval Needed | Zoonoses and Select Agent Laboratory ZSAL (404) 639-1711 zsal@cdc.gov Bacterial Special Pathogens Branch CDC (770) 488-7100 bzb@cdc.gov |
| Supplemental Information Required | Provide the following information on the CDC 50.34 Specimen Submission Form: history of present illness, exposure history, travel history, past medical history, treatment history, preliminary results. For select agents consult for completion of APHIS/CDC FORM 2 (Request to Transfer Select Agents and Toxins). |
| Supplemental Form | Request to Transfer Select Agents and Toxins (APHIS/CDC FORM 2). https://www.selectagents.gov/forms.html |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | B. anthracis isolates |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Isolates should be kept at room temperature (15-25°C) prior to shipping. |
| Transport Medium | Agar slants preferred for isolates. |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g. patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on th test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | Isolates should be shipped at room temperature. |
| | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 91 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state, and federal regulations. |
| Methodology | Polymerase chain reaction (PCR), gamma phage, capsule staining |
| | |

| Turnaround Time | 2 Weeks |
|-----------------------------|--|
| Interferences & Limitations | No significant interferences or limitations are currently known. |
| Additional Information | Pre-approval required from state/territorial health department or laboratory. If you are a state or local health department, please contact the CDC Emergency Operations Center at 770-488-7100 Call: 770-488-7100 for additional guidance. If you are an LRN laboratory, please follow the LRN protocol or contact the CDC Emergency Operations Center at 770-488-7100 Call: 770-488-7100 for additional guidance. |
| | Study or research samples should be submitted under test code CDC-10205, <i>Bacillus anthracis</i> Study. |
| CDC Points of Contact | Zoonoses and Select Agent Laboratory ZSAL (404) 639-1711 ZSAL@cdc.gov Chung Marston (404) 639-4057 cdk5@cdc.gov Cari Kolton (404) 639-2065 fts3@cdc.gov |

Version 3.5

Test Order Bacillus anthracis Lethal Factor Detection (Qualitative) CDC-10568

| Synonym(s) | InBios Active Anthrax Detect (AAD) Plus Rapid Test |
|--------------------------------------|---|
| CDC Pre-Approval Needed | ZSAL Zoonoses and Select Agent Laboratory (404) 639-1711 zsal@cdc.gov CDC Bacterial Special Pathogens Branch (770) 488-7100 bzb@cdc.gov |
| Supplemental Information Required | Provide the following information on the CDC 50.34 Specimen Submission Form: • History of present illness • Exposure history • Travel history • Past medical history • Treatment history • Preliminary results |

| Supplemental Form | None |
|--|--|
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | serum; whole blood |
| Minimum Volume Required | 0.10 mL; 0.5-1.0 mL preferred |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Serum may be stored at 15-30°C for up to 8 hours post collection, 2-8°C for up to 7 days post collection, or -20°C or lower for up to 2 months post collection and not to exceed 5 freeze/thaw cycles. Whole blood may be stored at 15-30°C for up to 8 hours post collection or 2-8°C for up to 24 hours. Whole blood should not be frozen. |
| Transport Medium | Ship serum frozen with dry ice. Ship whole blood refrigerated with refrigerated or frozen ice packs. |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | None |

| Methodology | Lateral flow |
|-----------------------------|--|
| Turnaround Time | 5 Days |
| Interferences & Limitations | This test is indicated for diagnosis of suspect inhalation anthrax (i.e., presumptively diagnostic for <i>Bacillus anthracis</i> infection) from individuals who have signs and symptoms consistent with inhalation anthrax and a likelihood of exposure. The definitive identification of <i>B. anthracis</i> from samples requires additional testing and confirmation procedures in consultation with public health or other authorities for whom reports are required. |

| Additional Information | Turnaround time will vary depending on methods selected for detection at CDC. Some methods may require up to 2 weeks. Information on specimens, storage, and shipping can be found at: http://www.cdc.gov/anthrax/labs/recommended_specimen.html. Pre-approval is required from the state/territorial health department or laboratory. If you are a state or local health department, please contact the CDC |
|------------------------|---|
| | Emergency Operations Center at (770) 488-7100 for additional guidance. If you are an LRN laboratory, please follow the LRN protocol or contact the CDC Emergency Operations Center at (770) 488-7100 for additional guidance. Study or research samples should be submitted under test code CDC-10205, <i>Bacillus anthracis</i> Study. |
| CDC Points of Contact | ZSAL Zoonoses and Select Agent Laboratory (404) 639-1711 zsal@cdc.gov Zachary Weiner (404) 639-0507 xxd7@cdc.gov |

Version 2.0

Test Order Bacillus anthracis Serology CDC-10196

| Synonym(s) | Anthrax ELISA, Anthrax serology, Bacillus serology |
|--|--|
| CDC Pre-Approval Needed | Zoonoses and Select Agent Laboratory ZSAL (404) 639-1711 zsal@cdc.gov Bacterial Special Pathogens Branch CDC (770) 488-7100 bzb@cdc.gov |
| Supplemental Information Required | Provide the following Specimen Information on the CDC 50.34 Specimen Submission form: history of present illness, exposure history, travel history, past medical history, treatment history, preliminary results, date of onset, and specimen collection date for both acute and convalescent sera samples. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Contact CDC POC prior to specimen submission for specimen acceptance, collection, storage and preservation requirements. |
| Minimum Volume Required | 0.25 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Serum may be stored at refrigerated temperature (2-8°C) for up to 28 days post- collection and frozen (-20°C or lower) for up to 28 days. Specimens should not exceed 3 freeze/thaw cycles. |
| Transport Medium | Not applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Serum should be shipped frozen on dry ice. For additional information, reference the Additional Information field. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 91 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Antibody detection by enzyme-linked immunosorbent assay (ELISA) |
| Turnaround Time | 2 Weeks |
| Interferences & Limitations | Requires acute and convalescent serum for analysis. |

| Additional Information | Additional information on Shipping Instructions which Include Specimen Handling Requirements. http://www.cdc.gov/anthrax/labs/recommended_specimen.html |
|------------------------|---|
| | Pre-approval required from state/territorial health department or laboratory. If you are a state or local health department, please contact the CDC Emergency Operations Center at 770-488-7100 Call: 770-488-7100 for additional guidance. If you are an LRN laboratory, please follow the LRN protocol or contact the CDC Emergency Operations Center at 770-488-7100 Call: 770-488-7100 for additional guidance. |
| | Study or research samples should be submitted under test code CDC-10205, <i>Bacillus anthracis</i> Study |
| CDC Points of Contact | Zoonoses and Select Agent Laboratory (ZSAL) (404) 639-1711 ZSAL@cdc.gov Robyn Stoddard (404) 639-2053 frd8@cdc.gov Chung Marston (404) 639-4057 cdk5@cdc.gov |

Version 3.6

Test Order Bacillus anthracis Study CDC-10205

| Zachary Weiner |
|---|
| (404) 639-0507 |
| xxd7@cdc.gov |
| Chung Marston (404) 639-4057 |
| cdk5@cdc.gov |
| Provide the following information on the CDC 50.34 Specimen Submission Form: history of present illness, exposure history, travel history, past medical history, treatment history, preliminary results. For select agents consult for completion of APHIS/CDC FORM 2 (Request to Transfer Select Agents and Toxins). |
| Request to Transfer Select Agents and Toxins (APHIS/CDC FORM 2). https://www.selectagents.gov/forms.html |
| Human, Animal and Food/Environmental/Medical Devices/Biologics |
| To be determined |
| Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| Ship to: |
| [Insert CDC Point of Contact] |
| Centers for Disease Control and Prevention |
| RDSB/STATT Unit 91 1600 Clifton Road, NE |
| Atlanta, GA 30329 |
| [Insert CDC Point of Contact's Telephone Number] |
| |
| All samples must be shipped in accordance with all applicable local, state, and federal regulations |
| All samples must be shipped in accordance with all applicable local, state, and |
| All samples must be shipped in accordance with all applicable local, state, and federal regulations |
| |

CDC Points of Contact Zoonoses and Select Agent Laboratory ZSAL (404) 639-1711 ZSAL@cdc.gov Chung Marston (404) 639-4057 cdk5@cdc.gov

Version 2.2

Test Order Bacillus cereus Detection - Foodborne Outbreak CDC-10104

| Synonym(s) | B. cereus |
|--|--|
| CDC Pre-Approval Needed | Haley McKeel (404) 639-1612 hvw0@cdc.gov Nancy Strockbine (404) 639-4186 nas6@cdc.gov |
| Supplemental Information Required | Only specimens from foodborne outbreaks accepted. Consult with CDC POC before sending specimens. Include a CDC 50.34 Specimen Submission Form with each specimen. For food or environmental samples (including derived isolates), provide the following information: specimen collected date, material submitted, specimen source site, and if applicable, transport medium/specimen preservative and any preliminary laboratory results available. For human specimens (including derived isolates), provide the following information: date of onset, if fatal, specimen collected date, material submitted, specimen source (type), and if applicable, transport medium/specimen preservative and any preliminary laboratory results available. |
| Supplemental Form | None |
| Performed on Specimens From | Human and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Only implicated food (preferred sample type), vomitus and stool specimens (collected within 48 hours of illness onset), and their derived isolates are acceptable. Consult with CDC POC prior to sending specimens. |
| Minimum Volume Required | 25 g (food) and 10 g (stool) |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Collect stool and vomitus while patient is symptomatic (within 48 hours after illness onset). Separate foods into individual containers or bags. Refrigerate samples promptly after collection and maintain at 2-8°C. Ship samples within two weeks from collection date. Food or stool stored longer than two weeks are not acceptable. If samples cannot be shipped within 2 weeks, promptly freeze upon collection at <-20°C, and ship frozen. |
| Transport Medium | Transport medium not applicable with food. Ship stool raw or in transport medium (e.g. Cary-Blair, Enteric Transport Medium). Ship isolates on non-selective agar. |

| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
|---|---|
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship refrigerated specimens with ice packs and ship frozen specimens on dry ice. Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB / STATT Unit 129 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Toxin Detection (Food only), Culture (Food and Stool), Polymerase Chain Reaction (Isolates) |
| Turnaround Time | 13 Weeks |
| Interferences & Limitations | Incorrect storage and/or spoilage of food may affect results. Reduced toxin detection and/or culture occurs in food older than two weeks. Stools collected 48 hours after illness onset and/or after patient recovery are not suitable for testing as they may not contain detectable organism. |
| Additional Information | Direct toxin detection requires food (toxin testing is not performed on stool). |
| | The test methods(s) used have not been cleared and approved by the FDA or the performance characteristics have not been fully established by CDC. The results should NOT be used for diagnosis, treatment, or assessment of patient health or management. |
| CDC Points of Contact | Haley McKeel (404) 639-1612 hvw0@cdc.gov Nancy Strockbine (404) 639-4186 nas6@cdc.gov |

Version 1.6

Test Order Bacillus cereus Genotyping CDC-10206

| CDC Pre-Approval Needed | None |
|--|--|
| Supplemental Information Required | • |
| Supplemental Form | None |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Isolates |
| Minimum Volume Required | Not Applicable |
| collection, Storage, and Preservation of Specimen Prior to Shipping | Isolates can be kept at room temperature prior to shipping. |
| Transport Medium | Any medium can be submitted, but preferably agar slants. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | Isolates should be shipped at room temperature. CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 91 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state, and |
| | federal regulations. |
| Methodology | Multilocus sequence typing (MLST) |
| Turnaround Time | |
| Interferences & Limitations | No significant interferences or limitations are currently known. |
| | Testing can be done on <i>B. cereus</i> and <i>B. thuringiensis</i> . |

Version 2.3

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

| Synonym(s) | Gram-positive bacilli |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Please complete all sections on the CDC 50.34 Specimen Submission Form. Please notify laboratory point of contact listed below of shipment if this is a critical care specimen. |
| Supplemental Form | None |
| Performed on Specimens From | Human and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Actively growing pure culture bacterial isolate on an agar slant, Lowenstein Jensen, trypticase soy agar (with or without sheep blood), heart infusion agar (with or without rabbit blood), chocolate agar, Sabouraud dextrose agar |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store isolates at room temperature (15-25°C) for up to 7 days prior to shipping. |
| Transport Medium | Not Applicable |
| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported |
| Shipping Instructions which Include Specimen Handling Requirements | should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship at room temperature with room- |
| Specificit francing requirements | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 17 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Primary culture based on specimen type, 16S sequence based identification, Matrix Assisted Laser Desorption Ionization Time of Flight Mass Spectrometry |
| Turnaround Time | 3 Weeks |

| Additional Information | If available, please provide patient history including if the patient has used a catheter and/or if the patient is immunocompromised. |
|------------------------|---|
| | Some isolates require additional time to accurately characterize the organism which may result in a longer turnaround time. Please contact the laboratory if concerned about a delay. |
| CDC Points of Contact | John McQuiston (404) 639-0270 zje8@cdc.gov Melissa Bell (404) 639-1348 jqv7@cdc.gov |

Version 2.3

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

| Synonym(s) | Bacterial Identification |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Please complete all sections on the CDC 50.34 Specimen Submission Form. Please notify laboratory point of contact listed below of shipment if this is a critical care specimen. |
| Supplemental Form | None |
| Performed on Specimens From | Human and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Actively growing pure culture bacterial isolate on an agar slant, Lowenstein Jensen, trypticase soy agar (with or without sheep blood), heart infusion agar (with or without rabbit blood), chocolate agar, Sabouraud dextrose agar |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store isolates at room temperature (15-25°C) for up to 7 days prior to shipping. |
| Transport Medium | Not Applicable |
| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported |
| Shipping Instructions which Include Specimen Handling Requirements | should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship at room temperature with room- temperature cold packs. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 17 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Primary culture based on specimen type, Matrix Assisted Laser Desorption Ionization Time of Flight Mass Spectrometry, 16S sequence based identification |
| Turnaround Time | 3 Weeks |

| Additional Information | If available, please provide patient history including if the patient has used a catheter and/or if the patient is immunocompromised. |
|------------------------|---|
| | Some isolates require additional time to accurately characterize the organism which may result in a longer turnaround time. Please contact the laboratory if concerned about a delay. |
| CDC Points of Contact | John McQuiston (404) 639-0270 zje8@cdc.gov Melissa Bell (404) 639-1348 jqv7@cdc.gov |

Version 2.3

Test Order Balamuthia Molecular Detection CDC-10474

| Synonym(s) | Free-living ameba, parasite, granulomatous amebic encephalitis (GAE), <i>B. mandrillaris</i> |
|--|--|
| CDC Pre-Approval Needed | Julia Haston (404)-718-1230 qdx2@cdc.gov Ibne Ali (404) 718-4157 xzn5@cdc.gov |
| Supplemental Information Required | Provide the following information: history of present illness, exposure history, past medical history, treatment history, CSF results, imaging results. Available images can be submitted for preliminary morphological diagnosis prior to submitting specimen for molecular identification. Contact dpdx@cdc.gov for more information about submitting images. |
| Supplemental Form | Not Applicable |
| Performed on Specimens From | Human and Animal |
| Acceptable Sample / Specimen Type for Testing | For suspected cases of granulomatous amebic encephalitis (GAE) due to <i>Balamuthia mandrillaris</i> detected by <i>Balamuthia</i> molecular detection, brain tissue is the preferred specimen type; however, these amebae can occasionally be detected in cerebrospinal fluid (CSF; see 'Interference & Limitations' below). For suspected cases of <i>Balamuthia</i> skin lesion, skin tissue is an acceptable specimen. |
| Minimum Volume Required | 0.2 g tissue; 1 mL fluids |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Tissue (in 0.5x PBS) or CSF should be stored refrigerated temperature (2-8°C) for up to 7 days, or frozen (-20°C or lower, in absence of PBS buffer) for up to 60 days. |
| Transport Medium | Small piece of tissue should be transported in small amount of 0.5x PBS to prevent dryness. |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Shipping frozen is strongly recommended. Frozen specimens should only be sent with dry-ice by overnight priority mail and received within 60 days of collection. Refrigerated specimens should be sent with refrigerated or frozen cold packs and received within 7 days of collection. |
|---|--|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 54 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |

| Methodology | Real-time PCR |
|-----------------------------|--|
| Turnaround Time | 7 Days |
| Interferences & Limitations | Formalin-fixed specimens are not acceptable for molecular studies as formalin fixation may cause DNA degradation. Additionally, CSF is NOT the preferred specimen type for <i>Acanthamoeba</i> or <i>Balamuthia</i> detection, because a negative CSF test result does not completely rule out infections with these amebae. Regarding testing of formalin-fixed specimens see Test Order CDC-10365 (Pathologic Evaluation of Tissues for Possible Infectious Etiologies) and contact pathology@cdc.gov. |
| Additional Information | For 24/7 diagnostic assistance, specimen collection guidance, shipping instructions, and treatment recommendations, contact the CDC Emergency Operations Center at (770) 488-7100. |
| CDC Points of Contact | Julia Haston (404)-718-1230 qdx2@cdc.gov Ibne Ali (404) 718-4157 xzn5@cdc.gov |

Test Order Bartonella henselae/B. quintana Serology CDC-10486

| Synonym(s) | B. henselae/cat scratch disease, B. quintana/trench fever |
|--|---|
| CDC Pre-Approval Needed | Jeannine Petersen (970) 266-3524 nzp0@cdc.gov Elizabeth Dietrich (970) 494-6618 wul2@cdc.gov |
| Supplemental Information Required | A CDC 50.34 Specimen Submission Form or Global File Accessioning Template (GFAT) is required. Specimen ID on submission form must match specimen label. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum |
| Minimum Volume Required | 0.5 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Separate and aliquot serum prior to storage and transport. Specimens may be held at refrigerated temperature (2-8°C) for up to 14 days post-collection. Specimens may be held frozen (-20°C or lower) for up to 60 days post-collection or may be held frozen (-70°C or lower) for up to 9 months post- collection. Specimens must not exceed 2 freeze/thaw cycles. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship refrigerated specimens with refrigerated or frozen cold packs and frozen specimens on dry ice. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention Bacterial Diagnostic and Reference Laboratory 3156 Rampart Rd Fort Collins, CO 80521 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. |

| Methodology | Indirect Fluorescent Antibody (IFA) |
|-----------------------------|---|
| Turnaround Time | 2 Weeks |
| Interferences & Limitations | Samples with hemolysis, increased lipemia or microbial growth may interfere with test results. |
| Additional Information | None |
| CDC Points of Contact | Jeannine Petersen (970) 266-3524 nzp0@cdc.gov Elizabeth Dietrich (970) 494-6618 wul2@cdc.gov |

Version 0.0

Test Order Bartonella Special Study CDC-10297

| Synonym(s) | B. henselae, B. quintana |
|--|---|
| CDC Pre-Approval Needed | Jeannine Petersen (970) 266-3524 nzp0@cdc.gov Elizabeth Dietrich (970) 494-6618 wul2@cdc.gov |
| Supplemental Information Required | A CDC 50.34 Specimen Submission Form or Global File Accessioning Template (GFAT) is required. Specimen ID on submission form must match specimen label. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Contact the CDC POC for appropriate guidance/relevant information. |
| Minimum Volume Required | Contact the CDC POC for appropriate guidance/relevant information. |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Contact the CDC POC for appropriate guidance/relevant information. |
| Transport Medium | Contact the CDC POC for appropriate guidance/relevant information. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention Bacterial Diagnostic and Reference Laboratory 3156 Rampart Road Fort Collins, CO 80521 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Contact the CDC POC for appropriate guidance/relevant information. |
| Turnaround Time | |
| | Contract the CDC DOC for an intermittee middle of for lower time |
| Interferences & Limitations | Contact the CDC POC for appropriate guidance/relevant information. |

CDC Points of Contact Jeannine Petersen (970) 266-3524 nzp0@cdc.gov Elizabeth Dietrich (970) 494-6618 wul2@cdc.gov

Version 0.0

Test Order Baylisascariasis Serology CDC-10457

| Synonym(s) | |
|--|---|
| CDC Pre-Approval Needed | Parasitology Lab Mailbox (404) 718-4175 parasiteslab@cdc.gov Xiaojuan Tan (404) 718-3434 xit0@cdc.gov |
| Supplemental Information Required | CDC 50.34 Specimen Submission Form must include exposure and travel history, and other relevant risk factors (raccoon) clinical symptoms, treatment and relevant lab results. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum; cerebrospinal fluid (CSF) when paired with serum |
| Minimum Volume Required | 0.2 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Serum and CSF for serology testing should be collected, centrifuged and transferred to leak proof tubes. Serum and CSF can be stored at refrigerated temperature (2-8°C) for up to 7 days prior to freezing or stored frozen (-20°C or lower) for up to 8 weeks. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Sera and CSF specimens should be shipped frozen on dry ice. Specimens not received under these conditions will be rejected for testing, and a new specimen must be submitted. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 57 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Immunoblot, Western Blot, Antibody Detection |
| Turnaround Time | 3 Weeks |
| Interferences & Limitations | Known interfering substances: hemolysis, hyperlipemia or other causes of turbidity may cause erroneous results. |

| Additional Information | Please send one CDC 50.34 Specimen Submission Form and one separate sample tube for each test requested. |
|------------------------|--|
| CDC Points of Contact | Xiaojuan Tan (404) 718-3434 xit0@cdc.gov Parasitology Lab Mailbox (404) 718-4175 parasiteslab@cdc.gov |

Version 4.9

Test Order Bio-Rad Avidity-based Incidence (BRAI) Assay CDC-10535

| Synonym(s) | BRAI, Recency assay |
|--|--|
| CDC Pre-Approval Needed | Jeff Johnson (404) 639-4976 jlj6@cdc.gov Bill Switzer (404) 639-0219 bis3@cdc.gov |
| Supplemental Information Required | Additional information will be requested after the specimen is approved for testing at CDC. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum, plasma or whole blood |
| Minimum Volume Required | 10 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Specimen stability is affected by elevated humidity temperature. Whole blood should not be frozen but can be kept at 15-30 °C for up to 6 hours or at 2-8 °C for up to 24 hours prior to shipping. |
| | Whole blood specimens may be collected in ethylenediaminetetraacetic acid (EDTA) or Acid Citrate Dextrose (ACD) tubes. Plasma can be collected using plasma preparation tubes (PPT) or EDTA or ACD. Serum can be collected in serum tubes. Follow sample tube manufacturer's instructions. Whole blood should not be frozen but can be kept at 15-30 °C for up to 6 hours or at 2-8 °C for up to 24 hours prior to shipping. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health, management of the individual patient, nor recorded in patient medical records. |

| Shipping Instructions which Include Specimen Handling Requirements | Shipping of specimens the same day of collection is preferred. Shipment of specimens plasma or serum specimens stored at 2-8 °C within 7 days of collection should be sent with cold packs, and frozen specimens sent on dry-ice. For EDTA whole blood, tube must be shipped overnight on the date of collection at ambient temperature. |
|---|--|
| | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday (overnight shipping preferred). |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 74 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Serology |
| Turnaround Time | 2 Weeks |
| Interferences & Limitations | Collections in heparin coated tubes are unacceptable. Specimen will be rejected if improperly labeled or unlabeled, or with discrepant documentation, insufficient volume, without documentation, unacceptable preservatives, and specimens that have leaked in transit or otherwise shown evidence of contamination. |
| Additional Information | This test order is Research Use Only (RUO). The results reported should NOT be used for diagnosis, treatment, assessment of health, management of the individual patient nor recorded in patient medical records. |
| CDC Points of Contact | Bill Switzer (404) 639-0219 bis3@cdc.gov Jeff Johnson (404) 639-4976 jlj6@cdc.gov |

Version 1.0

Test Order Biodefense R&D Study CDC-10487

| Synonym(s) | Biodefense Research and Development Laboratory Study |
|--|---|
| CDC Pre-Approval Needed | David Sue |
| CDC FIE-Approval Needed | (404) 639-4027 |
| | btx6@cdc.gov |
| | Julia Bugrysheva |
| | (404) 639-4892 |
| | vol5@cdc.gov |
| Supplemental Information Required | For isolates from human specimens, prior approval is required. Consult with the lab for details. |
| | Select Agent Form 2 required for submission of all confirmed Select Agents. The Form 2 can be found at |
| | http://www.selectagents.gov/forms.html |
| Supplemental Form | http://www.selectagents.gov/forms.html |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Isolates on agar plate or slant, consult with lab for details. |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Consult with lab for details |
| Transport Medium | Pure culture isolates (only) on sheep blood or Mueller-Hinton agar |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | Select agents that have been identified need form 2 approval prior to shipping. Form 2 may be found at: http://www.selectagents.gov/forms.html |
| | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] |
| | Centers for Disease Control and Prevention |
| | RDSB/STATT Unit 206 |
| | 1600 Clifton Road, NE Atlanta, GA 30329 |
| | [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Modified Broth Microdilution |

Methodology Modified Broth Microdilution

| Turnaround Time | 2 Days |
|-----------------------------|---|
| Interferences & Limitations | Isolates from human specimens may be tested only under Emergency Use Authorization. |
| Additional Information | Turnaround time can vary depending on age/purity of isolate received |
| CDC Points of Contact | David Sue (404) 639-4027 btx6@cdc.gov Julia Bugrysheva (404) 639-4892 vol5@cdc.gov |

Version 2.5

Test Order Biofire FilmArray NGDS Warrior Panel CDC-10565

| Synonym(s) | None |
|--|---|
| CDC Pre-Approval Needed | Trevor Shoemaker (470) 312-0094 spather@cdc.gov Amy Schuh (404) 639-1756 wuc2@cdc.gov |
| Supplemental Information Required | Private citizens interested in clinical testing should contact their healthcare providers. Clinicians should contact their local or state health department for consultation. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Whole blood (EDTA) |
| Minimum Volume Required | 4 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Human specimens stored refrigerated (2-8°C) must be received within 7 days of specimen collection date. Human specimens stored at room temperature (15-25°C) must be received within 1 day of specimen collection date. Contact the CDC POC for approval prior to sending any specimens. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. All specimens must be shipped refrigerated with refrigerated or frozen cold packs. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 70 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |

Methodology Biofire FilmArray NGDS Warrior Panel is used to detect Ebola and Marburg

Turnaround Time 2 Weeks

| Additional Information | Pre-approval is required. Contact CDC's Emergency Operation Center at 770-488 7100 and request VSPB's on-call epidemiologist to provide the clinical and epidemiological history on the patient. If testing is approved, VSPB will provide an approval number (EPIID) by email along with instructions for next steps. After receiving pre-approval and the EPIID number, the CDC specimen submission form can be submitted using one of two ways: |
|------------------------|---|
| | 1) For submitters that use CSTOR, submit using the CSTOR Web Portal. Please include the EPIID in the Test Order Request's comments field. If the EPIID is not included, the order will be rejected. |
| | 2) For submitters that do not use CSTOR, submit via CDC 50.34 Specimen Submission Form. Enter the EPIID in the "Case ID field" within the "Patient Information" section on CSTOR and/or the CDC 50.34 Specimen Submission Form. Critical specimens will take less than 4 days to turn around. |
| CDC Points of Contact | Trevor Shoemaker (470) 312-0094 spather@cdc.gov Amy Schuh (404) 639-1756 wuc2@cdc.gov Maria Morales Betoulle (404) 718-1655 fof7@cdc.gov |

Version 3.1

Test Order BioFire Respiratory Panel CDC-10556

| Synonym(s) | Respiratory 2.1 Panel |
|--|---|
| CDC Pre-Approval Needed | David Lowe (404) 718-6814 nqu9@cdc.gov Lijuan Wang (404) 639-4384 ynx2@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Nasopharyngeal swab collected in viral transport medium. |
| Minimum Volume Required | 0.3 mL; 1 mL preferred |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | At room temperature (15 - 25° C) for up to 4 hours Refrigerated (2 - 8° C) up to 3 days Frozen (-70 °C or lower preferred) for up to 30 days |
| Transport Medium | Specimens must be in viral transport medium. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Specimens should be shipped frozen, overnight on dry ice. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 84 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |

| Methodology | This Respiratory Pathogen PCR Panel is used to detect: |
|-----------------------------|--|
| | Adenovirus, coronavirus (HKU1, NL63, 229E, OC43, SARS-CoV-2), human metapneumovirus, human rhinovirus/enterovirus, influenza A (A, A/H1, A/H3, A/H1-2009), influenza B, parainfluenza (1-4), human respiratory syncytial virus, Bordetella (<i>Bordetella parapertussis, Bordetella pertussis</i>), <i>Chlamydia pneumoniae</i> , and <i>Mycoplasma pneumoniae</i> |
| Turnaround Time | 2 Weeks |
| Interferences & Limitations | None |
| Additional Information | Nasopharyngeal swabs should not be spun down. |
| CDC Points of Contact | Lijuan Wang (404) 639-4384 ynx2@cdc.gov Stacey Gonder (404) 639-8739 urv6@cdc.gov David Lowe (404) 718-6814 nqu9@cdc.gov |

Version 0.0

Test Order Bordetella pertussis Serology CDC-10166

| Synonym(s) | IgG against pertussis toxin, Pertussis ELISA, whooping cough |
|--|--|
| CDC Pre-Approval Needed | Lucia Pawloski (404) 639-4506 ecz6@cdc.gov Hong Ju (404) 639-0571 Ikn0@cdc.gov |
| Supplemental Information Required | Specimens are for research or surveillance testing only. Provide the following limited patient information on the CDC 50.34 Specimen Submission Form: patient age, duration of cough, recent pertussis- containing vaccination status. Do not include Personally Identifiable Information (PII). |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | The following are criteria for serum submission: Adolescent and adult individuals Cough of at least 2 weeks, up to 12 weeks Not vaccinated with a pertussis-containing vaccine in the previous 6 months The age cut-off is designed to exclude children who are still receiving their primary pertussis vaccination series. Vaccination with a pertussis-containing vaccine within 6 months of serology test may confound results. Cough of at least 2 weeks and up to 12 weeks is required for IgG antibody detection in this test. |
| Minimum Volume Required | 0.2 mL; 0.5 mL preferred |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Blood should be collected using a serum separation tube with no additives. Centrifuge the tube of blood at 1100-1300 x g for approximately 10 minutes to separate the cells from the serum. Serum specimens may be stored refrigerated (2-8 °C) for up to 7 days. If greater than 7 days, serum must be kept frozen (-20 °C or colder). For long-term storage, the serum should be frozen (-20 °C or colder). |
| Transport Medium | Not Applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include Specimen Handling Requirements | Serum specimens may be stored refrigerated and shipped on gel ice-packs if they will be received at CDC within 7 days of collection. Specimens that will not be received at CDC within 7 days of collection should be kept frozen and sent with dry ice. |
|---|---|
| | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday-Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 12 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. Sender is responsible for shipping charges. International submitters must request |
| | CDC's import permit and include this with the Air Waybill. |
| Methodology | Enzyme-linked Immunosorbent Assay (ELISA) |
| Turnaround Time | 2 Weeks |
| Interferences & Limitations | Sera collected from patients with less than 2 weeks or greater than 12 weeks of cough or from patients vaccinated with a pertussis-containing vaccine in the previous 6 months are not appropriate for this test. Sera should not be sent if they have incurred more than 5 freeze-thaw cycles. Sera with preservatives such as anti-coagulants will invalidate results. Hemolyzed and lipemic sera are considered suboptimal for this assay. |
| Additional Information | None |
| CDC Points of Contact | Lucia Pawloski (404) 639-4506 ecz6@cdc.gov Hong Ju (404) 639-0571 Ikn0@cdc.gov |

Version 4.1

Test Order Bordetella species Study CDC-10167

| Synonym(s) | <i>Bordetella pertussis, B. parapertussis, B. holmesii, B. bronchiseptica,</i> whooping cough, pertussis |
|--|---|
| CDC Pre-Approval Needed | Hong Ju (404) 639-0571 Ikn0@cdc.gov Lucia Pawloski (404) 639-4506 ecz6@cdc.gov |
| Supplemental Information Required | Provide the following Patient and Specimen Information on the CDC 50.34 Specimen Submission Form: patient age, onset of cough, recent antibiotic history and pertussis-containing vaccine status. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | For isolation and/or PCR: Nasopharyngeal swabs or nasopharyngeal aspirates; calcium alginate and cotton swabs are not acceptable. For isolate confirmation: Pure culture isolates or cryopreserved isolates. For PCR only: Extracted DNA. |
| Minimum Volume Required | 0.5 mL nasopharyngeal aspirates; 0.2 mL DNA; 0.5 mL preferred |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Swabs for culture and PCR: Nasopharyngeal swabs should be polyester, rayon or nylon. Swabs should be placed in tubes of Regan-Lowe transport medium and kept refrigerated at 4 °C until shipment. |
| | Nasopharyngeal aspirates for culture and PCR: Nasopharyngeal aspirates should be in leak-proof plastic tubes. Aspirates should be kept refrigerated at 4 °C if shipped within 72 hours of collection; otherwise, aspirates should be kept frozen at -20 °C. |
| | Swabs for PCR only: Nasopharyngeal swabs should be polyester, rayon or nylon. Swabs should be placed in dry, sterile tubes. Swabs in universal transport medium are also acceptable. All swabs should be kept refrigerated at 4 °C if shipped within 72 hours of collection; otherwise, swabs should be kept frozen at - 20 °C. |
| | lsolates: Isolates can be frozen at -70 °C in cryopreservation medium or kept refrigerated at 4 °C on Regan-Lowe, Bordet-Gengou, charcoal agar or blood agar (B. parapertussis, B. holmesii, or B. bronchiseptica only) slants. |
| | DNA: DNA extracted from nasopharyngeal specimens should be in leak-proof plastic tubes. DNA should be kept frozen at -20 °C. |

| Transport Medium | Regan-Lowe transport medium is recommended for specimens for culture. Amies Charcoal transports are acceptable, but may decrease the probability of isolation. Specimens in Regan-Lowe can be tested by both culture and PCR. |
|---|---|
| | Isolates can be frozen at -70 °C in cryopreservation medium; for best results a fresh subculture on Regan-Lowe, Bordet-Gengou, charcoal agar or blood agar (B. parapertussis, B. holmesii, or B. bronchiseptica only) slant should be sent. |
| | Dry swabs in sterile tubes are preferred for PCR; if only one swab is collected for both culture and PCR, the swabs should be sent in Regan-Lowe transport as described previously. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | For best results, specimens should be shipped within 24-48 hours of collection. Specimens refrigerated (isolates on slants, nasopharyngeal swabs in transports, nasopharyngeal aspirates) should be shipped overnight on gel ice-packs. Specimens frozen (cryopreserved isolates, nasopharyngeal aspirates and swabs, and extracted DNA) should be shipped overnight on dry ice. |
| | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention |
| | RDSB/STATT Unit 12 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| | Sender is responsible for shipping charges. International submitters must request CDC's import permit and include this with the Air Waybill. |
| Methodology | Culture, Multi-target Polymerase Chain Reaction (PCR), Whole Genome Sequencing, Pulsed-Field Gel Electrophoresis, Multi-Locus Sequence Typing, Antibiotic Susceptibility, Antigen Testing |
| Turnaround Time | |
| Interferences & Limitations | Prior antibiotic treatment will adversely affect culture and PCR results. Whenever possible, specimens collected prior to administration of antimicrobial agents should be used to determine infection with Bordetella spp. Patients coughing more than two weeks will likely not be culture positive. Specimens collected from patients with more than 4 weeks of cough are not appropriate for culture or PCR. Specimens should not be tested if they have incurred more than 2 freeze-thaw cycles. |
| Additional Information | None |

CDC Points of Contact Hong Ju (404) 639-0571 lkn0@cdc.gov Lucia Pawloski (404) 639-4506 ecz6@cdc.gov

Version 3.2

Test Order Bordetella spp. Identification (not *B. pertussis/parapertussis*) CDC-10143

| Synonym(s) | Bordetella Identification |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Please complete all sections on the CDC 50.34 Specimen Submission Form. Please notify laboratory point of contact listed below of shipment if this is a critical care specimen. |
| Supplemental Form | None |
| Performed on Specimens From | Human and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Actively growing pure culture bacterial isolate on an agar slant, Lowenstein Jensen, trypticase soy agar (with or without sheep blood), heart infusion agar (with or without rabbit blood), chocolate agar, Sabouraud dextrose agar |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store isolates at room temperature (15-25°C) for up to 7 days prior to shipping. |
| Transport Medium | Not Applicable |
| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or |
| Shipping Instructions which Include Specimen Handling Requirements | management of the individual patient. CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship at room temperature with room- temperature cold packs. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 17 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Primary culture based on specimen type, Matrix Assisted Laser Desorption Ionization Time of Flight Mass Spectrometry, 16S sequence based identification |
| Turnaround Time | 3 Weeks |

| Additional Information | |
|------------------------|---|
| | If available, please provide patient history including if the patient has used a catheter and/or if the patient is immunocompromised. |
| | Some isolates require additional time to accurately characterize the organism which may result in a longer turnaround time. Please contact the laboratory if concerned about a delay. |
| | John McQuiston (404) 639-0270 zje8@cdc.gov Melissa Bell (404) 639-1348 jqv7@cdc.gov |

Version 2.3

| Test Order Borrelia Molecular Detection - Relapsing Fever CDC-10532 | |
|--|--|
| Synonym(s) | Relapsing fever, Tickborne relapsing fever, Borrelia miyamotoi disease, Louse- borne relapsing fever, Borrelia hermsii, Borrelia turicatae, Borrelia miyamotoi, Borrelia recurrentis |
| CDC Pre-Approval Needed | Jeannine Petersen (970) 266-3524 nzp0@cdc.gov Elizabeth Dietrich (970) 494-6618 wul2@cdc.gov |
| Supplemental Information Required | A CDC 50.34 Specimen Submission Form or Global File Accessioning Template (GFAT) is required. Specimen ID on submission form must match specimen label. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | EDTA-treated whole blood is preferred; acute serum or plasma is also acceptable. |
| Minimum Volume Required | 0.5 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Separate and aliquot serum and plasma prior to storage and transport. Specimens may be held at refrigerated temperature (2-8°C) for up to 14 days post-collection. Specimens may be held frozen (-20°C or lower) for up to 60 days post-collection or may be held frozen (-70°C or lower) for up to 9 months post- collection. Specimens must not exceed 2 freeze/thaw cycles. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship refrigerated specimens with refrigerated or frozen cold packs and frozen specimens on dry ice. |
|--|---|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention Bacterial Diagnostic and Reference Laboratory 3156 Rampart Rd Fort Collins, CO 80521 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |

| Methodology | Polymerase chain reaction (PCR) |
|-----------------------------|--|
| Turnaround Time | 2 Weeks |
| Interferences & Limitations | Prior antibiotic treatment may reduce sensitivity by decreasing the amount of bacterial DNA present in specimens. Detection in serum or plasma is less sensitive than detection in EDTA-treated whole blood. |
| Additional Information | None |
| CDC Points of Contact | Jeannine Petersen (970) 266-3524 nzp0@cdc.gov Elizabeth Dietrich (970) 494-6618 wul2@cdc.gov |

Version 0.0

Test Order Borrelia Serology - Soft Tick Relapsing Fever CDC-10399

| Synonym(s) | Relapsing Fever, Borrelia hermsii, Borrelia turicatae |
|--|---|
| CDC Pre-Approval Needed | Jeannine Petersen (970) 266-3524 nzp0@cdc.gov Elizabeth Dietrich (970) 494-6618 wul2@cdc.gov |
| Supplemental Information Required | A CDC 50.34 Specimen Submission Form or Global File Accessioning Template (GFAT) is required. Specimen ID on submission form must match specimen label. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum |
| Minimum Volume Required | 0.5 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Separate and aliquot serum prior to storage and transport. |
| | Specimens may be held at refrigerated temperature (2-8°C) for up to 14 days and frozen (-20°C or lower) for up to 60 days post-collection. Specimens must not exceed 2 freeze/thaw cycles. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship refrigerated specimens with refrigerated or frozen cold packs and frozen specimens on dry ice. Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention Bacterial Diagnostic and Reference Laboratory 3156 Rampart Rd Fort Collins, CO 80521 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |

Methodology IgG antibody detected by Western Blot

| Turnaround Time | 3 Weeks |
|-----------------------------|--|
| Interferences & Limitations | This test detects IgG seroconversion only. Sensitivity of this test is limited in serum samples collected from patients with < 10 days of illness. |
| | Samples with hemolysis, increased lipemia or microbial growth may interfere with test results. |
| Additional Information | This test is not intended for Borrelia miyamotoi (Borrelia miyamotoi disease, hard tick relapsing fever) serology. |
| CDC Points of Contact | Jeannine Petersen (970) 266-3524 nzp0@cdc.gov Elizabeth Dietrich (970) 494-6618 wul2@cdc.gov |

Version 0.0

Test Order Borrelia Special Study CDC-10300

| Synonym(s) | |
|--|---|
| CDC Pre-Approval Needed | Jeannine Petersen (970) 266-3524 nzp0@cdc.gov Elizabeth Dietrich (970) 494-6618 wul2@cdc.gov |
| Supplemental Information Required | A CDC 50.34 Specimen Submission Form or Global File Accessioning Template (GFAT) is required. Specimen ID on submission form must match specimen label. |
| Supplemental Form | None |
| Performed on Specimens From | Human and Animal |
| Acceptable Sample / Specimen Type for Testing | Contact the CDC POC for appropriate guidance/relevant information. |
| Minimum Volume Required | Contact the CDC POC for appropriate guidance/relevant information. |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Contact the CDC POC for appropriate guidance/relevant information. |
| Transport Medium | Contact the CDC POC for appropriate guidance/relevant information. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention Bacterial Diagnostic and Reference Laboratory 3156 Rampart Road Fort Collins, CO 80521 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and |
| | federal regulations. |
| Methodology | Contact the CDC POC for appropriate guidance/relevant information. |
| Turnaround Time | |
| Interferences & Limitations | Contact the CDC POC for appropriate guidance/relevant information. |
| Additional Information | Contact the CDC POC for appropriate guidance/relevant information. |

CDC Points of Contact Jeannine Petersen (970) 266-3524 nzp0@cdc.gov Elizabeth Dietrich (970) 494-6618 wul2@cdc.gov

Version 0.0

Test Order Botulism Laboratory Confirmation CDC-10132

| Synonym(s) | Botulinum toxin, Clostridium botulinum |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | For clinical samples, provide patient name, date of birth, history of present illness, and treatment history, including date of BabyBIG or BAT administration. |
| | Complete one CDC Specimen Submission Form (50.34) per specimen and include in shipment. Include the following information within the CDC 50.34 Specimen Submission Form: point of contact name, phone number and email address for State Department of Health and Hospital. |
| Supplemental Form | None |
| Performed on Specimens From | Human and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Contact CDC POC prior to specimen submission for specimen acceptance, collection, storage and preservation requirements. |
| Minimum Volume Required | Adult patients: 5 mL serum, 10 g of stool. |
| | Infant patients: 10 g of stool. |
| | Note: Smaller quantities of stool (up to 0.5 - 1 g) may be tested; if needed, enema can be obtained with sterile non-bacteriostatic water. Minimum volume for serum is 1 mL. |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Serum must be collected before antitoxin treatment. Use tubes with no-additive and no anti-coagulant for serum collection. Collect raw stool in a sterile container. If enema is needed, use sterile non-bacteriostatic water. |
| | Foods should be left in their original containers or placed in sterile unbreakable containers. Empty containers with remnants of foods can also be recovered and submitted for testing. |
| | Refrigerate all specimens promptly after collection. Maintain specimen refrigerated (2-8°C) until shipment. Ship stool specimens to CDC within 2 days of collection. |
| | Note: serum can be shipped within 20 days of collection date. |
| Transport Medium | Submit cultures of suspected botulinum neurotoxin producing species of <i>Clostridium</i> in Chopped Meat Glucose Starch broth or Chopped Meat Glucose broth |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and the test requisition. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship refrigerated (refrigerated or frozen cold packs). Package must have proper labeling for biological hazards: UN3373 biological substance, Category B. |
|---|---|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 26 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Mass Spectrometry (MS) |
| Turnaround Time | 12 Weeks |
| Interferences & Limitations | Incorrect storage and/or spoilage of food may affect results. |
| Additional Information | CDC pre-approval is not needed; however, hospitals must obtain approval from their state health department prior to submitting specimens to CDC. Turnaround Time: Preliminary results may be available within 48 hours of specimen receipt. |
| CDC Points of Contact | Carolina Luquez (404) 639-0896 fry6@cdc.gov Janet Dykes (404) 639-3625 jkd1@cdc.gov |

Version 2.4

Test Order Botulism Special Study CDC-10133

| Synonym(s) | Botulinum toxin, Clostridium botulinum |
|--|---|
| CDC Pre-Approval Needed | Carolina Luquez (404) 639-0896 fry6@cdc.gov Janet Dykes (404) 639-3625 jkd1@cdc.gov |
| Supplemental Information Required | If specimen contains botulinum neurotoxin and/or botulinum neurotoxin producing species of Clostridium, the transfer must be approved by APHIS/CDC Federal Select Agents Program. |
| | Complete one CDC Specimen Submission Form (50.34) per specimen and include in shipment. Include the following information within the CDC 50.34 Specimen Submission Form: point of contact name, phone number and email address for State Department of Health and Hospital. |
| Supplemental Form | Request to Transfer Select Agents and Toxins (APHIS/CDC FORM 2). https://www.selectagents.gov/resources/APHIS- CDC_Form_2_English_Fillable.pdf |
| Performed on Specimens From | Human and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Serum, stool, isolates |
| Minimum Volume Required | 5 mL (serum), 10 g (stool) |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Refrigerate all specimens promptly after collection. Maintain specimen refrigerated (2-8 °C) until shipment. |
| Transport Medium | For isolates: Chopped Meat Glucose Starch |
| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. All submitted specimens should include two unique identifies. The results should NOT be used for diagnosis, treatment, or assessment of patient health or management. |

| Shipping Instructions which Include Specimen Handling Requirements | Ship refrigerated specimens (2-8 °C) with cold packs. |
|---|---|
| specimen nandling requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 26 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and |
| | federal regulations. |
| Methodology | Mouse Bioassay, Mass Spectrometry (MS), Polymerase Chain Reaction (PCR), Whole Genome Sequencing |
| Turnaround Time | 24 Weeks |
| Interferences & Limitations | To be determined |
| Additional Information | None |
| CDC Points of Contact | Carolina Luquez (404) 639-0896 fry6@cdc.gov Janet Dykes (404) 639-3625 jkd1@cdc.gov |

Version 2.0

Test Order Brucella species Identification CDC-10207

| Synonym(s) | Brucellosis, Brucella |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Provide the following information on the CDC 50.34 Specimen Submission Form: history of present illness, exposure history, travel history, past medical history, treatment history, preliminary results. For select agents please consult for completion of APHIS/CDC FORM 2 (Request to Transfer Select Agents and Toxins). |
| Supplemental Form | Request to Transfer Select Agents and Toxins (APHIS/CDC FORM 2). https://www.selectagents.gov/resources/APHIS- CDC_Form_2_English_Fillable.pdf |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Suspected or presumptive Brucella Isolates |
| Minimum Volume Required | Not applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Isolates should be kept at room temperature (15-25°C) prior to shipping |
| Transport Medium | Agar slants preferred for shipping isolates. |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Isolates should be shipped at room temperature with room-temperature cold packs. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 91 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Polymerase Chain Reaction (PCR), Biochemicals, Phage Susceptibility |
| Turnaround Time | 2 Weeks |
| Interferences & Limitations | None |
| Additional Information | Study or research samples should be submitted under test code CDC-10209, <i>Brucella</i> species Study. |

| CDC Points of Contact | Zoonoses and Select Agent Laboratory ZSAL (404) 639-1711 ZSAL@cdc.gov Rebekah Tiller (404) 639-4507 eto3@cdc.gov Elke Saile (404) 639-0716 csx2@cdc.gov David Lonsway (404) 639-2825 dul7@cdc.gov |
|-----------------------|--|
| Version | 3.3 |

Test Order Brucella species Molecular Detection CDC-10208

| Synonym(s) | Brucella PCR |
|--|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Provide the following information on the CDC 50.34 Specimen Submission Form: history of present illness, exposure history, travel history, past medical history, treatment history, preliminary results. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Whole blood and serum. Blood specimens should be collected in EDTA or Sodium Citrate tubes (not heparin) |
| Minimum Volume Required | 0.25 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Specimens can be refrigerated (2-8°C) for up to 14 days post-collection and frozen (-20°C or lower) for up to 28 days and not exceed 3 freeze/thaw cycles. |
| Transport Medium | Transport medium not required. |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Samples should be shipped frozen on dry ice. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 91 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Polymerase Chain Reaction (PCR) |
| Turnaround Time | 2 Weeks |
| Interferences & Limitations | The Brucella molecular detection test has not been cleared and approved by the FDA. |
| Additional Information | Study or research samples should be submitted under test code CDC-10209, <i>Brucella</i> species Study |

CDC Points of Contact Zoonoses and Select Agent Laboratory (ZSAL) (404) 639-1711 ZSAL@cdc.gov Rebekah Tiller (404) 639-4507 eto3@cdc.gov Elke Saile (404) 639-0716 csx2@cdc.gov

Version 2.4

Test Order Brucella species Serology CDC-10197

| Synonym(s) | BMAT |
|--|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Paired serum samples are preferred (acute: during active stage of illness; convalescent: 2-4 weeks after acute stage) |
| Minimum Volume Required | 0.1 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Serum may be stored at refrigerated temperature (2-8°C) for up to 14 days post- collection and frozen (-20°C or lower) for up to 2 months. Specimens should not exceed 3 freeze/thaw cycles. |
| Transport Medium | Not applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Serum should be shipped frozen on dry ice. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 91 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Brucella microagglutination test (BMAT) |
| Turnaround Time | 2 Weeks |
| Interferences & Limitations | Acute and convalescent sera are preferred for confirming diagnosis. Plasma is no an acceptable specimen. Hemolysis can interfere with testing. No serology test is available for <i>B. canis</i> or vaccine strain RB51. May have poor sensitivity for chronic or complicated brucellosis. |
| Additional Information | Study or research samples should be submitted under test code CDC-10209, <i>Brucella</i> species Study |
| | |

CDC Points of Contact Zoonoses and Select Agent Laboratory ZSAL (404) 639-1711 ZSAL@cdc.gov Robyn Stoddard (404) 639-2053 frd8@cdc.gov

Version 1.7

Test Order Brucella species Study CDC-10209

| 2 () | |
|--|---|
| Synonym(s) | |
| CDC Pre-Approval Needed | Zoonoses and Select Agent Laboratory ZSAL (404) 639-1711 zsal@cdc.gov Bacterial Special Pathogens Branch CDC (770) 488-7100 bzb@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | To be determined |
| Minimum Volume Required | To be determined |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | To be determined |
| Transport Medium | To be determined |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 91 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | |
| Turnaround Time | |
| Interferences & Limitations | To be determined |
| Additional Information | To be determined |
| | |

CDC Points of Contact Zoonoses and Select Agent Laboratory (ZSAL) (404) 639-1711 ZSAL@cdc.gov Rebekah Tiller (404) 639-4507 eto3@cdc.gov Robyn Stoddard (404) 639-2053 frd8@cdc.gov

Version 1.5

Test Order Burkholderia mallei/pseudomallei Identification CDC-10210

| Synonym(s) | Glanders, Melioidosis |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Provide the following information: history of present illness, exposure history, travel history, past medical history, treatment history, preliminary results on the CDC 50.34 Specimen Submission Form. For select agents, consult for completion of APHIS/CDC FORM 2 (Request to Transfer Select Agents and Toxins). |
| Supplemental Form | Request to Transfer Select Agents and Toxins (APHIS/CDC FORM 2). https://www.selectagents.gov/resources/APHIS- CDC_Form_2_English_Fillable.pdf |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Suspected or presumptive <i>Burkholderia mallei/pseudomallei</i> isolates, whole blood, or serum. |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Isolates should be kept at room temperature (15-25°C) prior to shipping. Whole blood and serum can be refrigerated (2-8°C) for up to 14 days post-collection and frozen (-20°C or lower) for up to 28 days and not exceed 5 freeze/thaw cycles. |
| Transport Medium | Agar slants preferred for isolates |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Isolates should be shipped at room temperature with room-temperature cold packs. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 91 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Biochemicals, polymerase chain reaction (PCR) |
| Turnaround Time | 2 Weeks |
| Interferences & Limitations | No significant interferences or limitations are currently known. |

| Additional Information | Study or research samples should be submitted under test code CDC-10212, <i>Burkholderia mallei/pseudomallei</i> Study. |
|------------------------|---|
| CDC Points of Contact | Zoonoses and Select Agent Laboratory ZSAL (404) 639-1711 ZSAL@cdc.gov Mindy Elrod (404) 639-4055 wzg0@cdc.gov David Lonsway (404) 639-2825 dul7@cdc.gov |

Version 3.4

Test Order Burkholderia mallei/pseudomallei Molecular Detection CDC-10211

| Synonym(s) | Glanders, Melioidosis | |
|--|---|--|
| CDC Pre-Approval Needed | None | |
| Supplemental Information Required | None | |
| Supplemental Form | http://www.selectagents.gov/forms.html | |
| Performed on Specimens From | Human | |
| Acceptable Sample / Specimen Type for Testing | Whole blood and serum. Blood specimens should be collected in EDTA or Sodium Citrate tubes (not heparin) | |
| Minimum Volume Required | 250 μL | |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Specimens may be stored at 2-8°C for up to 14 days post-collection and -20°C or lower for up to 28 days and not to exceed 3freeze/thaw cycles. | |
| Transport Medium | Dependent on specimen type | |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. | |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Samples should be shipped frozen on dry ice. | |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 91 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] | |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. | |
| Methodology | Polymerase Chain Reaction (PCR) | |
| Turnaround Time | 2 Weeks | |
| Interferences & Limitations | Blood specimens should be collected in EDTA or Sodium Citrate tubes (not heparin). | |
| Additional Information | For additional information please refer to the ASM sentinel laboratory guide: http://asm.org/images/pdf/Clinical/Protocols/bpseudomallei2008.pdf | |
| | Study or research samples should be submitted under test code CDC-10212, Burkholderia mallei/pseudomallei Study | |

 CDC Points of Contact
 Zoonoses and Select Agent Laboratory (ZSAL)

 (404) 639-1711
 ZSAL@cdc.gov

 Mindy Elrod
 (404) 639-4055

 (404) 639-4055
 wzg0@cdc.gov

 Jay Gee
 (404) 639-4936

 (404) 639-4936
 xzg4@cdc.gov

Version 1.7

Test Order Burkholderia mallei/pseudomallei Study CDC-10212

| Synonym(s) | |
|--|---|
| CDC Pre-Approval Needed | Zoonoses and Select Agent Laboratory ZSAL (404) 639-1711 zsal@cdc.gov Bacterial Special Pathogens Branch CDC (770) 488-7100 bzb@cdc.gov |
| Supplemental Information Required | Please provide the following information: history of present illness, exposure history, travel history, past medical history, treatment history, preliminary results on the CDC 50.34 Specimen Submission Form. For select agents please consult for completion of APHIS/CDC FORM 2 (Request to Transfer Select Agents and Toxins). |
| Supplemental Form | Request to Transfer Select Agents and Toxins (APHIS/CDC FORM 2). https://www.selectagents.gov/resources/APHIS- CDC_Form_2_English_Fillable.pdf |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | To be determined |
| Minimum Volume Required | To be determined |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | To be determined |
| Transport Medium | To be determined |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labele should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 91 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state, and federal regulations. |
| Methodology | |
| | |

| Additional Information | To be determined |
|------------------------|---|
| | Zoonoses and Select Agent Laboratory (ZSAL) (404) 639-1711 ZSAL@cdc.gov Jay Gee (404) 639-4936 xzg4@cdc.gov Mindy Elrod (404) 639-4055 |
| | wzg0@cdc.gov |

Test Order Burkholderia pseudomallei Serology CDC-10198

| Synonym(s) | Melioidosis |
|--|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Please provide the following information: history of present illness, exposure history, travel history, past medical history, treatment history, preliminary results on the CDC 50.34 Specimen Submission Form. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum (acute: during active stage of illness; convalescent: 2 weeks after acute stage) |
| Minimum Volume Required | 0.1 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Serum may be stored at refrigerated temperature (2-8°C) for up to 7 days post- collection and frozen (-20°C or lower) for up to 2 months. Specimens should not exceed 3 freeze/thaw cycles. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Serum should be shipped frozen on dry ice. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 91 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Indirect Hemagglutination (IHA) |
| Turnaround Time | 2 Weeks |
| Interferences & Limitations | Acute and convalescent are required. |
| Additional Information | Turnaround time may be longer to account for testing of paired specimens. Processing time may be expedited depending on risk and need. |
| | Study or research samples should be submitted under test code CDC-10212, Burkholderia mallei/pseudomallei Study |

Test Order Burkholderia spp. Identification (not *B. mallei/pseudomallei*) CDC-10144

| Synonym(s) | Burkholderia Identification |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Please complete all sections on the CDC 50.34 Specimen Submission Form. Please notify laboratory point of contact listed below of shipment if this is a critical care specimen. |
| Supplemental Form | None |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Actively growing pure culture bacterial isolate on an agar slant, Lowenstein Jensen, trypticase soy agar (with or without sheep blood), heart infusion agar (with or without rabbit blood), chocolate agar, Sabouraud dextrose agar |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store isolates at room temperature (15-25°C) for up to 7 days prior to shipping. |
| Transport Medium | Not Applicable |
| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported |
| Shipping Instructions which Include Specimen Handling Requirements | should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship at room temperature with room- temperature cold packs. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 17 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Primary culture based on specimen type, Matrix Assisted Laser Desorption Ionization Time of Flight Mass Spectrometry, 16S sequence based identification |
| Turnaround Time | 3 Weeks |

| Additional Information | If available, please provide patient history including if the patient has used a catheter and/or if the patient is immunocompromised. |
|------------------------|---|
| | Some isolates require additional time to accurately characterize the organism which may result in a longer turnaround time. Please contact the laboratory if concerned about a delay. |
| CDC Points of Contact | John McQuiston (404) 639-0270 zje8@cdc.gov Melissa Bell (404) 639-1348 jqv7@cdc.gov |

Test Order Campylobacter and Helicobacter Study CDC-10125

| Synonym(s) | Campy, Helicobacter species |
|--|--|
| CDC Pre-Approval Needed | Charlotte Lane (404) 718-4789 koe7@cdc.gov Patricia Fields (404) 639-1748 pif1@cdc.gov |
| Supplemental Information Required | Refer to study protocol for specific requirements. |
| Supplemental Form | None |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Refer to study protocol for specific requirements. |
| Minimum Volume Required | Refer to study protocol for specific requirements. |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Refer to study protocol for specific requirements. |
| Transport Medium | Refer to study protocol for specific requirements. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship isolates refrigerated overnight with refrigerated or frozen cold packs ensuring that the specimen tube does not come into direct contact with the cold packs to prevent freezing, or ship frozen with dry ice. There are no time constraints for submitting sequence data. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 18 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. |

Methodology Refer to study protocol for specific requirements.

Turnaround Time

| Interferences & Limitations | or below refrigeration temperatures (2-8 °C) may be at risk for reduced/lost viability of the specimen. Frozen specimens (less than or equal to -70 °C) should be shipped with sufficient |
|-----------------------------|--|
| | dry ice to maintain frozen state. Thawed specimens may be at risk for reduced/lost viability. |
| Additional Information | None |
| CDC Points of Contact | Charlotte Lane (404) 718-4789 koe7@cdc.gov Yang Gao (404) 718-3404 nrj0@cdc.gov |

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

| Synonym(s) | Campy, Helicobacter species |
|--|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Complete one CDC 50.34 Specimen Submission Form per specimen and provide the following specimen information: "Specimen source (type)" and "Transport medium/Specimen preservative." Provide any preliminary result in the "Previous laboratory results" section of the CDC 50.34 Specimen Submission Form. For submissions of sequence data (e.g data_sequence specimen type) the specimen identifier should be the PNUSA number. Provide any previous laboratory results or suspect identifications in 'Previous Laboratory Results' on back of CDC 50.34 Specimen Submission Form. Epidemiologic metadata and PulseNet cluster code requested if available. |
| Supplemental Form | None |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | This test order is currently not accepting any specimens until further notice. |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | <i>Campylobacter, Helicobacter</i>, and related organisms are sensitive to oxygen and may lose viability quickly. Prior to shipping, organisms should be stored in a microaerobic environment between 37-42°C and subbed every 2-4 days. Storage at 25°C may be optimal for some Campylobacter species. Prepared isolates can also be stored long-term frozen at -70 °C or lower (i.e., more than one month). Shipping conditions that maximize viability include: Solid agar transport media slants (HIA or chocolate agar, or Wang's transport semisolid media) that should be inoculated with fresh bacterial growth and incubated in a microaerobic environment for 18-24 hours prior to shipment. Semisolid or liquid transport media (Cary Blair or Amies) that should be inoculated heavily with fresh bacterial growth. Trypticase soy broth (TSB) supplemented with 20% glycerol with bacterial |
| | suspension that has been frozen for at least 18-24 hours prior to shipment and shipped with sufficient dry ice to prevent thawing. Isolates should be prepared for shipment and shipped within 4 hours of preparation. Shipping fresh bacterial growth and shipping quickly help ensure isolate viability upon arrival. |
| Transport Medium | If isolates are shipped refrigerated, inoculate preferred solid or semisolid/liquid media. If isolates are shipped frozen, suspend bacterial growth in trypticase soy broth (TSB) supplemented with 20% glycerol. |
| | Preferred solid agar transport media includes heart infusion agar (HIA), Wang's medium, blood agar, Columbia agar, or chocolate agar. Screw cap tubes are preferred. Preferred semisolid or liquid transport media includes modified Cary Blair, or Amies transport medium (with or without charcoal). |

| Specimen Labeling | Test subject to CLIA regulation requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
|---|--|
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship isolates refrigerated overnight with refrigerated or frozen cold packs ensuring that the specimen tube does not come into direct contact with the cold packs to prevent freezing, or ship frozen with dry ice. There are no time constraints for submitting sequence data. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 18 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |

| Phenotypic Identification, Genetic Identification |
|---|
| 13 Weeks |
| Specimens that are not shipped overnight or are exposed to temperatures above or below refrigeration temperatures (2-8 °C) may be at risk for reduced/lost viability of the specimen. |
| Frozen specimens (less than or equal to -70 °C) should be shipped with sufficient dry ice to maintain frozen state. Thawed specimens may be at risk for reduced/lost viability. |
| The original isolate should be retained by the submitter for the duration of testing at CDC. |
| Turnaround times for routine isolates may be extended during major foodborne outbreak activities or due to limited availability of resources. |
| Charlotte Lane (404) 718-4789 koe7@cdc.gov Yang Gao (404) 718-3404 nrj0@cdc.gov |
| |

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

| Synonym(s) | Campy, Helicobacter species |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Complete one CDC 50.34 Specimen Submission Form per specimen and provide the following specimen information: "Specimen source (type)" and "Transport medium/Specimen preservative." Provide any preliminary results in the "Previous laboratory results" section of the CDC 50.34 Specimen Submission Form. For submissions of sequence data (e.g data_sequence specimen type) the specimen identifier should be the PNUSA number. Specify type of subtyping requested in 'Previous Laboratory Results' on back of CDC 50.34 Specimen Submission Form. Epidemiologic metadata and PulseNet cluster code requested if available. |
| Supplemental Form | None |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Pure culture isolates of <i>Campylobacter, Helicobacter</i> , and related organisms; Sequence data |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Campylobacter, Helicobacter, and related organisms are sensitive to oxygen and may lose viability quickly. Prior to shipping, organisms should be stored in a microaerobic environment between 37-42°C and subbed every 2-4 days. Storage at 25°C may be optimal for some Campylobacter species. Prepared isolates can also be stored long-term frozen at -70 °C or lower (i.e., more than one month). Shipping conditions that maximize viability include: - Solid agar transport media slants (HIA or chocolate agar, or Wang's transport semisolid media) that should be inoculated with fresh bacterial growth and incubated in a microaerobic environment for 18-24 hours prior to shipment. - Semisolid or liquid transport media (Cary Blair or Amies) that should be inoculated heavily with fresh bacterial growth. - Trypticase soy broth (TSB) supplemented with 20% glycerol with bacterial suspension that has been frozen for at least 18-24 hours prior to shipment and shipped with sufficient dry ice to prevent thawing. Isolates should be prepared for shipment and shipped within 4 hours of preparation. Shipping fresh bacterial growth and shipping quickly help ensure isolate viability upon arrival. |
| Transport Medium | If isolates are shipped refrigerated, inoculate preferred solid or semisolid/liquid media. If isolates are shipped frozen, suspend bacterial growth in trypticase soy broth (TSB) supplemented with 20% glycerol. Preferred solid agar transport media includes heart infusion agar (HIA), Wang's medium, blood agar, Columbia agar, or chocolate agar. Screw cap tubes are preferred. Preferred semisolid or liquid transport media includes modified Cary Blair, or Amies transport medium (with or without charcoal). |

| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
|---|--|
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship isolates refrigerated overnight with refrigerated or frozen cold packs ensuring that the specimen tube does not come into direct contact with the cold packs to prevent freezing, or ship frozen with dry ice. There are no time constraints for submitting sequence data. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 18 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |

| Methodology | Antimicrobial susceptibility testing (AST), whole genome sequencing (WGS) |
|-----------------------------|---|
| Turnaround Time | 13 Weeks |
| Interferences & Limitations | Specimens that are not shipped overnight or are exposed to temperatures above or below refrigeration temperatures (2-8 °C) may be at risk for reduced/lost viability of the specimen. |
| | Frozen specimens (less than or equal to -70 °C) should be shipped with sufficient dry ice to maintain frozen state. Thawed specimens may be at risk for reduced/lost viability. |
| Additional Information | The original isolate should be retained by the submitter for the duration of testing at CDC. |
| | Turnaround times for routine isolates may be extended during major foodborne outbreak activities or due to limited availability of resources. |
| CDC Points of Contact | Charlotte Lane (404) 718-4789 koe7@cdc.gov Yang Gao (404) 718-3404 nrj0@cdc.gov |
| | (404) 718-3404 |

Test Order Cell Culture of Tissues for Infectious Agent Isolation CDC-10560

| Synonym(s) | "Microbiology, cell culture, tissue culture, autopsy, pathology" |
|--------------------------------------|--|
| CDC Pre-Approval Needed | Infectious Diseases Pathology Mailbox (404) 639-3132 pathology@cdc.gov |
| | Hannah Bullock |
| | (404) 718-6434 |
| | ocr3@cdc.gov |
| Supplemental Information Required | Please include the following information with each submission: |
| • | Omission of information on the CDC 50.34 Specimen Submission Form will |
| | lead to a delay in accessioning and testing, and potential rejection of specimen submission. Please include the following: |
| | • Test order code |
| | Test order name |
| | Patient full name |
| | Patient birth date |
| | Date of death (if applicable) |
| | Patient ID (e.g., medical record number or autopsy number) |
| | Specimen ID (e.g., surgical pathology accession number) |
| | State public health laboratory (PHL) point of contact |
| | Original submitter contact information |
| | One electronically completed copy of the CDC 50.34 Specimen Submission |
| | Form per case is sufficient, unless specimens are being submitted from |
| | multiple specimen collection dates in one package. |
| | Requested additional information: |
| | • A cover letter or copies of recent pertinent clinical notes outlining a brief |
| | clinical history, including relevant demographic/epidemiologic informatio |
| | A copy of: (a) the autopsy report (preliminary or final), or (b) surgical |
| | pathology report |
| | Copies of pertinent laboratory results (microbiology, hematology, |
| | serology, culture, and/or biochemical) |
| | Relevant clinical, gross pathology, or microscopic pathology images, as |
| | available |
| | A key listing the tissues submitted for evaluation |
| Supplemental Form | None |
| Performed on Specimens From | Human and Animal |
| | |

| Acceptable Sample / Specimen Type for Testing | Frozen (un-fixed) autopsy, or necropsy tissues from any organ or site are acceptable. However, tissue specimens should be submitted from the site(s) of the patient's disease process. If an infectious etiology is suspected, tissues should demonstrate histopathologic evidence of a possible infectious process. Tissue specimens submitted for infectious agent isolation must be fresh and not in formalin. The tissues must be kept on ice and be frozen as quickly as possible after removal from the body. Specimens suspected of infection with Category A pathogens will not be accepted. For list of agents, see https://emergency.cdc.gov/agent/agentlist-category.asp |
|--|---|
| Minimum Volume Required | Not applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Freeze specimens (-20°C or lower) immediately and ship within 24 to 48 hours of collection. Do not add any media to specimens. If specimens must be stored for more than 48 hours, freeze immediately at -70°C or lower and ship within 4 weeks of collection. |
| Transport Medium | No transport media necessary. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. For urgent cases, contact IDPB (pathology@cdc.gov) immediately. Ship tissue specimens frozen on dry ice in leak proof plastic containers. Do not ship specimens in glass containers. Refer to the International Air Transport Association (IATA - www.iata.org) for requirements for shipment of human or potentially infectious biological specimens. Ship for overnight delivery. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 109 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Microbiology (cell culture) |
| Turnaround Time | 12 Weeks |
| Interferences & Limitations | Clinical treatment with antivirals, antibiotics, and antiparasitics may minimize growth potential of cultures. Long term refrigeration may minimize growth potential of cultures. |

| Additional Information | CDC Pre-Approval Needed: • Contact Pre-approval POC • Infectious Diseases Pathology Branch Mailbox |
|------------------------|--|
| | More specific guidelines regarding tissue sampling and submission can be found on the IDPB website: http://www.cdc.gov/ncezid/dhcpp/idpb/specimen- submission/index.html |
| | Turnaround Time is case-dependent:For routine human autopsy cases and animal cases turnaround time is 12 weeks. |
| | le factione Discours Dethals an Maillean |
| CDC Points of Contact | Infectious Diseases Pathology Mailbox (404) 639-3132 |
| | pathology@cdc.gov |
| | Hannah Bullock |
| | (404) 718-6434 |
| | ocr3@cdc.gov |
| | Roosecelis Martines |
| | (404) 639-3886 |
| | xgn7@cdc.gov |

Version 1.2

Test Order Chagas Disease Molecular Detection CDC-10475

| Synonym(s) | Trypanosoma cruzi; American trypanosomiasis, parasite |
|--|---|
| CDC Pre-Approval Needed | Susan Montgomery (404) 718-4731 zqu6@cdc.gov Yvonne Qvarnstrom (404) 718-4123 bvp2@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | EDTA-treated whole blood, unpreserved heart tissue, CSF |
| Minimum Volume Required | Blood: 2.2ml (infant 0.2 mL) CSF: 0.2mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Specimens should be stored in sterile leak-proof containers. EDTA-treated whole blood, CSF and unpreserved tissue must be stored refrigerated (2-8°C) and shipped to CDC within 7 days of collection. Alternatively, CSF and unpreserved heart tissue can be stored frozen (-20 °C or lower) and shipped to CDC within 30 days of collection. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |

Shipping Instructions which Include Specimen Handling Requirements sure packages arrive Monday – Friday. All specimens must be shipped to CDC by same- or next-day courier as an etiologic agent. EDTA whole blood, refrigerated tissue, and CSF must be shipped in insulated shipping containers with refrigerated or frozen cold packs. Frozen tissue and CSF must be shipped frozen with dry ice.

> Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 52 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number]

All samples must be shipped in accordance with all applicable local, state and federal regulations.

| Methodology | Real-time Polymerase Chain Reaction (PCR) |
|-----------------------------|---|
| Turnaround Time | 2 Weeks |
| Interferences & Limitations | Formalin-fixed specimens are not suitable for this test order. Please see Test Order CDC-10365 (Pathologic Evaluation of Tissues for Possible Infectious Etiologies) and contact pathology@cdc.gov regarding testing of formalin-fixed specimens. |
| Additional Information | This assay is used in clinically indicated situations such as acute or congenital infections, post-transplant from a donor with confirmed T. cruzi infection, or risk of reactivation due to immunocompromise in patients with chronic Chagas disease. Serological testing is the preferred method to diagnose chronic infection in patients. |
| | Shipping instructions: Shipping Instructions: Refrigerated specimens must arrive to CDC at 2-8°C within 7 days of collection. Frozen specimens must arrive to CDC at or below -20°C within 30 days of collection. |
| | Specimens not meeting these conditions will not be accepted for testing and new specimen will be required. |

CDC Points of Contact (404) 718-4731 zqu6@cdc.gov Yvonne Qvarnstrom (404) 718-4123 bvp2@cdc.gov

Test Order Chagas Disease Serology CDC-10458

| Synonym(s) | Trypanosoma cruzi; American trypanosomiasis, parasite |
|--|---|
| CDC Pre-Approval Needed | Sue Montgomery (404) 718-4731 zqu6@cdc.gov Xiaojuan Tan (404) 718-3434 xit0@cdc.gov |
| Supplemental Information Required | CDC 50.34 Specimen Submission Form must include exposure and travel history, include other relevant risk factors; clinical symptoms, treatment and relevant lab results. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum |
| Minimum Volume Required | 0.5 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Serum for serology testing should be collected, centrifuged and transferred to leak proof tubes. Serum can be stored at refrigerated temperature (2-8°C) for up to 7 days prior to freezing or stored frozen (-20°C or lower) for up to 8 weeks. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Sera specimens should be shipped frozen on dry ice. Specimens not received under these conditions will be rejected for testing, and a new specimen must be submitted. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 57 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Indirect Fluorescent Antibody Assay, EIA, ELISA, Antibody Detection |
| Turnaround Time | 3 Weeks |
| Interferences & Limitations | Cross-reactions may occur with sera from patients with leishmaniasis. |

| Additional Information | Please send one CDC 50.34 Specimen Submission Form and one separate sample tube for each test requested. |
|------------------------|--|
| CDC Points of Contact | Xiaojuan Tan (404) 718-3434 xit0@cdc.gov Sue Montgomery (404) 718-4731 zqu6@cdc.gov |

Version 3.9

Test Order *Chlamydia pneumoniae* Molecular Detection CDC-10152

| Synonym(s) | C. pneumoniae, Chlamydophila pneumoniae, Atypical pneumonia, Community acquired pneumonia, CAP, Chlamydia, Chlamydophila |
|--|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | nasopharyngeal (NP) swabs, oropharyngeal (OP) swabs, NP or tracheal aspirates, bronchial washing, sputum, bronchoalveolar lavage (BAL), endotracheal tube (ETT) washing/aspirate, fresh lung tissue, and cerebrospinal fluid (CSF). NP and OP swabs may be combined in a single collection tube. |
| Minimum Volume Required | 0.4 mL preferred, 0.2 mL minimum |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Nasopharyngeal (NP) and oropharyngeal (OP) swabs: use only sterile Dacron or rayon swabs with plastic shafts or flocked swabs. Do not use calcium alginate swabs or swabs with wooden sticks. Combine NP and OP swabs in a single sterile vial containing at least 2 mL of viral transport media (VTM). |
| | Refrigerate (2–8°C) all specimens promptly after collection and freeze (-20°C or lower) within 96 hours of collection. Specimens should be kept frozen and shipped within 40 days. |
| Transport Medium | Viral transport medium (VTM) for NP and OP swabs |
| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. All specimens should be shipped frozen on dry ice overnight (next day delivery). |
|---|---|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 23 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Multiplex Real-time Polymerase Chain Reaction (PCR) |
| Turnaround Time | 7 Days |
| Interferences & Limitations | Prior antibiotic treatment may impact results; specimens should be collected prior to antibiotic treatment, if possible. Specimens that are not collected, stored, and transported at specified conditions may be rejected by the laboratory. Refer to Collection, Storage & Preservation of Specimen Prior to Shipping. Specimens collected using calcium alginate swabs or swabs with wooden sticks may contain substances that inhibit molecular assays and will be rejected by the laboratory. |
| Additional Information | All specimens are tested using test order "Chlamydia Species (Respiratory) Molecular Detection (CDC-10525)." Laboratory test results will also include results for <i>Chlamydia psittaci</i> . |
| CDC Points of Contact | Maureen Diaz (404) 639-4534 mdiaz1@cdc.gov Jonas Winchell (404) 639-4921 Jwinchell@cdc.gov |

| Test Order Chlamydia psittaci Molecular Detection CDC-10153 | |
|--|---|
| Synonym(s) | C. <i>psittaci, Chlamydophila psittaci,</i> Atypical pneumonia, Community acquired pneumonia, CAP, <i>Chlamydia, Chlamydophila</i> , Parrot fever, Psittacosis |
| CDC Pre-Approval Needed | Jonas Winchell (404) 639-4921 Jwinchell@cdc.gov Maureen Diaz (404) 639-4534 mdiaz1@cdc.gov |
| Supplemental Information Required | Complete one CDC 50.34 Specimen Submission Form per specimen. |
| Kequieu | Required fields on CDC 50.34: |
| | -Test order name |
| | -Date of onset |
| | -Specimen source (type) |
| | -Specimen collection date |
| | -Specimen handling (e.g. frozen) |
| | -State of illness |
| | -Brief clinical summary, including signs and symptoms compatible with psittacosis, pertinent comorbidities, and response to treatment. |
| | -Therapeutic agent and dates (specific antibiotic therapy and initiation date). |
| | -Exposure history (e.g. avian exposure), including type or extent (if known). Please include any available information about status of bird health in Comment field. |
| | -Previous laboratory results, specifically other testing performed for Chlamydia psittaci and/or other potential infectious etiologies of respiratory illness. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | nasopharyngeal (NP) swabs, oropharyngeal (OP) swabs, NP or tracheal aspirates, bronchial washing, sputum, bronchoalveolar lavage (BAL), endotracheal tube (ETT) washing/aspirate, fresh lung tissue, and cerebrospinal fluid (CSF). NP and OP swabs may be combined in a single collection tube. |
| Minimum Volume Required | 0.4 mL preferred, 0.2 mL minimum |

| Collection, Storage, and Preservation of Specimen Prior to Shipping | Nasopharyngeal (NP) and oropharyngeal (OP) swabs: use only sterile Dacron or rayon swabs with plastic shafts or flocked swabs. Do not use calcium alginate swabs or swabs with wooden sticks. Combine NP and OP swabs in a single sterile vial containing at least 2 mL of viral transport media (VTM). |
|--|---|
| | Refrigerate (2–8°C) all specimens promptly after collection and freeze (-20°C or lower) within 96 hours of collection. Specimens should be kept frozen and shipped within 40 days. |
| Transport Medium | Viral transport medium (VTM) for NP and OP swabs |
| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. All specimens should be shipped frozen on dry ice overnight (next day delivery). |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 23 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Multiplex Real-time Polymerase Chain Reaction (PCR) |
| Turnaround Time | 7 Days |
| Interferences & Limitations | Prior antibiotic treatment may impact results; specimens should be collected prior to antibiotic treatment, if possible. Specimens that are not collected, stored, and transported at specified conditions may be rejected by the laboratory. Refer to Collection, Storage & Preservation of Specimen Prior to Shipping. Specimens collected using calcium alginate swabs or swabs with wooden sticks may contain substances that inhibit molecular assays and will be rejected by the laboratory. |
| Additional Information | All specimens are tested using "Chlamydia Species (Respiratory) Molecular Detection (CDC-10525)." Laboratory test results will also include results for <i>Chlamydia pneumoniae</i> . |

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

Version 4.7

| Test Order Chlamydia Species (Respiratory) Molecular Detection CDC-10525 | |
|---|---|
| Synonym(s) | C. pneumoniae, Chlamydophila pneumoniae, C. psittaci, Chlamydophila psittaci, Atypical pneumonia, Community acquired pneumonia, CAP, Chlamydia, Chlamydophila, Parrot fever, Psittacosis |
| CDC Pre-Approval Needed | Jonas Winchell (404) 639-4921 jwinchell@cdc.gov Maureen Diaz (404) 639-4534 mdiaz1@cdc.gov |
| Supplemental Information Required | Complete one CDC 50.34 Specimen Submission Form per specimen. Required fields on CDC 50.34: |
| | -Test order name -Date of onset |
| | -Specimen source (type) -Specimen collection date |
| | -Specimen handling (e.g. frozen) -State of illness |
| | -Brief clinical summary, including signs and symptoms compatible with psittacosis, pertinent comorbidities, and response to treatment. |
| | -Therapeutic agent and dates (specific antibiotic therapy and initiation date). |
| | -Exposure history (e.g. avian exposure), including type or extent (if known). Please include any available information about status of bird health in Comment field. |
| | -Previous laboratory results, specifically other testing performed for Chlamydia psittaci and/or other potential infectious etiologies of respiratory illness. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| | nasopharyngeal (NP) swabs, oropharyngeal (OP) swabs, NP or tracheal aspirates, |
| Acceptable Sample / Specimen Type for Testing | bronchial washing, sputum, bronchoalveolar lavage (BAL), endotracheal tube (ETT) washing/aspirate, fresh lung tissue, and cerebrospinal fluid (CSF). NP and OP swabs may be combined in a single collection tube. |

| Collection, Storage, and Preservation of Specimen Prior to Shipping | Nasopharyngeal (NP) and oropharyngeal (OP) swabs: use only sterile Dacron or rayon swabs with plastic shafts or flocked swabs. Do not use calcium alginate swabs or swabs with wooden sticks. Combine NP and OP swabs in a single sterile vial containing at least 2 mL of viral transport media (VTM). Refrigerate (2–8°C) all specimens promptly after collection and freeze (-20°C or lower) within 96 hours of collection. Specimens should be kept frozen and shipped within 40 days. |
|--|---|
| Transport Medium | Viral transport medium (VTM) for NP and OP swabs |
| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. All specimens should be shipped frozen on dry ice overnight (next day delivery). Ship To: [Insert CDC Point of Contact] |
| | Centers for Disease Control and Prevention RDSB/STATT Unit 23 1600 Clifton Road, NE Atlanta, GA 30329 |
| | [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Multiplex Real-time Polymerase Chain Reaction (PCR) |
| Turnaround Time | 7 Days |
| Interferences & Limitations | Prior antibiotic treatment may impact results; specimens should be collected prior to antibiotic treatment, if possible. Specimens that are not collected, stored, and transported at specified conditions may be rejected by the laboratory. Refer to "Collection, Storage & Preservation of Specimen Prior to Shipping". Specimens collected using calcium alginate swabs or swabs with wooden sticks may contain substances that inhibit molecular assays and will be rejected by the laboratory. |
| Additional Information | None |

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

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

| Synonym(s) | C. perfringens, CPE |
|--|--|
| CDC Pre-Approval Needed | Haley McKeel (404) 639-1612 hvw0@cdc.gov Nancy Strockbine (404) 639-4186 nas6@cdc.gov |
| Supplemental Information Required | Only specimens from foodborne outbreaks accepted. Consult with CDC POC before sending samples. Include a CDC 50.34 Specimen Submission Form with each sample. For human specimens (including derived isolates), provide the following information: date of onset, fatal, specimen collected date, material submitted, specimen source (type), and if applicable, transport medium/specimen preservative and any preliminary results available. For food or environmental samples (including derived isolates), provide the following information: specimen collected date, material submitted, specimen source (type), and if applicable, transport medium/specimen preservative and any preliminary results available. |
| Supplemental Form | None |
| Performed on Specimens From | Human and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Only stool specimens and implicated foods from foodborne outbreaks are acceptable; stool is the preferred sample type. Send raw (bulk) stools collected within 48 hours of illness onset from two or more individuals. If stools are in transport medium/specimen preservative, four or more specimens are required. It only one stool is available, send with implicated food. Food or stool stored longer than two weeks are not acceptable. Consult with CDC POC prior to sending specimens. |
| Minimum Volume Required | 10 g (stool) and 25 g (food) |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Collect stool while patient is symptomatic (within 48 hours after illness onset). Separate foods into individual containers or bags. Refrigerate samples promptly after collection and maintain at 2-8 °C. Ship samples within two weeks from collection date. Food or stool stored longer than two weeks are not acceptable. If samples cannot be shipped within 2 weeks, promptly freeze upon collection at <-20 °C, and ship frozen. |
| Transport Medium | Raw stool is preferred; the addition of transport medium (e.g. Cary-Blair Transport Medium, Enteric Transport Medium) is not needed. Ship isolates on anaerobic transport medium. |

| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
|---|--|
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship refrigerated specimens with ice packs and ship frozen specimens on dry ice. |
| | Ship To: |
| | [Insert CDC Point of Contact] |
| | Centers for Disease Control and Prevention |
| | RDSB / STATT Unit 129 |
| | 1600 Clifton Road, NE Atlanta, GA 30329 |
| | [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Toxin Detection (Stool only), Culture (Stool and Food), Polymerase Chain Reaction (Isolates) |
| Turnaround Time | 13 Weeks |
| Interferences & Limitations | Dilution of stool with transport media affects toxin detection. Incorrect storage and/or spoilage of food may affect results. Reduced toxin detection and/or culture occurs in food older than two weeks. Stools collected 48 hours after illness onset and/or after patient recovery are not suitable for testing, as they may not contain detectable toxin/organism. |
| Additional Information | Direct toxin detection requires at least two raw stool specimens. If stool is placed in transport medium prior to shipment, at least four specimens are required for toxin testing. Toxin testing is not performed on food. |
| CDC Points of Contact | Haley McKeel (404) 639-1612 hvw0@cdc.gov Nancy Strockbine (404) 639-4186 nas6@cdc.gov |
| | |

Version 1.6

Test Order Corynebacterium diphtheriae Study CDC-10172

| Synonym(s) | Corynebacterium diphtheriae, C.ulcerans, C. pseudotuberculosis, diphtheria |
|--|---|
| CDC Pre-Approval Needed | Hong Ju (404) 639-0571 Ikn0@cdc.gov Lucia Pawloski (404) 639-4506 ecz6@cdc.gov |
| Supplemental Information Required | Provide the following Patient and Specimen Information on the CDC 50.34 Specimen Submission Form: patient age, onset of symptoms, specimen source, recent antibiotic history. |
| Supplemental Form | None |
| Performed on Specimens From | Human and Animal |
| Acceptable Sample / Specimen Type for Testing | For isolation and/or PCR: Throat, nasal and wound swabs, pseudo-membrane, and sputum. For isolate confirmation: Pure culture isolates or cryopreserved isolates. For PCR only: Extracted DNA. |
| Minimum Volume Required | 0.1 mL DNA; 0.2 mL preferred |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Throat, nasal, or wound swabs should placed in tubes of transport medium and kept refrigerated at 4 °C until shipment. Sputum should be placed in a leak-proof plastic tube and refrigerated at 4 °C until shipment. Pseudo-membrane should be placed in a leak-proof plastic container with physiological saline and kept refrigerated at 4 °C until shipment. Pseudo-membrane in formalin is not acceptable. Isolates should be refrigerated at 4 °C on an agar slants or frozen in cryopreservative and stored at -70 °C until shipment. DNA extracted from specimens should placed be in leak-proof plastic tubes and kept frozen at -20 °C until shipment. |
| Transport Medium | Common transport media such as Amies or Stuart may be used for swabs. Isolates can be frozen at -70 °C in cryopreservation medium; for best results a 24- 48 hour subculture on common agar slants such as blood, trypticase soy, or nutrient is recommended. Pieces of pseudo-membrane for culture and PCR must be in physiological saline; formalin is not acceptable. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include Specimen Handling Requirements | For best results, specimens should be shipped within 24-48 hours of collection. Specimens refrigerated (isolates on slants, swabs in transport media, pseudo- membrane in saline, sputum) should be shipped overnight on gel ice-packs. Specimens frozen (cryopreserved isolates, extracted DNA) should be shipped overnight on dry ice. |
|---|--|
| | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 12 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. Sender is responsible for shipping charges. International submitters must request |
| | CDC's import permit and include this with the Air Waybill. |
| Methodology | Culture, Multi-target Polymerase Chain Reaction (PCR), Whole Genome Sequencing, Multi-Locus Sequence Typing, Antibiotic Susceptibility |
| Turnaround Time | |
| Interferences & Limitations | PCR is not a confirmatory test for diphtheria toxin production. PCR detects the presence of the diphtheria toxin gene but does not show diphtheria toxin production. Prior antibiotic treatment will adversely affect culture and PCR results. Whenever possible, specimens collected prior to administration of antimicrobial agents should be used to determine infection with <i>Corynebacterium</i> spp. |
| Additional Information | None |
| CDC Points of Contact | Hong Ju (404) 639-0571 Ikn0@cdc.gov Lucia Pawloski (404) 639-4506 ecz6@cdc.gov |
| | |

Version 3.2

Test Order Corynebacterium diphtheriae/ulcerans/pseudotuberculosis Detection, Identification, and Toxin Testing CDC-10168

| Synonym(s) | Corynebacterium diphtheriae, C.ulcerans, C. pseudotuberculosis, diphtheria |
|--|--|
| CDC Pre-Approval Needed | Hong Ju (404) 639-0571 Ikn0@cdc.gov Lucia Pawloski (404) 639-4506 ecz6@cdc.gov |
| Supplemental Information Required | Provide the following Patient and Specimen Information on the CDC 50.34 Specimen Submission Form: patient age, onset of symptoms, specimen source, recent antibiotic history. |
| Supplemental Form | None |
| Performed on Specimens From | Human and Animal |
| Acceptable Sample / Specimen Type for Testing | Contact CDC POC prior to specimen submission for specimen acceptance, collection, storage and preservation requirements. |
| Minimum Volume Required | Not applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Throat, nasal, or wound swab for PCR only (no culture): collect from patient and immediately place in a dry, sterile tube. Freeze at (-20°C or lower) within 30 minutes of collection. |
| | Throat, nasal, or wound swab for culture and PCR: collect from patient and immediately place in an Amies clear gel transport tube and store within 30 minutes of collection refrigerated (2-8°C) until shipment. Ship within 24-72 hour of collection. |
| | Pseudomembrane or heart tissue for culture only (no PCR): collect from patient and place in physiological saline without formalin in a leak-proof plastic container and store within 30 minutes of collection refrigerated (2-8°C) until shipment. Ship within 24-48 hours of collection. |
| | Pure culture isolate for confirmation by culture and/or PCR: Maintain isolate on any agar or transport medium that supports the growth of Corynebacterium species. |
| | |

| Transport Medium | Throat, nasal, or wound swab for PCR only (no culture): Dry in sterile tube without transport medium. |
|---|--|
| | Throat, nasal, or wound swab for culture and PCR: Amies clear gel transport medium. |
| | Pseudomembrane or heart tissue for culture only (no PCR): Physiological saline without formalin. |
| | Pure culture isolate for confirmation by culture and/or PCR: any agar or transport medium that supports the growth of Corynebacterium species, for example blood (any type), chocolate, trypticase soy, nutrient, brain heart infusion, heart infusion, Amies clear gel, etc. |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Throat, nasal, or wound swab for culture and PCR: Ship refrigerated overnight with refrigerated or frozen cold packs within 24-72 hours of collection. Specimens must arrive to CDC at 2-8 °C. Specimens not meeting these conditions will be rejected for testing and new specimens will be required. |
| | Pseudomembrane or heart tissue for culture only (no PCR): Ship refrigerated overnight with refrigerated or frozen cold packs within 24-48 hours of collection. |
| | Throat, nasal, or wound swab for PCR only (no culture): Ship frozen overnight with dry ice within 1 week of collection. Once frozen, do not allow swab to thaw. |
| | Pure culture isolate for confirmation by culture and/or PCR: Ship refrigerated overnight with refrigerated or frozen cold packs OR ship ambient overnight with room temperature cold packs. Note: The original isolate should be retained by the submitter for the duration of testing at CDC. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 12 1600 Clifton Road, NE |
| | Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Culture, Multi-target Polymerase Chain Reaction (PCR) |
| Turnaround Time | 2 Weeks |

| Interferences & Limitations | PCR is not a confirmatory test for diphtheria toxin production. PCR detects the presence of the diphtheria toxin gene but does not show diphtheria toxin production. Prior antibiotic treatment will adversely affect culture and PCR results. Whenever possible, specimens collected prior to administration of antimicrobial agents should be used to determine infection with <i>Corynebacterium</i> spp. |
|-----------------------------|--|
| Additional Information | Should an isolate be confirmed as toxigenic/toxin-producing, a subculture plate will be transferred to Division of Healthcare Quality Promotion (DHQP) for antibiotic susceptibility testing. Turnaround time: 2 weeks from receipt of specimens in the testing laboratory. |
| CDC Points of Contact | Hong Ju (404) 639-0571 Ikn0@cdc.gov Lucia Pawloski (404) 639-4506 ecz6@cdc.gov |

Version 3.7

Test Order *Corynebacterium* species Identification (not *C. diptheriae*) CDC-10136

| Synonym(s) | Coryneform gram-positive rods |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Please complete all sections on the CDC 50.34 Specimen Submission Form. Please notify laboratory point of contact listed below of shipment if this is a critical care specimen. |
| Supplemental Form | None |
| Performed on Specimens From | Human and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Actively growing pure culture bacterial isolate on an agar slant, Lowenstein Jensen, trypticase soy agar (with or without sheep blood), heart infusion agar (with or without rabbit blood), chocolate agar, Sabouraud dextrose agar |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store isolates at room temperature (15-25°C) for up to 7 days prior to shipping. |
| Transport Medium | Not Applicable |
| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported |
| Shipping Instructions which Include Specimen Handling Requirements | should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship at room temperature with room- |
| | temperature cold packs. Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 17 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Primary culture based on specimen type, Matrix Assisted Laser Desorption Ionization Time of Flight Mass Spectrometry, 16S sequence based identification |
| Turnaround Time | 3 Weeks |

| Additional Information | |
|------------------------|---|
| Additional Information | If available, please provide patient history including if the patient has used a catheter and/or if the patient is immunocompromised. |
| | Some isolates require additional time to accurately characterize the organism which may result in a longer turnaround time. Please contact the laboratory if concerned about a delay. |
| | John McQuiston (404) 639-0270 zje8@cdc.gov Melissa Bell (404) 639-1348 jqv7@cdc.gov |

Test Order *Coxiella burnetii* Molecular Detection CDC-10304

| Synonym(s) | Q fever |
|---|--|
| CDC Pre-Approval Needed | None |
| CDC Pre-Approval Needed Supplemental Information Required | Required information on the CDC 50.34 Specimen Submission Form: Test order name (one per submission form) SPHL point of contact including direct phone number of the person responsible for sample submission and follow-up Patient full name, sex, birth date Date of illness onset Specimen collection date Specimen source (e.g., serum, whole blood, eschar swab, tissue) Therapeutic agent and dates (specific antibiotic therapy and initiation date) State of illness Relevant clinical summary that includes signs and symptoms compatible with a rickettsial illness, as well as any pertinent comorbidities |
| | Requested additional information: - Other laboratory results (e.g., previous serologic or molecular tests, complete blood counts, hepatic transaminase levels or electrolyte values, if available) - Travel history (within 2 weeks of symptom onset), denote with "No" or "Unknown" if no travel occurred or travel history is unknown) - Exposure history, e.g., ticks, fleas, lice, mites, or relevant animal exposures (denote "None" or "Unknown" if no arthropod or animal exposure occurred or is unknown) |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Whole blood: EDTA-treated, or ACD A treated. Serum: Serum separator tube, or cryo-tubes. Tissue specimens, including surgically excised prosthetic and native heart valves, vascular aneurysms and grafts, and tissues obtained at autopsy. |

| Minimum Volume Required | 1.0 mL |
|--|---|
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Keep specimen refrigerated (2-8°C) if sample will arrive at CDC within 7 days from collection. If the sample requires storage for more than 7 days prior to arriving at CDC, freeze at -20°C or lower up to 2 months (35 days for tissue), or - 70°C or lower up to 1 year (for serum, blood, and tissue). For 2-8°C storage, tissue should be placed in a sterile specimen cup with a gauze pad slightly moistened with sterile saline. To freeze tissue, place specimen in cryogenic container at -20°C or lower. Do not immerse the tissue in saline solution. |
| Transport Medium | For tissue, place in sterile specimen cup with gauze pad lightly moistened with sterile saline. Do not immerse the sample in saline. |

| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
|---|--|
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Shipping frozen is strongly recommended. Frozen specimens should only be sent with dry-ice by overnight priority mail and received within 60 days of collection. Refrigerated specimens should be sent with refrigerated or frozen cold packs and received within 7 days of collection. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 78 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Real-time polymerase chain reaction (PCR), polymerase chain reaction (PCR), |

| Methodology | sequencing |
|-----------------------------|--|
| Turnaround Time | 6 Weeks |
| Interferences & Limitations | Molecular detection methods have decreasing sensitivity after resolution of the febrile (acute) stage of illness. Hemolysis of whole blood can interfere with results. Other shipping media is not recommended and will be subject to rejection. Multiple freeze-thaw cycles and sample storage above refrigerated temperatures (2-8°C) can interfere with nucleic acid extraction. |
| Additional Information | Routine diagnostic samples should be sent to your state public health laboratory (SPHL) or a commercial laboratory if the test is available commercially. The Rickettsial Zoonoses Branch (RZB) Reference Diagnostic Laboratory assists state public health laboratories by providing specialized testing for rickettsial agents. Molecular testing for other pathogens including <i>Anaplasma</i> , <i>Rickettsia</i> spp, <i>Orientia</i> , and <i>Ehrlichia</i> spp. may be included following clinical review in RZB. |
| | Results are reported directly to SPHLs. Additional RZB specimen and shipping information can be found at the following address: https://www.cdc.gov/ncezid/dvbd/specimensub/rickettsial-shipping.html |

CDC Points of Contact Yan Zeng (404) 639-5177 RZBrefdxlab@cdc.gov Arlyn N Gleaton (404) 639-4904 iwv7@cdc.gov

Test Order *Coxiella burnetii* Serology CDC-10305

| Synonym(s) | Q fever |
|--------------------------|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information | Required information on the CDC 50.34 Specimen Submission Form: |
| Required | - Test order name (one per submission form) |
| | - SPHL point of contact including direct phone number of the person |
| | responsible for sample submission and follow-up |
| | - Patient full name, sex, birth date |
| | - Date of illness onset |
| | - Specimen collection date |
| | - Specimen source (e.g., serum, whole blood, eschar swab, tissue) |
| | - Therapeutic agent and dates (specific antibiotic therapy and initiation |
| | date) |
| | - State of illness |
| | - Relevant clinical summary that includes signs and symptoms compatible |
| | with a rickettsial illness, as well as any pertinent comorbidities |
| | Requested additional information: |
| | - Other laboratory results (e.g., previous serologic or molecular tests, |
| | complete blood counts, hepatic transaminase levels or electrolyte values, if available) |
| | - Travel history (within 2 weeks of symptom onset), denote with "No" or "Unknown" if no travel occurred or travel history is unknown) |
| | - Exposure history, e.g., ticks, fleas, lice, mites, or relevant animal exposures |
| | (denote "None" or "Unknown" if no arthropod or animal exposure occurred or is unknown) |
| Supplemental Form | None |

| Supplemental Form | None |
|--|---|
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Acute-phase serum (taken within 14 days of illness onset or while symptomatic) paired with convalescent-phase serum (taken 2-10 weeks after initial sample); or single acute-phase or convalescent serum. |
| Minimum Volume Required | 1.0 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Keep specimen refrigerated (2-8°C) if sample will arrive at CDC within 7 days from collection. If the sample requires storage for more than 7 days, freeze at - 20°C or lower up to 2 months, or -70°C or lower up to 1 year. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Shipping frozen is strongly recommended. Frozen specimens should only be sent with dry-ice by overnight priority mail and received within 60 days of collection. Refrigerated specimens should be sent with refrigerated or frozen cold packs and received within 7 days of collection. |
|---|--|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 78 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |

| Methodology | Indirect immunofluorescence antibody assay (IFA) |
|-----------------------------|--|
| Turnaround Time | 6 Weeks |
| Interferences & Limitations | Multiple freeze thaw cycles can interfere with antigen binding. A detectable antibody response is often not detected during the first week of illness. Confirmation of acute Q fever disease by serology can only be established by demonstrating a fourfold or greater increase in antibody titer which requires evaluation of paired serum samples collected during acute and convalescent phases of the illness. In some cases, serologic confirmation of chronic Q fever can be achieved with a single serum titer to phase I antigen. |
| Additional Information | Routine diagnostic samples should be sent to your state public health laboratory (SPHL) or a commercial laboratory if the test is available commercially. |
| | The Rickettsial Zoonoses Branch (RZB) Reference Diagnostic Laboratory assists state public health laboratories by providing specialized testing for rickettsial agents. Serological testing for other pathogens including <i>Anaplasma</i> , <i>Rickettsia</i> spp., <i>Orientia</i> , and <i>Ehrlichia</i> spp. may be included following clinical review in RZB. Results are reported directly to SPHLs. |
| | Additional RZB specimen and shipping information can be found at the following address: https://www.cdc.gov/ncezid/dvbd/specimensub/rickettsial-shipping.html |

CDC Points of Contact Yan Zeng (404) 639-5177 RZBrefdxlab@cdc.gov Arlyn N Gleaton (404) 639-4904 iwv7@cdc.gov

Test Order Crimean-Congo Hemorrhagic Fever Testing CDC-10302

| Synonym(s) | CCHF |
|--|--|
| CDC Pre-Approval Needed | Trevor Shoemaker (470) 312-0094 spather@cdc.gov Amy Schuh (404) 639-1756 wuc2@cdc.gov |
| Supplemental Information Required | Private citizens interested in clinical testing should contact their healthcare providers. Clinicians should contact their local or state health department for consultation. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | For molecular and/or serology testing, the accepted specimen types are whole blood (EDTA) or serum. CDC POC contact is required prior to sending any specimens. |
| | Animal specimens or human research specimens may be submitted with approval from CDC POC. |
| Minimum Volume Required | 4 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Human serological specimens stored refrigerated (2-8°C) must be received within 7 days of specimen collection date, and specimens stored frozen (-20°C or below) must be received within 2 months of specimen collection date. Human specimens for PCR testing stored refrigerated (2- 8°C) must be received within 3 days of specimen collection, and specimens stored frozen (-20°C or below) must be received within 2 months of specimen collection date. Contact the CDC POC for approval prior to sending any specimens. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. For molecular and serology testing, specimens should be shipped frozen on dry ice. Do not ship specimen without prior consultation and approval. |
|---|--|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 70 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Serology, Polymerase Chain Reaction (PCR) |
| Turnaround Time | 2 Weeks |
| Interferences & Limitations | Do not collect specimens in heparin, as heparin may cause interference with the molecular tests. Avoid thawing frozen specimens, as freeze-thawing may affect sensitivity of assays. |
| Additional Information | Pre-approval is required. Contact CDC's Emergency Operation Center at 770-488- 7100 and request VSPB's on-call epidemiologist to provide the clinical and epidemiological history on the patient. If testing is approved, VSPB will provide an approval number (EPIID) by email along with instructions for next steps. After receiving pre-approval and the EPIID number, the CDC specimen submission form can be submitted using one of two ways: |
| | 1) For submitters that use CSTOR, submit using the CSTOR Web Portal. Please include the EPIID in the Test Order Request's comments field. If the EPIID is not included, the order will be rejected. |
| | 2) For submitters that do not use CSTOR, submit via CDC 50.34 Specimen Submission Form. Enter the EPIID in the "Case ID field" within the "Patient Information" section on CSTOR and/or the CDC 50.34 Specimen Submission Form. Critical specimens will take less than 4 days to turn around. |
| CDC Points of Contact | Trevor Shoemaker (470) 312-0094 spather@cdc.gov Amy Schuh (404) 639-1756 wuc2@cdc.gov Maria Morales Betoulle (404) 718-1655 fof7@cdc.gov |

Test Order Cronobacter, Yersinia (non-Y.pestis), and Other Enterobacterales Identification CDC-10123

| Budviciaceae, Enterobacteriaceae, Erwiniaceae, Hafniaceae, Morganellaceae, Pectobacteriaceae, Yersiniaceae, Budvicia, Buttiauxella, Citrobacter, Cronobacter, Enterobacter, Erwinia, Hafnia, Klebsiella, Kluyvera, Morganella, Pantoea, Proteus, Providencia, Rahnella, Raoultella, Serratia, Yersinia, Yokenella |
|---|
| None |
| Complete one CDC 50.34 Specimen Submission Form per specimen and provide the following specimen information: "Specimen source (type)" and "Transport medium/Specimen preservative." Provide any preliminary results in the "Previous laboratory results" section of the CDC 50.34 Specimen Submission Form. For submissions of sequence data (e.g data_sequence specimen type) the specimen identifier should be the PNUSA number. |
| None |
| Human, Animal and Food/Environmental/Medical Devices/Biologics |
| This test order is currently not accepting any specimens until further notice. |
| Not Applicable |
| Store isolates at room temperature (15-25°C) or refrigerated (2-8°C). Isolates held for more than a month should be frozen (-20°C or lower). |
| If isolates are shipped at room temperature or refrigerated, inoculate on nutrient agar or other similar non-selective agar (trypticase soy agar, heart infusion agar, etc.); if isolates are shipped frozen, suspend bacterial growth in trypticase soy broth (TSB) supplemented with 20% glycerol. |
| Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship slants at room temperature with room-temperature cold packs. Ship glycerol stocks frozen with dry ice. There are no time constraints for submitting sequence data. |
|---|---|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 16 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. |

| Methodology | Phenotypic or Genetic Identification |
|-----------------------------|---|
| Turnaround Time | 13 Weeks |
| Interferences & Limitations | Repeat freeze/thaw cycles can lower test sensitivity. |
| Additional Information | The original isolate should be retained by the submitter for the duration of testing at CDC. |
| | Turnaround times for routine isolates may be extended during major foodborne outbreak activities or due to limited availability of resources. |
| CDC Points of Contact | Christine Lee (404) 498-2295 pfx6@cdc.gov Monica Im (404) 718-1446 ixi9@cdc.gov |

Test Order *Cryptosporidium* Special Study CDC-10491

| Synonym(s) | |
|--|---|
| CDC Pre-Approval Needed | Hunter Seabolt (404) 718-4163 ngr8@cdc.gov Colleen Lysen (404) 639-4654 vqy1@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | None |
| Acceptable Sample / Specimen Type for Testing | Stools must be collected in a non-formalin based fixative, preservative, or storage medium. For additional information about acceptable preservatives, contact the CDC POC. |
| Minimum Volume Required | To be determined |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | To be determined |
| Transport Medium | To be determined |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship fixed/preserved specimens at room temperature. Ship unpreserved specimens on wet ice (cold pack) if stored refrigerated or frozen (on dry ice) if stored frozen. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB / STATT Unit 53 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |

| Methodology | |
|-----------------------------|---|
| Turnaround Time | |
| Interferences & Limitations | To be determined |
| Additional Information | To be determined |
| CDC Points of Contact | Hunter Seabolt (404) 718-4163 ngr8@cdc.gov Colleen Lysen (404) 639-4654 vqy1@cdc.gov |

Version 1.8

Test Order Cyclospora genotyping CDC-10567

| Synonym(s) | None |
|--|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Please provide the following specimen information on the CDC Global File Accessioning Template (GFAT): Case ID. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Stool |
| Minimum Volume Required | 1 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store specimens following the suggested storage instructions for the transport media or fixative used. If no media/fixative used, store specimens refrigerated (2- 8°C) prior to shipping. Preferably ship within 7 days of collection, but specimens within 6 months of collection < 6 months old may also be sent. |
| Transport Medium | Any fixative or transport media except for formalin. Specimens in no media/fixatives are also accepted. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | None |
| Methodology | Polymerase chain reaction (PCR), DNA Sequencing |
| Turnaround Time | 8 Weeks |
| Interferences & Limitations | No significant interferences or limitations are currently known. |
| Additional Information | Research or surveillance specimens should be labelled with a state laboratory ID only. Please do not include patient personally identifiable information on labels for research or surveillance specimens. Ensure completion of the Cyclospora Global File Accessioning Template (GFAT), which can be obtained by contacting cyclosporaAMD@cdc.gov. |
| CDC Points of Contact | Cyclospora Laboratory (404) 718-8212 cyclosporaAMD@cdc.gov Joel Barratt (404) 718-1027 nsk9@cdc.gov |

Test Order Cysticercosis Serology CDC-10459

| Synonym(s) | Neurocysticercosis, Taenia solium, cysitcercus, EITB, LLGP-EITB, parasite |
|--|---|
| CDC Pre-Approval Needed | Parasitology Lab Mailbox (404) 718-4175 parasiteslab@cdc.gov Xiaojuan Tan (404) 718-3434 xit0@cdc.gov |
| Supplemental Information Required | CDC 50.34 Specimen Submission Form must include exposure and travel history, and other relevant risk factors; clinical symptoms, treatment and relevant lab results. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum; cerebrospinal fluid (CSF) when paired with serum |
| Minimum Volume Required | 0.2 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Serum and CSF for serology testing should be collected, centrifuged and transferred to leak proof tubes. Serum and CSF can be stored at refrigerated temperature (2-8°C) for up to 7 days prior to freezing or stored frozen (-20°C or lower) for up to 8 weeks. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Sera and CSF specimens should be shipped frozen on dry ice. Specimens not received under these conditions will be rejected for testing, and a new specimen must be submitted. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 57 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Immunoblot, Western Blot, Antibody Detection |
| Turnaround Time | 3 Weeks |
| Interferences & Limitations | Known interfering substances: hemolysis, hyperlipemia or other causes of turbidity may cause erroneous results. |

| Additional Information | Please send one CDC 50.34 Specimen Submission Form and one separate sample tube for each test requested. |
|------------------------|--|
| CDC Points of Contact | Xiaojuan Tan (404) 718-3434 xit0@cdc.gov Parasitology Lab Mailbox (404) 718-4175 parasiteslab@cdc.gov |

Version 4.9

Test Order Cytomegalovirus (CMV) Detection CDC-10263

| Synonym(s) | CMV |
|--|--|
| CDC Pre-Approval Needed | Brian Wakeman (404) 639-6403 mrq9@cdc.gov Ludmila Perelygina (404) 639-4812 ifw0@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Urine, saliva, or whole blood |
| Minimum Volume Required | 0.2 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Specimens can be kept refrigerated at 4 °C if shipped in less than 72 hours of collection; otherwise specimen should be kept frozen at -20 °C. Whole blood should be collected in EDTA or citrate tubes. |
| Transport Medium | Transport medium is not required. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | Ship specimens with cold packs or dry ice as an etiologic agent. CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 80 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Polymerase Chain Reaction (PCR) |
| Turnaround Time | 7 Days |
| Interferences & Limitations | There are no known interferences and limitations. |
| | |

| Additional Information | The test(s) used have not been cleared and approved by the FDA or the performance characteristics have not been fully established by CDC. The results reported should NOT be used for diagnosis, treatment, or assessment of patient health or management. |
|------------------------|--|
| CDC Points of Contact | Brian Wakeman (404) 639-6403 mrq9@cdc.gov Ludmila Perelygina (404) 639-4812 ifw0@cdc.gov |
| | |

Test Order Cytomegalovirus (CMV) Serology CDC-10264

| Synonym(s) | CMV |
|--|--|
| CDC Pre-Approval Needed | Brian Wakeman (404) 639-6403 mrq9@cdc.gov Ludmila Perelygina (404) 639-4812 ifw0@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum or plasma |
| Minimum Volume Required | 0.5 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Specimens can be kept refrigerated at 4 °C if shipped in less than 72 hours of collection; otherwise specimen should be kept frozen at -20 °C. |
| Transport Medium | Transport medium is not required. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | Ship specimens with cold packs or dry ice as an etiologic agent. CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 80 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | IgG antibody detected by Enzyme Immunoassay (EIA), IgM antibody detected by Enzyme Immunoassay (EIA) |
| Turnaround Time | 7 Days |
| Interferences & Limitations | There are no known interferences and limitations. |

| Additional Information | The test(s) used have not been cleared and approved by the FDA or the performance characteristics have not been fully established by CDC. The results reported should NOT be used for diagnosis, treatment, or assessment of patient health or management. |
|------------------------|--|
| CDC Points of Contact | Brian Wakeman (404) 639-6403 mrq9@cdc.gov Ludmila Perelygina (404) 639-4812 ifw0@cdc.gov |
| | |

Test Order Dengue Virus Detection and Serology CDC-10307

| Synonym(s) | Dengue fever, severe dengue |
|--|--|
| CDC Pre-Approval Needed | Rafael Tosado (787) 706-3449 npp0@cdc.gov Gilberto Santiago (787) 706-4311 fbz3@cdc.gov |
| Supplemental Information Required | Provide the following information on the form: complete name, age, date of birth and sex of patient, home address, sample collection date, date of onset of symptoms, pregnancy status, complete name and mailing address of the provider (physician, laboratory, clinic, or hospital). Specimen identification must match the identification on the form. One form must be completed for each sample sent. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Acute serum, collected during the first 7 days of illness is suitable for molecular and serological tests, and convalescent serum, collected after the first 7 days of illness is suitable for serological tests. Other specimen types such as whole blood, plasma and cerebrospinal fluid may be acceptable upon consultation with the laboratory. |
| Minimum Volume Required | 0.5 mL (1.0 mL preferred) |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | The blood should be collected in a red-top or tiger-top tube. After blood is allowed to clot, separate serum by centrifugation and keep refrigerated at 4 °C if shipped within 72 hours of collection; otherwise, specimen should be kept frozen at -20 °C. |
| | Citrate (collected in yellow top tubes) and heparin plasma (collected in green top tubes) can be tested by real-time plymerase chain reaction (RT-PCR). Refer to collection devices manufacturer instructions for more details. |
| | If specimens can be shipped to the CDC Dengue Branch Lab within 72 hours of collection, they should be kept refrigerated at 4 °C and shipped on cold packs. If specimens must be held for more than 72 hours before shipping, they should be promptly frozen at -20 °C and shipped on dry ice. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |

| Shipping Instructions which Include Specimen Handling Requirements | Frozen specimens should be shipped on dry ice and refrigerated specimens on frozen gel packs. Serum must remain frozen if specimens are to be held for more than 72 hours before shipping. If dry ice is not available for shipping, we recommend that the serum be stored refrigerated and shipped on cold packs. |
|---|--|
| | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention Dengue Branch 1324 Calle Cañada Puerto Nuevo San Juan, P. R. 00920-3860 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and |
| | federal regulations. Upon shipment, submitter should send an email to the Laboratory POC providing information on the shipping company, shipped date, expected delivery date and package tracking number. |
| Methodology | Real-Time Polymerase Chain Reaction (RT-PCR), Enzyme Linked Immunosorbent Assay (ELISA) |
| Turnaround Time | 10 Days |
| Interferences & Limitations | Dengue antibody detection (serological testing) can be affected by cross reactivity with other Flaviviruses, including recent vaccinations (dengue, yellow fever, Japanese encephalitis, tickborne encephalitis), and natural infections (Zika, St. Louis encephalitis, West Nile viruses). |
| | Serum with evidence of hemolysis or contaminated samples are not acceptable for serological testing. EDTA may cause interference with PCR testing and should be avoided. |
| | Warming or freeze-thawing affects stability of viral nucleic acid and antibodies in serum reducing the sensitivity of molecular and serological testing. |
| | The use of lavender/violet-top collection tubes with EDTA is not recommended for PCR testing. Convalescent serum samples from blood collected in Lavender/violet or green-top tubes should not be used for serological testing. |

| To diagnose dengue infection, an acute serum sample obtained during the first 7 days of illness is required for molecular diagnosis by direct detection of the virus nucleic acid. The 4 dengue serotypes can be identified through real-time polymerase chain reaction (RT-PCR) testing. |
|--|
| If the acute sample is negative, a convalescent serum sample is required for case confirmation by serological testing. The convalescent serum should be collected after the first 7 days of illness. The case is confirmed by antibody seroconversion through the detection of dengue-specific Immunoglobulin M antibodies (IgM) in the convalescent serum. Informing the patient about the importance of returning for a second sample and providing an appointment for a specific day and time, will increase the probability of obtaining the second sample. If the patient makes the first visit to the physician after the 7th day of illness, a serum sample collected then would be sufficient. In that case, the patient would not need to return for collection of a second sample. |
| Sample rejection criteria include: 1. Samples sent without the appropriate documentation (CDC form 50.34) 2. Specimen submission forms sent without a sample 3. Illegible or incomplete sample submission forms (especially lacking the date of onset of symptoms and/or the date of sample collection) 4. Samples delivered at suboptimal temperatures (over 25 °C) 5. Spilled samples or damaged samples containers 6. Samples received more than 90 days after the onset of symptoms 7. Serum hemolysis would be a rejection criterion for convalescent samples only |
| Reporting times for test results may be longer when arbovirus activity increases. |
| Rafael Tosado (787) 706-4339 npp0@cdc.gov Candimar Colon (787) 706-2473 fbz3@cdc.gov |
| |

Version 3.2

Test Order Ebola Hemorrhagic Fever Testing CDC-10309

| Synonym(s) | None |
|--|---|
| CDC Pre-Approval Needed | Trevor Shoemaker (470) 312-0094 spather@cdc.gov Amy Schuh (404) 639-1756 wuc2@cdc.gov |
| Supplemental Information Required | Private citizens interested in clinical testing should contact their healthcare providers. Clinicians should contact their local or state health department for consultation. |
| Supplemental Form | https://www.cdc.gov/viral-hemorrhagic- fevers/media/pdfs/2024/05/primate-form-508.pdf |
| Performed on Specimens From | Human and Animal |
| Acceptable Sample / Specimen Type for Testing | For human Ebola Zaire PCR testing, serum and whole blood (EDTA) specimens are acceptable. For human Ebola Sudan PCR testing, whole blood (EDTA) is acceptable. For Ebola Antigen Detection testing on non-human primates, frozen liver is acceptable. CDC POC contact is required prior to sending any specimens. |
| Minimum Volume Required | 4 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Human specimens for PCR testing stored refrigerated (2-8°C) must be received within 3 days of specimen collection, and specimens stored frozen (-20°C or below) must be received within 2 months of specimen collection date. For non-human primate antigen detection testing, specimens should be frozen (-20C or below). Contact the CDC POC for approval prior to sending any specimens. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. For molecular and serology testing, specimens should be shipped frozen on dry ice. Do not ship specimen without prior consultation and approval. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 70 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submittee should cond on amail to the CDC |
| | federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |

| Turnaround Time | 2 Weeks |
|-----------------------------|--|
| Interferences & Limitations | Do not collect specimens in heparin, as heparin may cause interference with the molecular tests. Avoid thawing frozen specimens, as freeze-thawing may affect sensitivity of assays. |
| Additional Information | Pre-approval is required. Contact CDC's Emergency Operation Center at 770-488- 7100 and request VSPB's on-call epidemiologist to provide the clinical and epidemiological history on the patient. If testing is approved, VSPB will provide an approval number (EPIID) by email along with instructions for next steps. After receiving pre-approval and the EPIID number, the CDC specimen submission form can be submitted using one of two ways: |
| | 1) For submitters that use CSTOR, submit using the CSTOR Web Portal. Please include the EPIID in the Test Order Request's comments field. If the EPIID is not included, the order will be rejected. |
| | 2) For submitters that do not use CSTOR, submit via CDC 50.34 Specimen Submission Form. Enter the EPIID in the "Case ID field" within the "Patient Information" section on CSTOR and/or the CDC 50.34 Specimen Submission Form. Critical specimens will take less than 4 days to turn around. |
| CDC Points of Contact | Trevor Shoemaker (470) 312-0094 spather@cdc.gov Amy Schuh (404) 639-1756 wuc2@cdc.gov Maria Morales Betoulle (404) 718-1655 fof7@cdc.gov |

Version 5.3

Test Order Echinococcosis Serology CDC-10460

| Synonym(s) | Hydatid Disease, Echinococcus granulosus, parasite |
|--|---|
| CDC Pre-Approval Needed | Parasitology Lab Mailbox (404) 718-4175 parasiteslab@cdc.gov Xiaojuan Tan (404) 718-3434 xit0@cdc.gov |
| Supplemental Information Required | CDC 50.34 Specimen Submission Form must include exposure and travel history, and other relevant risk factors; clinical symptoms, treatment and relevant lab results. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum |
| Minimum Volume Required | 0.2 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Serum for serology testing should be collected, centrifuged and transferred to leak proof tubes. Serum can be stored at refrigerated temperature (2-8°C) for up to 7 days prior to freezing or stored frozen (-20°C or lower) for up to 8 weeks. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Sera specimens should be shipped frozen on dry ice. Specimens not received under these conditions will be rejected for testing, and a new specimen must be submitted. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 57 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Immunoblot, Western Blot, Antibody detection |
| Turnaround Time | 3 Weeks |

| Additional Information | Please send one CDC 50.34 Specimen Submission Form and one separate sample tube for each test requested. |
|------------------------|--|
| CDC Points of Contact | Xiaojuan Tan (404) 718-3434 xit0@cdc.gov Parasitology Lab Mailbox (404) 718-4175 parasiteslab@cdc.gov |

Version 4.8

| Test Order Ehrlichia Molecular Detection CDC-10499 | |
|---|--|
| Synonym(s) | Ehrlichia chaffeensis ehrlichiosis, human monocytic ehrlichiosis (HME), Ehrlichia ewingii ehrlichiosis, Ehrlichia muris euclairensis ehrlichiosis |
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Required information on the CDC 50.34 Specimen Submission Form: Test order name (one per submission form) SPHL point of contact including direct phone number of the person responsible for sample submission and follow-up Patient full name, sex, birth date Date of illness onset Specimen collection date Specimen source (e.g., serum, whole blood, eschar swab, tissue) Therapeutic agent and dates (specific antibiotic therapy and initiation date) State of illness Relevant clinical summary that includes signs and symptoms compatible with a rickettsial illness, as well as any pertinent comorbidities |
| | Requested additional information: - Other laboratory results (e.g., previous serologic or molecular tests, complete blood counts, hepatic transaminase levels or electrolyte values, if available) - Travel history (within 2 weeks of symptom onset), denote with "No" or "Unknown" if no travel occurred or travel history is unknown) - Exposure history, e.g., ticks, fleas, lice, mites, or relevant animal exposures (denote "None" or "Unknown" if no arthropod or animal exposure occurred or is unknown) |

| Supplemental Form | None |
|-----------------------------|--|
| Performed on Specimens From | Human |
| , | Acute whole blood (taken within 14 days of illness onset or while patient remains febrile): EDTA-treated, or ACD A treated. Acute serum: Serum separator tube, or cryo-tubes. Tissue biopsies, including skin biopsy specimens from the site of rash or eschar. Swab specimen of eschar, using a dry, sterile cotton swab (include eschar scab when available). Samples must be collected within 72 hours of initiation of a tetracycline-class antibiotic, e.g., doxycycline (within 48 hours is preferred), or, if collection has occurred outside of this established time frame, patients must be symptomatic of with a residual eschar scab at the time of collection. |

Minimum Volume Required 1.0 mL

| Collection, Storage, and Preservation of Specimen Prior to Shipping | Keep specimen refrigerated (2-8°C) if sample will arrive at CDC within 7 days from collection. If the sample requires storage for more than 7 days prior to arriving at CDC, freeze at -20°C or lower up to 2 months (35 days for tissue), or -70°C or lower up to 1 year (for serum, blood, and tissue). For 2-8°C storage, tissue should be placed in a sterile specimen cup with a gauze pad slightly moistened with sterile saline. To freeze tissue, place specimen in a cryogenic container at -20°C or lower. Do not immerse the tissue in saline solution. For eschar swabs, place the specimen in a dry sterile specimen container without any medium. |
|--|---|
| Transport Medium | For tissue, place in sterile specimen cup with gauze pad lightly moistened with sterile saline. Do not immerse the sample in saline. |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Shipping frozen is strongly recommended. Frozen specimens should only be sent with dry-ice by overnight priority mail and received within 60 days of collection. Refrigerated specimens should be sent with refrigerated or frozen cold packs and received within 7 days of collection. Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 78 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Real-time polymerase chain reaction (PCR), polymerase chain reaction (PCR), sequencing |
| Turnaround Time | 6 Weeks |
| Interferences & Limitations | Molecular detection methods have decreasing sensitivity after resolution of the febrile (acute) stage of illness. Hemolysis of whole blood can interfere with results. Other shipping media is not recommended and will be subject to rejection. Multiple freeze-thaw cycles and sample storage above refrigerated temperatures (2-8°C) can interfere with nucleic acid extraction. |

Additional Information Routine diagnostic samples should be sent to your state public health laboratory (SPHL) or a commercial laboratory if the test is available commercially.

The Rickettsial Zoonoses Branch (RZB) Reference Diagnostic Laboratory assists state public health laboratories by providing specialized testing for rickettsial agents. Molecular testing for other pathogens including *Anaplasma*, *Coxiella*, *Orientia*, and *Rickettsia* spp. may be included following clinical review in RZB. Results are reported directly to SPHLs.

Additional RZB specimen and shipping information can be found at the following address:

https://www.cdc.gov/ncezid/dvbd/specimensub/rickettsial-shipping.html

CDC Points of Contact Yan Zeng (404) 639-5177 RZBrefdxlab@cdc.gov Arlyn N Gleaton (404) 639-4904 iwv7@cdc.gov

Test Order Ehrlichia Serology CDC-10311

| Synonym(s) | Ehrlichia chaffeensis ehrlichiosis, human monocytic ehrlichiosis (HME) |
|--------------------------------------|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Required information on the CDC 50.34 Specimen Submission Form: Test order name (one per submission form) SPHL point of contact including direct phone number of the person responsible for sample submission and follow-up Patient full name, sex, birth date Date of illness onset Specimen collection date Specimen source (e.g., serum, whole blood, eschar swab, tissue) Therapeutic agent and dates (specific antibiotic therapy and initiation date) State of illness Relevant clinical summary that includes signs and symptoms compatible with a rickettsial illness, as well as any pertinent comorbidities |
| | Requested additional information: - Other laboratory results (e.g., previous serologic or molecular tests, complete blood counts, hepatic transaminase levels or electrolyte values, if available) - Travel history (within 2 weeks of symptom onset), denote with "No" or "Unknown" if no travel occurred or travel history is unknown) - Exposure history, e.g., ticks, fleas, lice, mites, or relevant animal exposures (denote "None" or "Unknown" if no arthropod or animal exposure occurred or is unknown) |

| Supplemental Form | None |
|--|---|
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Acute-phase serum (taken within 14 days of illness onset or while symptomatic) paired with convalescent-phase serum (taken 2-10 weeks after initial sample); or single acute-phase or convalescent serum. |
| Minimum Volume Required | 1.0 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Keep specimen refrigerated (2-8°C) if sample will arrive at CDC within 7 days from collection. If the sample requires storage for more than 7 days, freeze at - 20°C or lower up to 2 months, or -70°C or lower up to 1 year. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Shipping frozen is strongly recommended. Frozen specimens should only be sent with dry-ice by overnight priority mail and received within 60 days of collection. Refrigerated specimens should be sent with refrigerated or frozen cold packs and received within 7 days of collection. |
|---|--|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 78 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |

| Methodology | Indirect immunofluorescence antibody assay (IFA) |
|-----------------------------|---|
| Turnaround Time | 6 Weeks |
| Interferences & Limitations | Multiple freeze thaw cycles can interfere with antigen binding. A detectable antibody response is often not detected during the first week of illness. Confirmation of an ehrlichiosis can only be established by demonstrating a four- fold or greater increase in antibody titer which requires evaluation of paired serum samples collected during acute and convalescent phases of the illness. |
| Additional Information | Routine diagnostic samples should be sent to your state public health laboratory (SPHL) or a commercial laboratory if the test is available commercially. |
| | The Rickettsial Zoonoses Branch (RZB) Reference Diagnostic Laboratory assists state public health laboratories by providing specialized testing for rickettsial agents. Serological testing for other pathogens including typhus group <i>Rickettsia</i> , <i>Anaplasma</i> , <i>Coxiella</i> , <i>Orientia</i> , and spotted fever group <i>Rickettsia</i> . may be included following clinical review in RZB. Results are reported directly to SPHLs. |
| | Additional RZB specimen and shipping information can be found at the following address: https://www.cdc.gov/ncezid/dvbd/specimensub/rickettsial-shipping.html |
| CDC Points of Contact | Yan Zeng (404) 639-5177 RZBrefdxlab@cdc.gov Arlyn N Gleaton (404) 639-4904 iwv7@cdc.gov |

Test Order *Elizabethkingia* species - Special Study CDC-10514

| Supervise (a) | Nona |
|--|---|
| Synonym(s) | |
| CDC Pre-Approval Needed | John McQuiston (404) 639-0270 |
| | zje8@cdc.gov |
| | Melissa Bell |
| | (404) 639-1348 |
| | jqv7@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | To be determined |
| Minimum Volume Required | To be determined |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | To be determined |
| Transport Medium | To be determined |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: |
| | [Insert CDC Point of Contact] |
| | Centers for Disease Control and Prevention |
| | RDSB/STATT Unit 17 |
| | 1600 Clifton Road, NE |
| | Atlanta, GA 30329 [Incert CDC Point of Contact's Telephone Number] |
| | [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | |
| Turnaround Time | |
| Interferences & Limitations | To be determined |
| Additional Information | To be determined |
| | |

CDC Points of Contact John McQuiston (404) 639-0270 zje8@cdc.gov Melissa Bell (404) 639-1348 jqv7@cdc.gov

Test Order Entamoeba histolytica/dispar Molecular Detection CDC-10478

| Synonym(s) | Amebiasis, Entameba histolytica, Entameba dispar, parasite |
|--|---|
| CDC Pre-Approval Needed | Ibne Ali (404) 718-4157 xzn5@cdc.gov Julia Haston (404)-718-1230 qdx2@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | Not applicable |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Stool, liver aspirate or other abscess fluid |
| Minimum Volume Required | 0.5 g formed stool; 1.0 g preferred. 0.5 mL liquid stool, liver aspirate or other abscess fluid; 1.0 mL preferred. |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Stool, liver aspirate or other abscess fluid specimens should be collected in the absence of preservatives, and must be kept frozen (-20°C or lower) and shipped with dry-ice within 60 days of collection. |
| Transport Medium | Not applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship frozen stool, liver aspirate or other abscess fluid specimens on dry ice within 60 days of collection. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 54 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |

Turnaround Time 21 Days

| | 21 Days |
|-----------------------------|--|
| Interferences & Limitations | Specimens fixed in formalin-containing preservatives or LV-PVA are not suitable for molecular studies. |
| Additional Information | None |
| CDC Points of Contact | Ibne Ali (404) 718-4157 xzn5@cdc.gov Julia Haston (404)-718-1230 qdx2@cdc.gov |

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Test Order Enteric Isolation - Primary Specimen CDC-10106

| Synonym(s) | Enteric Pathogen Culture, Stool Culture |
|--|---|
| CDC Pre-Approval Needed | Haley McKeel (404) 639-1612 hvw0@cdc.gov Nancy Strockbine (404) 639-4186 nas6@cdc.gov |
| Supplemental Information Required | Complete one CDC 50.34 Specimen Submission Form per specimen and provide the following specimen information: "Specimen source (type)" and "Transport medium/Specimen preservative." Provide any preliminary results in the "Previous laboratory results" section of the CDC 50.34 Specimen Submission Form. |
| Supplemental Form | None |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | For FilmArray Gastrointestinal Panel testing, stool in Cary Blair transport medium is required. For all other surveillance testing, acceptable specimen will be determined upon consultation. |
| Minimum Volume Required | For FilmArray Gastrointestinal Panel testing, a minimum volume of 0.2 mL is required. For all other surveillance testing, acceptable minimum volumes will be determined upon consultation. |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | For FilmArray Gastrointestinal Panel testing, specimens should be shipped as soon as possible but may be held at room temperature (15-25°C), refrigerated (2-8°C), or frozen (-20°C or lower) for up to 3 weeks prior to shipping. For all other surveillance testing, acceptable storage and preservation conditions will be determined upon consultation. |
| Transport Medium | For FilmArray Gastrointestinal Panel testing, Cary Blair transport medium is required. For all other surveillance testing, transport medium requirements will be determined upon consultation. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. For FilmArray Gastrointestinal Panel testing, specimens may be shipped at room temperature with room temperature cold packs, refrigerated with refrigerated or frozen cold packs, or frozen with dry ice. For surveillance only testing, specimen shipping conditions will be determined upon consultation. |
|--|
| Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 129 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |

| Methodology | Enrichment, Detection and Isolation, Phenotypic or Genetic Identification and Subtyping, including Syndromic PCR Panels, Serotyping, and Virulence Profiling |
|-----------------------------|---|
| Turnaround Time | 13 Weeks |
| Interferences & Limitations | Inferences and limitations will be discussed upon consultation. |
| Additional Information | Targeted organisms include: <i>Salmonella, Shigella, Campylobacter</i> , Shiga toxin- producing <i>Escherichia coli</i> (STEC) and other diarrheagenic <i>Escherichia coli</i> , pathogenic <i>Enterobacteriaceae</i> , <i>Listeria</i> , <i>Vibrio</i> , <i>Cronobacter</i> , and related foodborne and waterborne pathogens. |
| CDC Points of Contact | Haley McKeel (404) 639-1612 hvw0@cdc.gov Nancy Strockbine (404) 639-4186 nas6@cdc.gov |

Test Order Enteric Special Study CDC-10512

| Synonym(s) | none |
|--|--|
| CDC Pre-Approval Needed | Andrew Huang (404) 639-1545 wwm8@cdc.gov A Jo Williams Newkirk (404) 639-1087 igy7@cdc.gov |
| Supplemental Information Required | Notify POCs before sending specimens and send study-specific datasheet. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Stool or pathogen isolate |
| Minimum Volume Required | Stool: 4 mL unless lower volume preapproved; pathogen isoloate: n/a |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Stool specimens must be frozen at -70 °C or lower upon receipt by the submitting laboratory and held at that temperature until shipment to CDC |
| Transport Medium | Stool: none or Cary Blair; Pathogen isolate: pathogen-appropriate agar in tubes with leak-proof screw cap closures. Agar plates are not acceptable. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | Stool samples must be shipped on dry ice. Ship pathogen isolates at ambient temperature. |
| | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 129 1600 Clifton Road, NE Atlanta, GA 30329 |
| | [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | |
| Turnaround Time | |

Interferences & Limitations n/a

| Additional InformationThis test is for the submission of samples to participate in an enteric pathoger special study. No results of testing will be reported back to submitters.CDC Points of ContactAndrew Huang (404) 639-1545 wwm8@cdc.gov A Jo Williams Newkirk (404) 639-1087 igy7@cdc.gov | | • |
|---|------------------------|---|
| (404) 639-1545 wwm8@cdc.gov A Jo Williams Newkirk (404) 639-1087 | Additional Information | |
| | CDC Points of Contact | (404) 639-1545 wwm8@cdc.gov A Jo Williams Newkirk (404) 639-1087 |

Test Order Enterovirus and Parechovirus Detection and Identification, including Enterovirus-D68 (EV-D68) CDC-10312

| Synonym(s) | Enterovirus (EV), coxsackieviruses (CVA) (CVB), Echovirus, Parechovirus, Enterovirus-D68 (EV-D68) |
|--|---|
| CDC Pre-Approval Needed | Shannon Rogers (404) 639-2677 boo9@cdc.gov Terry Fei Fan Ng (404) 639-4880 ylz9@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Stool, Cerebrospinal fluid (CSF), Serum, Respiratory swab specimens in virus transport media (VTM), including nasopharyngeal swab (NP), oropharyngeal swab (OP), nasopharyngeal/oropharyngeal swab (NP/OP), nasal swab (NS), throat swab (TS), Respiratory wash specimens, including bronchoalveolar lavage (BAL), bronchial wash (BW), nasal wash (NW), tracheal aspirate (TA), nasal aspirate (NA), Rectal swab in virus transport media (VTM), Conjunctival swab in VTM, Lesion swab in VTM. |
| Minimum Volume Required | Stool: 1 gram, 10 - 20 grams preferred Cerebrospinal fluid (CSF): 0.15 mL, 0.5-2 mL preferred Serum: 0.15 mL, 0.5 - 2 mL preferred Respiratory wash specimens and swab specimens in virus transport media: 0.5 mL, 1 mL preferred Rectal, conjunctival, and lesion swab in virus transport media: 0.5 mL, 1 mL preferred |

| Collection, Storage, and Preservation of Specimen Prior to Shipping | Collecting specimens upon the first week of illness is ideal; if collected the second week, it should include a stool sample. |
|--|---|
| | For all swab specimens, use only sterile Dacron or rayon swabs with plastic shafts or, if available, flocked swabs. Place the swab immediately into a sterile vial containing 2 mL of viral transport media. |
| | For stool, CSF, and respiratory wash specimens, collect each specimen in a clean, dry, leak-proof container. Stool should be collected within 14 days of symptom onset. Send only original, unprocessed stool. Do not add transport medium. |
| | For serum specimens, collect whole blood into a serum separator tube (marble or tiger top SST). Allow to clot at room temperature (15°C to 25°C) for a minimum of 30 minutes, centrifuge, remove serum from the separator tube and send an aliquot in a sterile container. |
| | After collection, freeze (-20°C or lower) all specimens and ship to CDC within 2 months. Please note: If necessary, CSF, conjunctival swabs and lesion swabs may be kept at 2-8°C for no more than 72 hours after collection and prior to freezing. If necessary, stools, serum, respiratory swabs and washes, and rectal swabs may be kept at 2-8°C for no more than 14 days after collection and prior to freezing. |
| Transport Medium | Viral transport medium (VTM) should be used with these specimen types: nasopharyngeal swabs (NP), oropharyngeal swabs (OP), nasopharyngeal/oropharyngeal swabs (NP/OP), nasal swabs (NS) |
| Specimen Labeling | This Test Order is unavailable for submission of CLIA specimens at this time. |
| | For research or surveillance specimens, label according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Frozen specimens should be shipped on dry ice. All specimens should be shipped frozen on dry ice under UN3373, Category B. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 76 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Molecular techniques |
| Turnaround Time | 2 Weeks |
| | |

| Interferences & Limitations | Frozen specimens must remain frozen; warming or freeze-thaw cycle reduces sensitivity. For serum, heparin may cause interference with the molecular tests and should be avoided. For swab specimens, do not use calcium alginate swabs or swabs with wooden sticks, as they may inactivate some viruses and inhibit some molecular assays. |
|-----------------------------|--|
| Additional Information | Not Applicable |
| CDC Points of Contact | Picornavirus Laboratory |
| | PicornaLab@cdc.gov Shannon Rogers (404) 639-2677 boo9@cdc.gov Terry Fei Fan Ng (404) 639-4880 ylz9@cdc.gov |

Version 0.0

Test Order Entomology Special Study CDC-10494

| Synonym(s) | Insect |
|--|---|
| CDC Pre-Approval Needed | Gena Lawrence (404) 718-4315 geg7@cdc.gov Alice Sutcliffe (404) 718-4326 gok0@cdc.gov |
| Supplemental Information Required | To be determined |
| Supplemental Form | None |
| Performed on Specimens From | Animal |
| Acceptable Sample / Specimen Type for Testing | Insects, insect DNA, and other types to be determined |
| Minimum Volume Required | To be determined |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | To be determined |
| Transport Medium | Not Applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 222 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | To be determined |
| Turnaround Time | |
| Interferences & Limitations | To be determined |
| Additional Information | Turnaround time is to be determined based on the tests performed. |

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

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

| Synonym(s) | EBV |
|--|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | This test order is currently not accepting any specimens until further notice. |
| Minimum Volume Required | 0.5 mL (saliva, cerebrospinal fluid (CSF), whole blood) |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Cerebrospinal fluid (CSF) should be collected under sterile conditions and stored in a leak proof container, then stored frozen (-20°C or lower) or, if needed, refrigerated (2-8°C) up to 72 hours. |
| | Whole blood should be collected in anticoagulant blood collection tubes (EDTA). Refrigerate whole blood (2-8°C) within 1 hour of collection. If these specimens will be stored for longer than 72 hours, they should be frozen (-20°C or lower). |
| | All specimens submitted for testing at CDC should be frozen (-20°C or lower) prior to shipping and shipped on dry ice overnight. Specimens can be stored at -20°C or lower for a maximum of 1 week prior to shipping. |
| Transport Medium | Not applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Cerebrospinal fluid (CSF) and whole blood specimens should be shipped frozen on dry ice overnight. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 80 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Polymerase Chain Reaction (PCR) |
| Turnaround Time | 7 Days |
| Interferences & Limitations | There are no known interferences and limitations. |

Additional Information None

CDC Points of Contact Brian Wakeman (404) 639-4812 mrq9@cdc.gov Ludmila Perelygina (404) 639-4812 ifw0@cdc.gov

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

Synonym(s) Escherichia, STEC, Shigella, E. coli, serotyping, virulence, profiling

| CDC Pre-Approval Needed | None |
|--------------------------------------|--|
| Supplemental Information Required | Complete one CDC 50.34 Specimen Submission Form per specimen and provide the following specimen information: "Specimen source (type)" and "Transport medium/Specimen preservative." Provide any preliminary results in the "Previous laboratory results" section of the CDC 50.34 Specimen Submission Form. For submissions of sequence data (e.g. data_sequence specimen type) the specimen identifier should be the PNUSA number. Specify type of subtyping requested in "Previous Laboratory Results" on back of CDC 50.34 Specimen Submission Form. Epidemiologic metadata and PulseNet cluster code are requested if available. |

| Supplemental Form | None |
|--|--|
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | This test order is currently not accepting any specimens until further notice. |
| Minimum Volume Required | No miminum volume required. |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store isolates at refrigerated (2-8°C) to room temperature (15-25°C). Isolates held for more than a month should be frozen (-20°C or lower). |
| Transport Medium | If isolates are shipped at room temperature or refrigerated, inoculate on nutrient agar or other similar non-selective agar (trypticase soy agar, heart infusion agar, etc.); if isolates are shipped frozen, suspend bacterial growth in trypticase soy broth (TSB) supplemented with 20% glycerol. |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |

| Shipping Instructions which Include | CDC does not accept routine shipments on weekends or holidays. Please make |
|-------------------------------------|---|
| Specimen Handling Requirements | sure packages arrive Monday – Friday. Ship slants refrigerated with refrigerated |
| | or frozen cold packs or room temperature with room-temperature cold packs. |
| | Ship glycerol stocks frozen with dry ice. Shiga toxin-positive bacteria should be |
| | shipped as Category A Infectious Substances. There are no time constraints for |
| | submitting sequence data. |

Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 07 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number]

All samples must be shipped in accordance with all applicable local, state and federal regulations.

| Methodology | Phenotypic or Genetic Identification and Subtyping, including Serotyping and Virulence Profiling |
|-----------------------------|--|
| Turnaround Time | 13 Weeks |
| Interferences & Limitations | Virulence and serotype modification genes encoded by mobile genetic element (bacteriophages, plasmids and pathogenicity islands) may be spontaneously los during transit and storage. Conditions that induce a stress response in the bacterium can affect the stability of virulence factors and may affect the expression of O and H antigens. |
| Additional Information | The original isolate should be retained by the submitter for the duration of testing at CDC. |
| | Turnaround times for routine isolates may be extended during major foodborne outbreak activities or due to limited availability of resources. |
| CDC Points of Contact | Nancy Strockbine (404) 639-4186 nas6@cdc.gov Haley McKeel |

Version 2.6

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

| Synonym(s) | Escherichia, STEC, Shigella, E. coli |
|--|---|
| CDC Pre-Approval Needed | Nancy Strockbine (404) 639-4186 nas6@cdc.gov Haley McKeel (404) 639-1612 hvw0@cdc.gov |
| Supplemental Information Required | Refer to study protocol for specific requirements. |
| Supplemental Form | None |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Refer to study protocol for specific requirements. |
| Minimum Volume Required | Refer to study protocol for specific requirements. |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Refer to study protocol for specific requirements. |
| Transport Medium | Refer to study protocol for specific requirements. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | Ship isolates as directed by study protocol. |
| specificit functing requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 07 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and |
| | federal regulations. |
| Methodology | Refer to study protocol for specific requirements |
| Turnaround Time | |

| Interferences & Limitations | Virulence and serotype modification genes encoded by mobile genetic elements (bacteriophages, plasmids and pathogenicity islands) may be spontaneously lost during transit and storage. Conditions that induce a stress response in the bacterium can affect the stability of virulence factors and may affect the expression of O and H antigens. |
|-----------------------------|--|
| Additional Information | None |
| CDC Points of Contact | Nancy Strockbine (404) 639-4186 nas6@cdc.gov Haley McKeel (404) 639-1612 hvw0@cdc.gov |

Version 2.4

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

| Synonym(s) | Enteric serology, Hemolytic Uremic Syndrome (HUS) serology |
|--|---|
| CDC Pre-Approval Needed | Nancy Strockbine (404) 639-4186 nas6@cdc.gov Zuzana Kucerova (404) 718-4143 zik0@cdc.gov |
| Supplemental Information Required | Provide the following information on the CDC 50.34 Specimen Submission Form: date of specimen collection, date of illness onset and clinical diagnosis (e.g. HUS). Also indicate if patient has undergone plasmapheresis and include any preliminary laboratory results (e.g. culture or shiga toxin detection from stool). |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Preferred specimen type is paired patient serum collected during acute (within 1 week of symptom onset) and convalescent (at least 4 weeks post symptom onset) stages of illness. Serum is preferred, but plasma is acceptable. Do not pool specimens. |
| Minimum Volume Required | 0.1 mL required, more preferred if available |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Serum can be stored refrigerated (2-8 °C) for up to one month, or frozen (below - 20 °C). Avoid repeat freeze/thaw cycles. |
| Transport Medium | Serum or plasma should be transferred to clean sterile tube for storage and shipment. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| | Serum can be shipped in a leak-proof container on gel ice-packs, frozen specimens should be shipped on dry ice. |
|-----------------------------|---|
| | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 129 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Enzyme-Linked Immunoassay (ELISA) |
| Turnaround Time | 20 Weeks |
| Interferences & Limitations | Specimen should be stored and shipped either refrigerated (2-8 °C) or frozen (below -20 °C), as repeat freeze/thaw cycles can lower test sensitivity. |
| | Hemolysis present in serum specimens has not shown to interefere with this test, but should be avoided if possible. |
| Additional Information | The test(s) used have not been cleared and approved by the FDA or the performance characteristics have not been fully established by CDC. The results should NOT be used for diagnosis, treatment, or assessment of patient health or management. |
| | When submitting multiple specimens for one patient, include a separate CDC 50.34 Specimen Submission Form for each specimen submitted. |
| CDC Points of Contact | Nancy Strockbine (404) 639-4186 nas6@cdc.gov Zuzana Kucerova (404) 718-4143 zik0@cdc.gov |

Test Order Escherichia coli and Shigella Subtyping CDC-10116

| Synonym(s) | Escherichia, STEC, Shigella, E. coli, subtyping |
|--------------------------------------|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Complete one CDC 50.34 Specimen Submission Form per specimen and provide the following specimen information: "Specimen source (type)" and "Transport medium/Specimen preservative." Provide any preliminary results in the "Previous laboratory results" section of the CDC 50.34 Specimen Submission Form. For submissions of sequence data (e.g. data_sequence specimen type) the specimen identifier should be the PNUSA number. Specify type of subtyping requested in "Previous Laboratory Results" on back of CDC 50.34 Specimen Submission Form. Epidemiologic metadata and PulseNet cluster code are requested if available. |

| Supplemental Form | None |
|--|--|
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Pure culture isolates of Escherichia and Shigella; Sequence Data |
| Minimum Volume Required | No minimum volume required. |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store isolates at refrigerated (2-8°C) to room temperature (15-25 °C). Isolates held for more than a month should be frozen (-20°C or lower). |
| Transport Medium | If isolates are shipped at room temperature or refrigerated, inoculate on nutrient agar or other similar non-selective agar (trypticase soy agar, heart infusion agar, etc.); if isolates are shipped frozen, suspend bacterial growth in trypticase soy broth (TSB) supplemented with 20% glycerol. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| 11 3 | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship slants refrigerated with refrigerated or frozen cold packs or room temperature with room-temperature cold packs. Ship glycerol stocks frozen with dry ice. Shiga toxin-positive bacteria should be shipped as Category A Infectious Substances. There are no time constraints for |
|------|---|
| | submitting sequence data. |

Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 07 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number]

All samples must be shipped in accordance with all applicable local, state and federal regulations.

| Methodology | Phenotypic or Genetic Identification and Subtyping, including Serotyping and Virulence Profiling, Antimicrobial Susceptibility Testing (AST) |
|-----------------------------|--|
| Turnaround Time | 20 Weeks |
| Interferences & Limitations | Virulence and serotype modification genes encoded by mobile genetic elements (bacteriophages, plasmids and pathogenicity islands) may be spontaneously lost during transit and storage. Conditions that induce a stress response in the bacterium can affect the stability of virulence factors and may affect the expression of O and H antigens. |
| Additional Information | Turnaround times for routine isolates may be extended during major foodborne outbreak activities or due to limited availability of resources. |
| CDC Points of Contact | Nancy Strockbine (404) 639-4186 nas6@cdc.gov Haley McKeel (404) 639-1612 hvw0@cdc.gov |

Test Order Fascioliasis Serology CDC-10505

| Synonym(s) | Fascioliasis, Fasciola hepatica, liver fluke |
|--|---|
| CDC Pre-Approval Needed | Parasitology Lab Mailbox (404) 718-4175 parasiteslab@cdc.gov Xiaojuan Tan (404) 718-3434 xit0@cdc.gov |
| Supplemental Information Required | CDC 50.34 Specimen Submission Form must include exposure and travel history, and other relevant risk factors; clinical symptoms, treatment and relevant lab results. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum |
| Minimum Volume Required | 0.2 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Serum for serology testing should be collected, centrifuged and transferred to leak proof tubes. Serum can be stored at refrigerated temperature (2-8°C) for up to 7 days prior to freezing or stored frozen (-20°C or lower) for up to 8 weeks. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Sera specimens should be shipped frozen on dry ice. Specimens not received under these conditions will be rejected for testing, and a new specimen must be submitted. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 57 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Immunoblot, Western blot, Antibody detection |
| Turnaround Time | 3 Weeks |
| Interferences & Limitations | Known interfering substances: hemolysis, hyperlipemia or other causes of turbidity may cause erroneous results. |

| Additional Information | Please send one CDC 50.34 Specimen Submission Form and one separate sample tube for each test requested. |
|------------------------|--|
| CDC Points of Contact | Xiaojuan Tan (404) 718-3434 xit0@cdc.gov Parasitology Lab Mailbox (404) 718-4175 parasiteslab@cdc.gov |

Version 4.6

Test Order Filariasis Serology CDC-10462

| Synonym(s) | Brugia malayi, Wuchereria bancrofi, Onchocerca volvulus, Loa loa; parasite |
|--|---|
| CDC Pre-Approval Needed | Parasitology Lab Mailbox (404) 718-4175 parasiteslab@cdc.gov Xiaojuan Tan (404) 718-3434 xit0@cdc.gov |
| Supplemental Information Required | CDC 50.34 Specimen Submission Form must include exposure and travel history, include other relevant risk factors; clinical symptoms, treatment and relevant lab results. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum |
| Minimum Volume Required | 0.2 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Serum for serology testing should be collected, centrifuged and transferred to leak proof tubes. Serum can be stored at refrigerated temperature (2-8°C) for up to 7 days prior to freezing or stored frozen (-20°C or lower) for up to 8 weeks. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Sera specimens should be shipped frozen on dry ice. Specimens not received under these conditions will be rejected for testing, and a new specimen must be submitted. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 57 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | EIA, ELISA, Antibody Detection |
| Turnaround Time | 3 Weeks |

| Interferences & Limitations | This assay may yield positive results in individuals infected with hookworm and <i>Strongyloides</i> spp. |
|-----------------------------|--|
| Additional Information | Please send one CDC 50.34 Specimen Submission Form and one separate sample tube for each test requested. |
| CDC Points of Contact | Xiaojuan Tan (404) 718-3434 xit0@cdc.gov Parasitology Lab Mailbox (404) 718-4175 parasiteslab@cdc.gov |

Version 4.7

Test Order Francisella tularensis Culture and Identification CDC-10313

| Synonym(s) | Tularemia |
|--------------------------------------|---|
| CDC Pre-Approval Needed | Jeannine Petersen (970) 266-3524 nzp0@cdc.gov Elizabeth Dietrich (970) 494-6618 wul2@cdc.gov |
| Supplemental Information Required | |
| Supplemental Form | For transfer of a select agent: Request to Transfer Select Agents and Toxins (APHIS/CDC FORM 2) https://www.selectagents.gov/forms.html |

| Performed on Specimens From | Human |
|--|---|
| Acceptable Sample / Specimen Type for Testing | Bacterial isolates |
| Minimum Volume Required | Contact the CDC POC for appropriate guidance/relevant information. |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Isolates can be refrigerated (2-8°C) or kept at room temperature (15-25°C). Isolates should be maintained to ensure viability. |
| Transport Medium | Isolates should be transported on chocolate or cysteine containing agar. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship refrigerated specimens with refrigerated or frozen cold packs. Ship room temperature specimens with room- temperature cold packs. |
|---|--|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention Bacterial Diagnostic and Reference Laboratory 3156 Rampart Rd Fort Collins, CO 80521 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |

| Methodology | Phenotypic and genotypic methods |
|-----------------------------|---|
| Turnaround Time | 3 Weeks |
| Interferences & Limitations | No significant interferences or limitations are currently known. |
| Additional Information | None |
| CDC Points of Contact | Jeannine Petersen (970) 266-3524 nzp0@cdc.gov Elizabeth Dietrich (970) 494-6618 wul2@cdc.gov |

Version 0.0

Test Order Francisella tularensis Serology CDC-10314

| Synonym(s) | Tularemia |
|--|---|
| CDC Pre-Approval Needed | Jeannine Petersen (970) 266-3524 nzp0@cdc.gov Elizabeth Dietrich (970) 494-6618 wul2@cdc.gov |
| Supplemental Information Required | A CDC 50.34 Specimen Submission Form or Global File Accessioning Template (GFAT) is required. Specimen ID on submission form must match specimen label. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum |
| Minimum Volume Required | 0.5 mL (serum) |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Separate and aliquot serum prior to storage and transport. Specimens may be held at refrigerated temperature (2-8°C) for up to 14 days post-collection. Specimens may be held frozen (-20°C or lower) for up to 60 days post-collection or may be held frozen (-70°C or lower) for up to 9 months post- collection. Specimens must not exceed 2 freeze/thaw cycles. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship refrigerated specimens with refrigerated or frozen cold packs and frozen specimens on dry ice. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention Bacterial Diagnostic and Reference Laboratory 3156 Rampart Rd Fort Collins, CO 80521 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. |

| Methodology | Microagglutination |
|-----------------------------|---|
| Turnaround Time | 2 Weeks |
| Interferences & Limitations | Samples with hemolysis, increased lipemia or microbial growth may interfere with test results. |
| Additional Information | None |
| CDC Points of Contact | Jeannine Petersen (970) 266-3524 nzp0@cdc.gov Elizabeth Dietrich (970) 494-6618 wul2@cdc.gov |

Version 0.0

Test Order *Francisella tularensis* Special Study CDC-10315

| Synonym(s) | |
|--|---|
| CDC Pre-Approval Needed | Jeannine Petersen (970) 266-3524 nzp0@cdc.gov Elizabeth Dietrich (970) 494-6618 wul2@cdc.gov |
| Supplemental Information Required | A CDC 50.34 Specimen Submission Form or Global File Accessioning Template (GFAT) is required. Specimen ID on submission form must match specimen label. |
| Supplemental Form | None |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Contact the CDC POC for appropriate guidance/relevant information. |
| Minimum Volume Required | Contact the CDC POC for appropriate guidance/relevant information. |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Contact the CDC POC for appropriate guidance/relevant information. |
| Transport Medium | Contact the CDC POC for appropriate guidance/relevant information. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention Bacterial Diagnostic and Reference Laboratory 3156 Rampart Road Fort Collins, CO 80521 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Contact the CDC POC for appropriate guidance/relevant information. |
| Turnaround Time | |
| Interferences & Limitations | Contact the CDC POC for appropriate guidance/relevant information. |
| Additional Information | Contact the CDC POC for appropriate guidance/relevant information. |

CDC Points of Contact Jeannine Petersen (970) 266-3524 nzp0@cdc.gov Elizabeth Dietrich (970) 494-6618 wul2@cdc.gov

Version 0.0

Test Order Fungal Identification CDC-10179

| Synonym(s) | Fungal identification, mold identification, yeast identification |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | This test order is currently not accepting any specimens until further notice. |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | lsolates can be refrigerated (2-8°C) or kept at an room temperature (15-25°C). Isolate should be maintained to ensure viability. |
| Transport Medium | Isolates should be on a suitable agar slant. |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Specimen should be shipped at ambient temperature. Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB / STATT Unit 40 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Phenotypic Testing, DNA sequencing, MALDI-ToF |
| Turnaround Time | 6 Weeks |
| Interferences & Limitations | None |
| Additional Information | Turnaround Time: Turnaround time for yeast identification is 6 weeks or less and mold identification is 6 weeks or less. |

CDC Points of Contact Shawn Lockhart (404) 639-2569 gyi2@cdc.gov Lalitha Gade (404) 639-5471 hvr0@cdc.gov

Test Order Fungal Study CDC-10181

| Synonym(s) | None |
|--|---|
| CDC Pre-Approval Needed | Shawn Lockhart (404) 639-2569 gyi2@cdc.gov Lalitha Gade (404) 639-5471 hvr0@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human and Animal |
| Acceptable Sample / Specimen Type for Testing | Contact your CDC POC. |
| Minimum Volume Required | Contact your CDC POC. |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Contact your CDC POC. |
| Transport Medium | Contact your CDC POC. |
| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 40 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Contact your CDC POC. |
| Turnaround Time | |

| Additional Information | For Fungal Studies not covered under CDC-10179 and CDC-10180. |
|------------------------|--|
| CDC Points of Contact | Shawn Lockhart (404) 639-2569 gyi2@cdc.gov Lalitha Gade (404) 639-5471 hvr0@cdc.gov |

Test Order Gastroenteritis Virus Special Study CDC-10316

| Synonym(s) | |
|--|---|
| CDC Pre-Approval Needed | Jan Vinje (404) 639-3721 ahx8@cdc.gov Leslie Barclay (404) 639-1159 gvm3@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | To be determined |
| Minimum Volume Required | To be determined |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | To be determined |
| Transport Medium | To be determined |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB / STATT Unit 186 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | |
| Turnaround Time | |
| Interferences & Limitations | To be determined |
| Additional Information | To be determined |

CDC Points of Contact Jan Vinje (404) 639-3721 ahx8@cdc.gov Leslie Barclay (404) 639-1159 gvm3@cdc.gov

Version 1.3

Test Order Gram Negative Bacillus (non-enteric/nonfermenter) Identification CDC-10135

| Synonym(s) | Gram-negative rod/bacillus |
|--|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Please complete all sections on the CDC 50.34 Specimen Submission Form. Please notify laboratory point of contact listed below of shipment if this is a critical care specimen. |
| Supplemental Form | None |
| Performed on Specimens From | Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Actively growing pure culture bacterial isolate on an agar slant, Lowenstein Jensen, trypticase soy agar (with or without sheep blood), heart infusion agar (with or without rabbit blood), chocolate agar, Sabouraud dextrose agar |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store isolates at room temperature (15-25°C) for up to 7 days prior to shipping. |
| Transport Medium | Not Applicable |
| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship at room temperature with room- temperature cold packs. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 17 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Primary culture based on specimen type, Matrix Assisted Laser Desorption Ionization Time of Flight Mass Spectrometry, 16S sequence based identification |
| Turnaround Time | 3 Weeks |

| Additional Information | If available, please provide patient history including if the patient has used a catheter and/or if the patient is immunocompromised. |
|------------------------|---|
| | Some isolates require additional time to accurately characterize the organism which may result in a longer turnaround time. Please contact the laboratory if concerned about a delay. |
| CDC Points of Contact | John McQuiston (404) 639-0270 zje8@cdc.gov Melissa Bell (404) 639-1348 jqv7@cdc.gov |

Test Order Gram Positive Bacillus Identification CDC-10137

| Synonym(s) | Gram-positive rod identification, gram-positive bacillus identification |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Please complete all sections on the CDC 50.34 Specimen Submission Form. Please notify laboratory point of contact listed below of shipment if this is a critical care specimen. |
| Supplemental Form | None |
| Performed on Specimens From | Human and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Actively growing pure culture bacterial isolate on an agar slant, Lowenstein Jensen, trypticase soy agar (with or without sheep blood), heart infusion agar (with or without rabbit blood), chocolate agar, Sabouraud dextrose agar |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store isolates at room temperature (15-25°C) for up to 7 days prior to shipping. |
| Transport Medium | Not Applicable |
| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship at room temperature with room- temperature cold packs. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 17 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Primary culture based on specimen type, Matrix Assisted Laser Desorption Ionization Time of Flight Mass Spectrometry, 16S sequence based identification |
| Turnaround Time | 3 Weeks |

| | If available, please provide patient history including if the patient has used a |
|---|--|
| | catheter and/or if the patient is immunocompromised. |
| , | Some isolates require additional time to accurately characterize the organism which may result in a longer turnaround time. Please contact the laboratory if concerned about a delay |
| | John McQuiston (404) 639-0270 zje8@cdc.gov Melissa Bell (404) 639-1348 jqv7@cdc.gov |

Test Order

Gram-negative Coccus (not Gonococcus or *meningococcus*), *Neisseria* species, and *Moraxella* species Identification CDC-10138

| Synonym(s) | Neisseria Identification, GNC |
|--|---|
| CDC Pre-Approval Needed | None |
| | Please complete all sections on the CDC 50.34 Specimen Submission Form. Please notify laboratory point of contact listed below of shipment if this is a critical care specimen. |
| Supplemental Form | None |
| Performed on Specimens From | Human and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Actively growing pure culture bacterial isolate on an agar slant, Lowenstein Jensen, trypticase soy agar (with or without sheep blood), heart infusion agar (with or without rabbit blood), chocolate agar, Sabouraud dextrose agar |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store isolates at room temperature (15-25°C) for up to 7 days prior to shipping. |

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|---|---|
| Transport Medium | пот Аррисаріе |
| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship at room temperature with room-temperature cold packs. |
| | Ship To: |
| | [Insert CDC Point of Contact] |
| | Centers for Disease Control and Prevention |
| | RDSB/STATT Unit 17 |
| | 1600 Clifton Road, NE |
| | Atlanta, GA 30329 |
| | [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Primary culture based on specimen type, Matrix Assisted Laser Desorption Ionization Time of Flight Mass Spectrometry, 16S sequence based identification |
| Turnaround Time | 3 Weeks |
| | |

| Additional Information | If available, please provide patient history including if the patient has used a catheter and/or if the patient is immunocompromised. |
|------------------------|---|
| | Some isolates require additional time to accurately characterize the organism which may result in a longer turnaround time. Please contact the laboratory if concerned about a delay. |
| CDC Points of Contact | John McQuiston (404) 639-0270 zje8@cdc.gov Melissa Bell (404) 639-1348 jqv7@cdc.gov |

Test Order Haemophilus influenzae Identification and Serotyping CDC-10221

| Synonym(s) | H. influenzae ID and Serotyping, Hi ID |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Two primary patient identifiers are required for this test order. Provide any preliminary results available (including manufacturer of antiserum or PCR methods used if applicable) in the Previous Laboratory Results section on the CDC 50.34 Specimen Submission Form. If prioritized testing is needed for a public health response, contact CDC POC for approval of expedited testing. For surveillance testing, please submit under Haemophilus influenzae Surveillance order (CDC-10222). |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | This Test Order is currently not accepting any specimens until further notice. |
| Minimum Volume Required | 0.25 mL for frozen bacterial stocks; 0.5 mL or more is preferred for primary specimens |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Bacterial isolate stocks should be stored in a cryovial and kept frozen (-20°C or lower) prior to shipping. |
| | When submitting viable bacterial isolates, incubate the inoculated chocolate agar slants overnight at 35-39°C with 5% carbon dioxide to ensure viability of the isolates. |
| | Cerebrospinal fluid (CSF) and serum should be refrigerated (2-8°C) after collection and frozen (-20°C or lower) within 96 hours for up to 60 days. |
| Transport Medium | When submitting frozen bacterial stocks, use defibrinated sheep blood or trypticase soy broth (TSB) plus 15% glycerol. When submitting viable bacterial cultures at room temperature, use chocolate agar slants. |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. If shipping viable bacterial isolates, ship at room temperature with room-temperature cold packs. When shipping 10 or more bacterial isolates, submit frozen stocks only. Frozen bacterial isolate stocks and primary specimens (CSF and serum) should be shipped on dry ice and received frozen. |
|---|---|
| | Enclose CDC 50.34 Specimen Submission Form in shipment. Email the tracking number in advance, particularly if prioritized testing is requested. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 44 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Bacterial isolates will be characterized using real-time polymerase chain reaction (rt-PCR) and slide agglutination serotyping (SAST); primary specimens will be characterized using real-time polymerase chain reaction (rt-PCR). |
| Turnaround Time | 4 Weeks |
| Interferences & Limitations | Bacterial DNA concentration, low specimen volume, collection time, and transport and handling conditions may impact the results. Primary specimens that were collected after antibiotic treatment, were transported under suboptimal conditions, or have a particularly low volume and/or bacterial DNA load may result in a false negative result. |
| Additional Information | Test results provide or confirm serotype of <i>H. influenzae.</i> |
| CDC Points of Contact | Daya Marasini (404) 718-3522 pnz9@cdc.gov Rebecca Howie (404) 498-4146 fvu8@cdc.gov Sandip Shrestha (404) 639-1967 ssq5@cdc.gov |
| Version | 26 |

Test Order Haemophilus influenzae Surveillance CDC-10222

Synonym(s)

H. influenzae Surveillance, Hi study

| CDC Pre-Approval Needed | None |
|--|---|
| Supplemental Information Required | Provide any preliminary results available (including manufacturer of antiserum or PCR methods used if applicable) in the Previous Laboratory Results section on the CDC 50.34 Specimen Submission Form or on the surveillance submission form. If prioritized testing is needed for a public health response, contact CDC POC for approval of expedited testing. If results are intended for diagnostic purposes, submit under Haemophilus influenzae Identification and Serogrouping test order (CDC-10221). |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Bacterial isolates: viable bacterial culture at room temperature or frozen stocks Primary specimens: cerebrospinal fluid (CSF), serum, and other sterile site specimen types |
| Minimum Volume Required | 0.25 mL for frozen bacterial stocks; 0.5 mL or more is preferred for primary specimens |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Bacterial isolate stocks should be stored in a cryovial and kept frozen (-20°C or lower) prior to shipping. |
| | When submitting viable bacterial isolates, incubate the inoculated chocolate again slants overnight at 35-39°C with 5% carbon dioxide to ensure viability of the isolates. |
| | Primary specimens (CSF, serum and other sterile site specimen types) should be refrigerated (2-8°C) after collection and frozen (-20°C or lower) within 96 hours for up to 60 days. |
| Transport Medium | When submitting frozen bacterial stocks, use defibrinated sheep blood or trypticase soy broth (TSB) plus 15% glycerol. When submitting viable bacterial cultures at room temperature, use chocolate agar slants. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. All submitted specimens should include two unique identifiers (state ID & accession number). The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. If shipping viable bacterial isolates, ship at room temperature with room-temperature cold packs. When shipping 10 or more bacterial isolates, submit frozen stocks only. Frozen bacterial isolate stocks and primary specimens (CSF and serum) should be shipped on dry ice and received frozen. Enclose CDC 50.34 Specimen Submission Form in shipment. Email the tracking |
|---|---|
| | number in advance, particularly if prioritized testing is requested. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 44 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Real-time Polymerase Chain Reaction (rt-PCR) and/or slide agglutination serotyping (SAST) |
| Turnaround Time | |
| Interferences & Limitations | Bacterial DNA concentration, low specimen volume, collection time, and transport and handling conditions may impact the results. Primary specimens that were collected after antibiotic treatment, were transported under suboptimal conditions, or have a particularly low volume and/or bacterial DNA load may result in a false negative result. |
| Additional Information | Additional microbiological and/or molecular testing can be completed as needed. |
| CDC Points of Contact | Daya Marasini (404) 718-3522 pnz9@cdc.gov Rebecca Howie (404) 498-4146 fvu8@cdc.gov Sandip Shrestha (404) 639-1967 ssq5@cdc.gov |

Test Order Haemophilus species (not *H. influenza/ H. ducrey*) Identification CDC-10141

| Synonym(s) | |
|--|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Please complete all sections on the CDC 50.34 Specimen Submission Form. Please notify laboratory point of contact listed below of shipment if this is a critical care specimen. |
| Supplemental Form | None |
| Performed on Specimens From | Human and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Actively growing pure culture bacterial isolate on an agar slant, Lowenstein Jensen, trypticase soy agar (with or without sheep blood), heart infusion agar (with or without rabbit blood), chocolate agar, Sabouraud dextrose agar |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store isolates at room temperature (15-25°C) for up to 7 days prior to shipping. |
| Transport Medium | Not Applicable |
| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship at room temperature with room- temperature cold packs. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 17 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Biochemical analysis, Primary culture based on specimen type, Matrix Assisted Laser Desorption Ionization Time of Flight Mass Spectrometry, 16S sequence based identification |
| | |

| Additional Information | |
|------------------------|---|
| | If available, please provide patient history including if the patient has used a catheter and/or if the patient is immunocompromised. |
| | Some isolates require additional time to accurately characterize the organism which may result in a longer turnaround time. Please contact the laboratory if concerned about a delay. |
| | John McQuiston (404) 639-0270 zje8@cdc.gov Melissa Bell (404) 639-1348 jqv7@cdc.gov |

Test Order Hantavirus Testing CDC-10319

| Synonym(s) | Hanta, HPS, HFRS |
|--|---|
| CDC Pre-Approval Needed | Trevor Shoemaker (470) 312-0094 spather@cdc.gov Amy Schuh (404) 639-1756 wuc2@cdc.gov |
| Supplemental Information Required | Private citizens interested in clinical testing should contact their healthcare providers. Clinicians should contact their local or state health department for consultation. |
| Supplemental Form | None |
| Performed on Specimens From | Human and Animal |
| Acceptable Sample / Specimen Type for Testing | This test order is currently not accepting any specimens until further notice. |
| Minimum Volume Required | 4 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Human serological specimens stored refrigerated (2-8°C) must be received within 7 days of specimen collection date, and specimens stored frozen (-20°C or below) must be received within 2 months of specimen collection date. Contact the CDC POC for approval prior to sending any specimens. |
| Transport Medium | Not Applicable |
| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. For molecular and serology testing, specimens should be shipped frozen on dry ice. Do not ship specimen without prior consultation and approval. |
|---|--|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 70 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Serology |
| Turnaround Time | 2 Weeks |
| Interferences & Limitations | Do not collect specimens in heparin, as heparin may cause interference with the molecular tests. Avoid thawing frozen specimens, as freeze-thawing may affect sensitivity of assays. |
| Additional Information | Pre-approval is required. Contact CDC's Emergency Operation Center at 770-488- 7100 and request VSPB's on-call epidemiologist to provide the clinical and epidemiological history on the patient. If testing is approved, VSPB will provide an approval number (EPIID) by email along with instructions for next steps. After receiving pre-approval and the EPIID number, the CDC specimen submission form can be submitted using one of two ways: |
| | 1) For submitters that use CSTOR, submit using the CSTOR Web Portal. Please include the EPIID in the Test Order Request's comments field. If the EPIID is not included, the order will be rejected. |
| | 2) For submitters that do not use CSTOR, submit via CDC 50.34 Specimen Submission Form. Enter the EPIID in the "Case ID field" within the "Patient Information" section on CSTOR and/or the CDC 50.34 Specimen Submission form. Critical specimens will take less than 4 days to turn around. |
| CDC Points of Contact | Trevor Shoemaker (470) 312-0094 spather@cdc.gov Amy Schuh (404) 639-1756 wuc2@cdc.gov Maria Morales Betoulle (404) 718-1655 fof7@cdc.gov |

Test Order HDV Genotyping CDC-10569

| Synonym(s) | Hepatitis D virus (HDV) Genotyping |
|--|---|
| CDC Pre-Approval Needed | Saleem Kamili (404) 639-4431 sek6@cdc.gov Jan Drobeniuc (404) 639-3790 jqd6@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum |
| Minimum Volume Required | 2.0 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Specimens should be kept frozen (-20°C or lower). Specimens can be kept refrigerated at (2-8°C), if shipped in less than 5 days of collection. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | None |
| Methodology | Molecular Sequence-based Hepatitis D Virus genotyping |
| Turnaround Time | 3 Weeks |
| Interferences & Limitations | Hemolyzed specimens are not accepted |
| Additional Information | None |
| CDC Points of Contact | Amanda Poe (404) 639-0723 anp0@cdc.gov Jan Drobeniuc (404) 639-3790 jqd6@cdc.gov |

Test Order Healthcare-Associated Infections (HAI) - Outbreak Investigation CDC-10162

| Healthcare Outbreak, Nosocomial Outbreak, Healthcare-Associated Infection (HAI) Outbreak |
|--|
| Paige Gable (404) 718-5815 woz8@cdc.gov Heather Moulton-Meissner (404) 639-4864 ftw2@cdc.gov |
| Contact the CDC POC for instructions on completing a Supplemental Line List. |
| The CDC 50.34 Specimen Submission Form or Global File Accessioning Template (GFAT) or Supplemental Line List must include the date the submitted culture was inoculated onto transport media and/or the date environmental samples were collected. |
| Contact the CDC POC regarding contents of the required Supplemental Line List. |
| Human and Food/Environmental/Medical Devices/Biologics |
| Acceptable samples include pure culture isolates and primary environmental specimen types (e.g. swabs, wipes, water and other fluids, medical devices, products), however, additional sample types may be accepted for testing upon consultation. |
| Not applicable for pure culture isolates. Minimum volumes may be required for certain types of environmental samples. Please confirm volume requirements with the CDC POC before collecting samples. |
| Store all aerobic bacterial isolates at room temperature (15-25°C). If isolates cannot be shipped within 24 hours, refrigerate only non-fastidious organisms (2- 8°C) for shipping. Primary environmental specimens should be refrigerated (2-8°C) within 1 hour. Samples of healthcare or outbreak related products (e.g. compounded medications, lotions, medical devices) should be stored in accordance with manufacturer's instructions if relevant. Special storage and preservation requirements for anaerobic isolates and other unlisted environmental or product samples are available upon request. |
| |

| Transport Medium | Transport pure culture isolates at room temperature (15-25 °C) or refrigerated (2-8 °C) on suitable agar slant (not an agar plate or broth culture media). Transport frozen (-20 °C or lower) submissions in trypticase soy broth (TSB) plus 15% glycerol. Transport refrigerated (2-8 °C) environmental specimens in suitable buffers or media if necessary (e.g. swabs). Transport conditions for anaerobic isolates available upon request. |
|---|--|
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship submissions overnight. Room- temperature samples should be shipped with room-temperature cold packs. Refrigerated samples should be shipped with refrigerated or frozen cold packs. Frozen samples should be shipped frozen with dry ice. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 154 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Primary Processing of non-clinical specimens (e.g., culture and isolation, species identification, membrane filtration, sterility testing), Molecular Identification and Typing of non-clinical specimens (e.g., MALDI-ToF, 16S, Pulsed-Field Gel Electrophoresis (PFGE), Whole Genome Sequencing (WGS)) |
| Turnaround Time | |
| Interferences & Limitations | Primary environmental samples should not be held at room temperature for >1 hour. Doing so may decrease recovery of microorganisms or otherwise adversely affect the results obtained from testing recovered organisms. Neutralization of chlorine residual in potable water is necessary during collection. Samples that arrive containing personally identifiable information under this test code will be rejected for testing. Pure culture isolates must be viable for testing. |

| Additional Information | Contact the CDC POC for approval prior to submitting any specimen. If a Healthcare facility will be submitting samples directly to CDC they must receive prior approval from the State Health Department. Prior epidemiologic consultation with CDC/DHQP Prevention and Response Branch [haioutbreak@cdc.gov] also required. |
|------------------------|--|
| | Turnaround Times vary based on target organism and sample type. |
| | The test(s) used have not been cleared and approved by the FDA or the performance characteristics have not been fully established by CDC. The results should NOT be used for diagnosis, treatment, or assessment of patient health or management. |
| | If submitting pure culture isolate(s) for testing, the original culture/isolate/inoculum should be maintained by the submitter until results are reported, indicating that CDC testing is completed. |
| CDC Points of Contact | Paige Gable (404) 718-5815 woz8@cdc.gov Heather Moulton-Meissner (404) 639-4864 ftw2@cdc.gov |

Version 3.4

Test Order Hendra Hemorrhagic Fever Testing CDC-10324

| Synonym(s) | |
|--|---|
| CDC Pre-Approval Needed | Trevor Shoemaker (470) 312-0094 spather@cdc.gov Amy Schuh (404) 639-1756 wuc2@cdc.gov |
| Supplemental Information Required | Private citizens interested in clinical testing should contact their healthcare providers. Clinicians should contact their local or state health department for consultation. |
| Supplemental Form | None |
| Performed on Specimens From | Human and Animal |
| Acceptable Sample / Specimen Type for Testing | For serology testing, the accepted specimen types are whole blood (EDTA) or serum. Contact the CDC POC for approval prior to sending any specimens. |
| | Animal specimens or human research specimens may be submitted with approval from CDC POC. |
| Minimum Volume Required | 4 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Human serological specimens stored refrigerated (2-8°C) must be received within 7 days of specimen collection date, and specimens stored frozen (-20°C or below) must be received within 2 months of specimen collection date. Contact the CDC POC for approval prior to sending any specimens. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. Do not ship specimen without prior consultation and approval. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 70 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Serology |

| Turnaround Time | 2 Weeks |
|-----------------------------|--|
| Interferences & Limitations | Avoid thawing frozen specimens, as freeze-thawing may affect sensitivity of assays. |
| Additional Information | Pre-approval is required. Contact CDC's Emergency Operation Center at 770-488- 7100 and request VSPB's on-call epidemiologist to provide the clinical and epidemiological history on the patient. If testing is approved, VSPB will provide an approval number (EPIID) by email along with instructions for next steps. After receiving pre-approval and the EPIID number, the CDC specimen submission form can be submitted using one of two ways: |
| | 1) For submitters that use CSTOR, submit using the CSTOR Web Portal. Please include the EPIID in the Test Order Request's comments field. If the EPIID is not included, the order will be rejected. |
| | 2) For submitters that do not use CSTOR, submit via CDC 50.34 Specimen Submission Form. Enter the EPIID in the "Case ID field" within the "Patient Information" section on CSTOR and/or the CDC 50.34 Specimen Submission Form. Critical specimens will take less than 4 days to turn around. |
| CDC Points of Contact | Trevor Shoemaker (470) 312-0094 spather@cdc.gov Amy Schuh (404) 639-1756 wuc2@cdc.gov Maria Morales Betoulle (404) 718-1655 fof7@cdc.gov |
| | |

Version 5.2

Test Order Hepatitis A NAT and Genotyping CDC-10530

| Synonym(s) | HAV, HAV NAT |
|--|---|
| CDC Pre-Approval Needed | Saleem Kamili (404) 639-4431 sek6@cdc.gov Lilia Ganova (404) 639-1158 lkg7@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum, EDTA-treated plasma (purple top), or stool |
| Minimum Volume Required | 500 μL; 1 mL preferred |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Specimens should be kept frozen at -20 °C. Specimens can be kept refrigerated at 4 °C if shipped in less than 72 hours of collection. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 90 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Qualitative real time PCR and genotyping by sequencing |
| Turnaround Time | 4 Weeks |
| Interferences & Limitations | Hemolyzed specimen are not acceptable. |
| | Avoid sending whole blood. |

| Additional Information | The test(s) used have not been cleared and approved by the FDA or the performance characteristics have not been fully established by CDC. The results should NOT be used for diagnosis, treatment, or assessment of patient health or management. |
|------------------------|---|
| | Testing results may not be reported back to submitters. |
| CDC Points of Contact | Amanda Poe (404) 639-0723 anp0@cdc.gov Jan Drobeniuc (404) 639-3790 DVHLabTesting@cdc.gov |

Test Order Hepatitis A Serology CDC-10325

| Synonym(s) | HAV, Hepatitis A virus |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum, EDTA-treated plasma (purple-top) |
| Minimum Volume Required | 0.5 mL or greater for pediatric samples; 1.5 mL or greater for adults |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | After collection, specimens may be stored at room temperature (15-25°C) for up to 8 hours or refrigerated (2–8°C) for up to 48 hours. Specimens stored beyond these time points must be frozen at or below -20 °C. Frozen specimens should undergo no more than one freeze-thaw cycle. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 90 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Total antibody to Hepatitis A virus (total anti-HAV) and IgM antibody to Hepatitis A virus (IgM anti-HAV) by chemiluminiscence immunoassay |
| Turnaround Time | 3 Weeks |
| Interferences & Limitations | Whole blood and hemolyzed specimens are not acceptable. |
| Additional Information | None |

CDC Points of Contact Amanda Poe (404) 639-0723 anp0@cdc.gov Jan Drobeniuc (404) 639-3790 DVHLabTesting@cdc.gov

Test Order Hepatitis B Genotyping CDC-10529

| Synonym(s) | HBV |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum or EDTA-treated plasma (purple top) |
| Minimum Volume Required | 0.5 mL; 1 mL preferred |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Specimens should be kept frozen at -20 °C. Specimens can be kept refrigerated at 4 °C if shipped in less than 72 hours of collection. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 90 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Hepatitis B genotyping through sequencing |
| Turnaround Time | |
| | Hemolyzed specimen are not acceptable. |
| | Avoid sending whole blood. |
| Additional Information | None |

CDC Points of Contact Amanda Poe (404) 639-0723 anp0@cdc.gov Jan Drobeniuc (404) 639-3790 DVHLabTesting@cdc.gov

Version 1.0

Test Order Hepatitis B Serology and Quantitative PCR CDC-10326

| Synonym(s) | HBV, Hepatitis B virus |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum, EDTA-treated plasma (purple-top) NOTE: For Quantitative anti-HBs test - Serum only |
| Minimum Volume Required | Serology: 0.5 mL or greater for pediatric samples; 1.5 mL or greater for adults Quantitative PCR: 1.5 mL or greater |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | After collection, specimens may be stored at room temperature (15-25°C) for up to 8 hours or refrigerated (2–8°C) for up to 48 hours. Specimens stored beyond these time points must be frozen at or below -20 °C. Frozen specimens should undergo no more than one freeze-thaw cycle. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 90 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Hepatitis B surface antigen (HBsAg), quantitative antibody to hepatitis B surface gene (quantitative anti-HBs), immunoglobulin M (IgM) and total hepatitis B core antibody (anti-HBc) by chemiluminiscence immunoassay; and Hepatitis B virus (HBV) deoxyribonucleic acid (DNA) by real-time polymerase chain reaction (PCR), |
| Turnaround Time | 3 Weeks |
| | |

Interferences & Limitations Hemolyzed specimen are not acceptable.

| | Avoid sending whole blood. |
|------------------------|---|
| Additional Information | Currently, Hepatitis B Quantitative PCR is unavailable |
| CDC Points of Contact | Amanda Poe (404) 639-0723 DVHLabTesting@cdc.gov Jan Drobeniuc (404) 639-3790 DVHLabTesting@cdc.gov |

Test Order Hepatitis C Serology, Quantitative PCR, and Genotyping CDC-10327

| Synonym(s) | HCV, Hepatitis C virus |
|--|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum, EDTA Plasma |
| Minimum Volume Required | Serology: 0.5 mL or greater for pediatric samples; 1.5 mL or greater for adults Quantitative PCR: 1.5 mL or greater |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | After collection, specimens may be stored at room temperature (15-25°C) for up to 8 hours or refrigerated (2–8°C) for up to 48 hours. Specimens stored beyond these time points must be frozen at -20 °C or lower. Frozen specimens should undergo no more than one freeze-thaw cycle. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. All samples should be shipped frozen on dry ice. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 90 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and |
| Methodology | federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. Anti-HCV by Chemiluminescence, HCV RNA by Real Time qRT-PCR, HCV |
| Methodology | Genotyping |
| Turnaround Time | 3 Weeks |

| Interferences & Limitations Whole blood and hemolyzed specimens are not acceptable. |
|---|
|---|

 Additional Information
 Currently, Hepatitis C Quantitative PCR and Genotyping are unavailable.

 CDC Points of Contact
 Amanda Poe

 (404) 639-0723
 anp0@cdc.gov

 Jan Drobeniuc
 (404) 639-3790

 DVHLabTesting@cdc.gov
 DVHLabTesting@cdc.gov

Test Order Hepatitis D NAT CDC-10564

| Synonym(s) | Hepatitis D virus (HDV) |
|--|---|
| CDC Pre-Approval Needed | Saleem Kamili (404) 639-4431 sek6@cdc.gov Jan Drobeniuc (404) 639-3790 jqd6@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum |
| Minimum Volume Required | 2.0 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Specimens should be kept frozen at -20°C. Specimens can be kept refrigerated at 4°C if shipped in less than 5 days of collection. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. All specimens must be shipped frozen on dry ice. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 90 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. |

Methodology Hepatitis D ribonucleic acid testing (HDV NAT)

Turnaround Time 3 Weeks

| Additional Information | The tests used have not been cleared and approved by the FDA. The results should NOT be used for diagnosis, treatment, or assessment of patient health or management. |
|------------------------|---|
| CDC Points of Contact | Amanda Poe (404) 639-0723 anp0@cdc.gov Jan Drobeniuc (404) 639-3790 DVHLabTesting@cdc.gov |

Version 1.1

Test Order Hepatitis D Serology CDC-10328

| Synonym(s) | HDV, Hepatitis D virus |
|--|---|
| CDC Pre-Approval Needed | Saleem Kamili |
| | (404) 639-4431 |
| | sek6@cdc.gov |
| | Jan Drobeniuc |
| | (404) 639-3790 jqd6@cdc.gov |
| | |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum, EDTA Plasma |
| Minimum Volume Required | 2 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Specimens should be kept frozen at -20 °C. Specimens can be kept refrigerated at 4 °C if shipped in less than 72 hours of collection. |
| Transport Medium | Not Applicable |
| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 90 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Total antibodies to hepatitis D virus (total anti-HDV) |
| Turnaround Time | 2 Weeks |

| Interferences & Limitations | Hemolyzed specimen are not accepted |
|-----------------------------|-------------------------------------|
| | |

| Additional Information | Disclaimer: This test has not been cleared or approved by the FDA. The anti-HDV test used is a commercially available test that has been validated for CLIA testing in the Diagnostic Reference Team at the CDC Division of Viral Hepatitis Laboratory Branch. |
|------------------------|--|
| CDC Points of Contact | Amanda Poe (404) 639-0723 anp0@cdc.gov Jan Drobeniuc (404) 639-3790 DVHLabTesting@cdc.gov |

Version 4.2

Test Order Hepatitis E Serology, NAT and Genotyping CDC-10329

| Synonym(s) | HEV, Hepatitis E virus |
|--|--|
| CDC Pre-Approval Needed | Saleem Kamili (404) 639-4431 sek6@cdc.gov Lilia Ganova (404) 639-1158 Ikg7@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | This test order is currently not accepting any specimens until further notice. |
| Minimum Volume Required | 2 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Specimens should be kept frozen at -20 °C. Specimens can be kept refrigerated at 4 °C if shipped in less than 72 hours of collection. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 90 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Immunoglobulin M (IgM) antibody to hepatitis E virus (anti-HEV) by enzyme- linked immunosorbent assay (ELISA), Immunoglobulin G (IgG) Anti-HEV by ELISA, Hepatitis E Virus (HEV) Ribonucleic Acid (RNA) by Real Time quantitative Real Time Polymerase Chain Reaction (qRT-PCR), HEV Genotyping |
| Turnaround Time | 3 Weeks |
| Interferences & Limitations | Hemolyzed specimen are not accepted |

| Additional Information | The tests used have not been cleared or approved by the FDA and the performance characteristics have not been fully established by CDC. The results reported should NOT be used for diagnosis, treatment, or assessment of patient health or management. |
|------------------------|--|
| CDC Points of Contact | Amanda Poe (404) 639-0723 anp0@cdc.gov Jan Drobeniuc (404) 639-3790 DVHLabTesting@cdc.gov |
| | |

Version 3.1

Test Order Hepatitis Special Study CDC-10331

| Synonym(s) | None |
|--|--|
| CDC Pre-Approval Needed | Jan Drobeniuc (404) 639-3790 jqd6@cdc.gov Saleem Kamili (404) 639-4431 sek6@cdc.gov |
| Supplemental Information Required | Supplemental Information is listed in the pre-approved Test Request eFile. Contact the CDC POC for additional guidance/relevant information. |
| Supplemental Form | Test Request eFile |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum or EDTA-treated plasma (purple-top) |
| Minimum Volume Required | 0.5 mL or greater for pediatric samples; 1.5 mL or greater for adults |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | After collection, specimens may be stored at room temperature (15-25°C) for up to 8 hours or refrigerated (2–8°C) for up to 48 hours. Specimens stored beyond these time points must be frozen at -20 °C or lower. Frozen specimens should undergo no more than one freeze-thaw cycle. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 90 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Contact the CDC POC for appropriate guidance/relevant information. |
| Turnaround Time | 3 Weeks |
| Interferences & Limitations | Whole blood and hemolyzed specimens are not acceptable. |
| Additional Information | None |

CDC Points of Contact Jan Drobeniuc (404) 639-3790 jqd6@cdc.gov Saleem Kamili (404) 639-4431 sek6@cdc.gov Mike Purdy (404) 639-2332 mup3@cdc.gov

Version 2.1

Test Order Hepatitis Surveillance CDC-10531

| Synonym(s) | Global Hepatitis Outbreak and Surveillance Technology (GHOST), Hepatitis A, Hepatitis B, and Hepatitis C outbreaks |
|--|--|
| CDC Pre-Approval Needed | Amanda Poe (404) 639-0723 anp0@cdc.gov Jan Drobeniuc (404) 639-3790 jqd6@cdc.gov |
| Supplemental Information Required | CDC 50.34 Specimen Submission Form Indicate the following code for test criteria in the Patient History Section of CDC 50.34 Specimen Submission Form: Specimen from a case in a county that has yet reported a hepatitis A case in an at-rick population Specimen from a case patient who does not report any known risk factors or contact with at-risk populations (e.g., household or sexual contact, volunteering at a homeless shelter) Specimen from a case patient suspected to be associated with foodborne transmission Archived/stored specimen from a patient who has died and whose classification as an out-break related death requires nucleic acid testing beyond anti-HAV IgM-positivity Other patient specimens not meeting the above criteria that require nucleic acid testing or molecular characterization (to be discussed on a case by-case basis). |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum or EDTA-treated plasma (purple top) |
| Minimum Volume Required | 500 μL; 1 mL preferred |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | After collection, specimens may be stored at room temperature (15-25°C) for up to 8 hours or refrigerated (2–8°C) for up to 48 hours. Specimens stored beyond these time points must be frozen at -20 °C or lower. Frozen specimens should undergo no more than one freeze-thaw cycle. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| | |

| | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
|-----------------------------|--|
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 90 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Next Generation Amplicon Sequencing |
| Turnaround Time | 3 Weeks |
| Interferences & Limitations | Hemolyzed specimen are not acceptable. |
| | Avoid sending whole blood. |
| Additional Information | The test(s) used have not been cleared and approved by the FDA or the |
| | performance characteristics have not been fully established by CDC. The results should NOT be used for diagnosis, treatment, or assessment of patient health or management. |
| | performance characteristics have not been fully established by CDC. The results should NOT be used for diagnosis, treatment, or assessment of patient health or |
| CDC Points of Contact | performance characteristics have not been fully established by CDC. The results should NOT be used for diagnosis, treatment, or assessment of patient health or management. Testing results may not be reported back to submitters. |

Test Order Herpes Simplex Virus 1/2 Detection CDC-10258

| Synonym(s) | Oral herpes, Genital herpes |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | This test order is currently not accepting any specimens until further notice. |
| Minimum Volume Required | Cerebrospinal fluid (CSF): 0.5 mL |
| | Whole blood: 1 mL |
| | Viral transport media (VTM) inoculated with swabs from vesicular or pustular fluid: 1 mL |

| Collection, Storage, and Preservation of Specimen Prior to Shipping | For the collection of skin lesion specimens, unroof the scab and place it directly into a breakage resistant tube. For swab collections of vesicular/pustular fluid from lesions, use a sterile needle to unroof the top of the vesicle. Use a sterile synthetic swab, e.g. polyester swab, to vigorously swab the base of the lesion, applying enough pressure to collect epithelial cells. Swabs may be placed directly into a storage tube. Swabs without VTM and skin lesion specimens should be kept dry, stored at room temperature (15-25°C), and shipped at room temperature within 1 week after collection. |
|--|--|
| | Swabs can also be placed in viral transport media. Refrigerate (2-8°C) viral transport medium (VTM) inoculated with swabs from vesicular or pustular fluid. These specimen types should not be stored at room temperature (15-25°C) for longer than 1 hour after collection. If these specimens will be stored for longer than 72 hours, they should be frozen at -20°C or lower. |
| | Cerebrospinal fluid (CSF) specimens should be collected under sterile conditions and stored in a leak proof container. CSF should be stored at -20°C or lower after collection but if needed, it can be stored at 2-8°C for no more than 72 hours. CSF specimens submitted for testing at CDC should be frozen at -20°C or lower prior to shipping and shipped on dry ice overnight. CSF can be stored at -20°C or lower for a maximum of 1 week prior to shipping. |
| | Anticoagulant blood collection tubes (EDTA) should be used for the collection of whole blood. Refrigerate whole blood within 1 hour of collection. These specimen types should not be stored at room temperature (15-25°C) for longer than 1 hour after collection. If these specimens will be stored for longer than 72 hours, they should be frozen at -20°C or lower. |
| | All viral transport medium inoculated with swabs from vesicular or pustular fluid, CSF, and whole blood specimens submitted for testing at CDC should be frozen at -20°C or lower prior to shipping and shipped on dry ice overnight. These specimens can be stored at -20°C or lower for a maximum of 1 week prior to shipping. |
| Transport Medium | Viral transport medium (VTM) inoculated with swabs from vesicular or pustular fluid. |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Swabs from vesicular or pustular fluid without viral transport media and skin lesion samples should be shipped overnight at room temperature with room-temperature cold packs. |
|---|--|
| | Cerebrospinal fluid (CSF), viral transport media inoculated with swabs from vesicular or pustular fluid and whole blood specimens should be shipped frozen on dry ice overnight. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 80 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Polymerase Chain Reaction (PCR) |
| Turnaround Time | 7 Days |
| Interferences & Limitations | There are no known interferences and limitations. |
| Additional Information | None |
| CDC Points of Contact | Brian Wakeman (404) 639-6403 mrq9@cdc.gov Ludmila Perelygina (404) 639-4812 ifw0@cdc.gov |
| | |

Version 2.8

Test Order Herpes Simplex Virus 1/2 Serology CDC-10259

| Synonym(s) | Oral herpes, Genital herpes |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum, plasma, or cerebrospinal fluid (CSF) |
| Minimum Volume Required | 0.2 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Specimens can be kept refrigerated at 4°C if shipped in less than 72 hours of collection; otherwise specimen should be kept frozen at -20°C. |
| Transport Medium | Transport medium is not required. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | Ship specimens with cold packs or dry ice as an etiologic agent. CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 80 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | IgG antibody detected by Enzyme Immunoassay (EIA) |
| Turnaround Time | 7 Days |
| Interferences & Limitations | There are no known interferences and limitations. |
| Additional Information | The test(s) used have been cleared and approved by the FDA but the performance characteristics have not been fully established by CDC. The results reported should NOT be used for diagnosis, treatment, or assessment of patient health or management. |

CDC Points of Contact Brian Wakeman (404) 639-6403 mrq9@cdc.gov Ludmila Perelygina (404) 639-4812 ifw0@cdc.gov

Version 2.7

Test Order Herpesvirus Encephalitis Panel CDC-10262

| Synonym(s) | |
|--|---|
| CDC Pre-Approval Needed | Brian Wakeman (404) 639-6403 mrq9@cdc.gov Ludmila Perelygina (404) 639-4812 ifw0@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | This test order is currently not accepting any specimens until further notice. |
| Minimum Volume Required | 0.5 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Cerebrospinal fluid (CSF) should be collected under sterile conditions and stored in a leak proof container, then stored frozen (-20°C or lower) or, if needed, refrigerated (2-8°C) up to 72 hours. |
| | CSF should be frozen (-20°C or lower) prior to shipping and shipped on dry ice overnight. These specimens can be stored at -20°C or lower for a maximum of 1 week prior to shipping. |
| Transport Medium | Not applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Cerebrospinal fluid (CSF) specimens should be shipped frozen on dry ice overnight. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 80 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Polymerase Chain Reaction (PCR) for VZV, Polymerase Chain Reaction (PCR) for HSV1, Polymerase Chain Reaction (PCR) for HSV2, Polymerase Chain Reaction (PCR) for EBV, Polymerase Chain Reaction (PCR) for HHV6 |

| Turnaround Time | 7 Days |
|-----------------------------|---|
| Interferences & Limitations | None |
| Additional Information | None |
| CDC Points of Contact | Brian Wakeman (404) 639-6403 mrq9@cdc.gov Ludmila Perelygina (404) 639-4812 ifw0@cdc.gov |

Version 3.4

Test Order HIV Molecular Surveillance Study (International Only) CDC-10332

| Synonym(s) | HIV subtypes, HIV molecular epidemiology, HIV outbreak |
|--|--|
| CDC Pre-Approval Needed | Joshua DeVos (404) 639-5442 ext8@cdc.gov Guoqing Zhang (404) 718-4268 uwz2@cdc.gov |
| Supplemental Information Required | Contact the CDC POCs to obtain the appropriate forms and supplemental information/materials to assist in completing the laboratory specific forms and packaging guidance for DBS. |
| Supplemental Form | Supplemental forms will be provided after pre-approval for specimen submission. Contact the CDC Point of Contacts for: 1) ILB-160-F08D Drug Resistance Requisition Form 2) CDC Form 0.753 Application for Permit to Import or Transport Etiological Agents, Hosts, or Vectors |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Plasma prepared from EDTA whole blood (centrifuged within 6 hours of collection). Dried blood spots (DBS) prepared from EDTA whole blood (venous whole blood preferred) on a 903 sample collection card or similar. |
| Minimum Volume Required | Plasma: 0.2 mL (0.5mL preferred) of EDTA plasma. DBS: 4 DBS of 100 μ L (5 DBS preferred) in each 13mm printed circle on a blood collection card. |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Plasma: EDTA whole blood centrifuged within 6 hours of collection and aliquoted in 1.5 - 2.0 mL polypropylene tube with screw cap and O-ring. Freeze plasma aliquots at -70 °C or colder within 24 hours. |
| | DBS: Prepared DBS specimens must be labeled and dried thoroughly prior to packaging. To prevent cross-contamination, separate DBS cards with glassine paper and place in a gas-impermeable bags containing desiccant packs and humidity indicator. Humidity indicators must be visible inside bag without opening. Gently apply pressure to the partially sealed bag to expel the air before completely sealing. If humidity indicator card or dessicant packs must be changed, allow bags to equilibrate to ambient temperature before opening to avoid exposure of samples to humidity. |
| | Ensure the specimen identification is clearly visible on both DBS card and plasma tubes. Ideally, use printed barcoded labels or printed information. |
| Transport Medium | None |

| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. Research or surveillance specimens may be labeled according to protocol. Labels |
|---|--|
| | should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | Plasma: Pack plasma specimens per IATA guidelines and ship on dry ice. DBS: Prior to transport, check the dessicants and humidity indicator cards for presence of humidity. Change if necessary. Transport DBS specimens at ambient temperature (15 °-30 °C) if to be received within 14 days; otherwise ship DBS on dry ice. |
| | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: |
| | [Insert CDC Point of Contact] |
| | Centers for Disease Control and Prevention |
| | RDSB/STATT Unit 97 |
| | 1600 Clifton Road, NE |
| | Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | |
| | All specimens must be shipped in accordance with all applicable local, state and |
| | federal regulations. Upon shipment, submitter should send an e-mail to the CDC |
| | POC providing shipping company, shipped date and package tracking number. |
| Methodology | Identification of HIV-1 group M subtypes, determination of transmission clusters of genetically related viruses, phylogenetic analyses of circulating strains from suspected cases, Phylogenetic analysis might be performed in gag, pol, or env HIV-1 gene sequences |
| Turnaround Time | 16 Weeks |
| Interferences & Limitations | Testing will not be performed on the following specimens: - Improperly labeled or unlabeled |
| | - Discrepant or missing documentation |
| | Insufficient sample volume Evidence of leakage or contamination |
| | - Use of any anticoagulant other than EDTA |
| | - DBS prepared on FTA cards |
| | - DBS shipped without dessicant or humidity indicators |
| | - Transport time is greater than 14 days |
| | Thisport line is greater than 14 days |
| Additional Information | Test sensitivity is reduced when specimen undergo multiple freeze thaw cycles. |

CDC Points of Contact Joshua DeVos (404) 639-5442 ext8@cdc.gov Clement Zeh (404) 553-7264 ckc7@cdc.gov Guoqing Zhang (404) 718-4268 uwz2@cdc.gov

Test Order HIV Special Study CDC-10278

| Synonym(s) | |
|--|---|
| CDC Pre-Approval Needed | Vickie Sullivan (404) 639-3963 vst5@cdc.gov Jeffrey Johnson (404) 639-4976 jlj6@cdc.gov |
| Supplemental Information Required | Contact the CDC POC for supplemental information |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | To be determined |
| Minimum Volume Required | To be determined |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | To be determined |
| Transport Medium | To be determined |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 77 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | |
| Turnaround Time | |
| Interferences & Limitations | To be determined |
| Additional Information | The test(s) used have not been cleared and approved by the FDA or the performance characteristics have not been fully established by CDC. The results should NOT be used for diagnosis, treatment, or assessment of patient health or management. |
| | |

 CDC Points of Contact
 Vickie Sullivan

 (404) 639-3963
 vst5@cdc.gov

 vst5@cdc.gov
 Jeffrey Johnson

 (404) 639-4976
 jlj6@cdc.gov

 Leanne Ward
 (404) 639-3265

 mrw0@cdc.gov
 mrw0@cdc.gov

Version 2.4

| Test Order HIV-1 Genotype Drug Resistance (International Only) CDC-10335 | |
|---|--|
| Synonym(s) | HIV drug resistance (DR), HIVDR, HIV susceptibility to antiretroviral drugs (ARV), PI, NRTI, NNRTI, INSTI |
| CDC Pre-Approval Needed | Joshua DeVos (404) 639-5442 ext8@cdc.gov Guoqing Zhang (404) 718-4268 uwz2@cdc.gov |
| Supplemental Information Required | Contact the CDC POCs to obtain the appropriate forms and supplemental information/materials to assist in completing the laboratory specific forms and packaging guidance for DBS. |
| Supplemental Form | Supplemental forms will be provided after pre-approval for specimen submission. Contact the CDC Point of Contacts for: 1) ILB-160-F08D Drug Resistance Requisition Form 2) CDC Form 0.753 Application for Permit to Import or Transport Etiological Agents, Hosts, or Vectors |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Plasma prepared from EDTA whole blood (centrifuged within 6 hours of collection). Dried blood spots (DBS) prepared from EDTA whole blood (venous whole blood preferred) on a 903 sample collection card or similar. |
| Minimum Volume Required | Plasma: 0.2 mL (0.5mL preferred) of EDTA plasma. DBS: 4 DBS of 100 μ L (5 DBS preferred) in each 13mm printed circle on a blood collection card. |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Plasma: EDTA whole blood centrifuged within 6 hours of collection and aliquoted in 1.5 - 2.0 mL polypropylene tube with screw cap and O-ring. Freeze plasma aliquots at -70 °C or colder within 24 hours. |
| | DBS: Prepared DBS specimens must be labeled and dried thoroughly prior to packaging. To prevent cross-contamination, separate DBS cards with glassine paper and place in a gas-impermeable bags containing desiccant packs and humidity indicator. Humidity indicators must be visible inside bag without opening. Gently apply pressure to the partially sealed bag to expel the air before completely sealing. If humidity indicator card or dessicant packs must be changed, allow bags to equilibrate to ambient temperature before opening to avoid exposure of samples to humidity. |
| | Ensure the specimen identification is clearly visible on both DBS card and plasma tubes. Ideally, use printed barcoded labels or printed information. |
| Transport Medium | None |

| Specimen Labeling | Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported |
|---|--|
| | should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | Plasma: Pack plasma specimens per IATA guidelines and ship on dry ice. DBS: Prior to transport, check the dessicants and humidity indicator cards for presence of humidity. Change if necessary. Transport DBS specimens at ambient temperature if to be received within 14 days; otherwise ship DBS on dry ice. |
| | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 97 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All specimens must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an e-mail to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Identification of mutations within HIV-1 pol gene region by ribonucleic acid (RNA) extraction, polymerase chain reaction (PCR) amplification, deoxyribonucleic acid (DNA) sequencing, and Drug Resistance analysis |
| Turnaround Time | 16 Weeks |
| Interferences & Limitations | Testing will not be performed on the following specimens: Improperly labeled or unlabeled Discrepant or missing documentation Insufficient sample volume Evidence of leakage or contamination Use of any anticoagulant other than EDTA DBS prepared on FTA cards DBS shipped without dessicant or humidity indicators Transport time is greater than 14 days |
| Additional Information | Test sensitivity is reduced when specimen undergo multiple freeze thaw cycles. The genotyping assay may not detect minor viral species infecting a patient that constitute less than 20% of virus mixtures. Consultation with an expert in HIV drug resistance is encouraged to facilitate interpretation of susceptibility or resistance to antiretroviral drugs and to evaluate antiretroviral treatment options. |

CDC Points of Contact Joshua DeVos (404) 639-5442 ext8@cdc.gov Clement Zeh (404) 553-7264 cbz2@cdc.gov Guoqing Zhang (404) 718-4268 uwz2@cdc.gov

Test Order HIV-1 Limiting Antigen Avidity Enzyme Immunoassay (International Only) CDC-10540

| Synonym(s) | LAg |
|--|--|
| CDC Pre-Approval Needed | Ernest Yufenyuy 404-639-1548 yod0@cdc.gov Trudy Dobbs 404-639-3760 Tld3@cdc.gov |
| Supplemental Information Required | Supplemental forms will be provided upon Pre-Approval. Following fields are required: Requestor (Sender POC), Address, E-Mail, Phone, Date of shipment, Number of specimens, Specimen type, Tests requested. All submitted specimens must include two unique specimen identifiers and collection date. |
| Supplemental Form | ILB-160-F08B HIV Serology Requisition Form |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Plasma, Serum, Dried Blood Spots (DBS). DBS are made from fingerstick or venipuncture (EDTA) whole blood on Whatman 903 filter paper. |
| Minimum Volume Required | Plasma: 0.5 mL (2 mL preferred) Serum: 0.5 mL (2 mL preferred) Dried Blood Spots (DBS): 2 full blood spots (3 full blood spots preferred). DBS should be 13mm circles containing 75 µL of whole blood. |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Whole blood should be processed into plasma or serum within 24 hours. For plasma whole blood collection, blood can be collected in EDTA anticoagulant tubes. Specimens can be kept refrigerated at 2-8°C if shipped within 72 hours of collection; otherwise specimen should be kept frozen at at -20°C or colder. Do not send specimens after more than 5 freeze-thaw cycles. Dried Blood Spots (DBS): DBS must be placed in a airtight zippered bag with 3-5 desiccant packs and 1 humidity indicator card once the blood spot is dried (no more than 24 hours after collection). Up to 10 cards, separated by glassine paper, can be included in 1 zippered bag. Bag may be be stored at 15-30°C for up to 14 days after collection) if shipped within 14 days, or at 2-8°C for up to 2 months or at -20°C or colder. |
| Transport Medium | Plasma/ Serum: Specimens should be shipped in leak-proof plastic screw-cap vials. For shipments that are in transit for up to 7 days, ship on gel ice-packs. For shipments that are in transit for greater than 7 days, ship on dry ice. DBS: DBS cards should be stored in gas impermeable plastic bag with desiccant bags and humidity indicator card. For shipments that are in transit for up to 14 days, maintain at room temperature (15-35°C). For shipments that are in transit for greater than 14 days, ship on dry ice. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labele should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include | CDC does not accept routine shipments on weekends or holidays. Please make |
|-------------------------------------|--|
| Specimen Handling Requirements | sure packages arrive Monday – Friday. |

Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB / STATT Unit 100 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number]

All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number.

| Methodology | Limiting antigen avidity enzyme immunoassay |
|-----------------------------|---|
| Turnaround Time | 8 Weeks |
| Interferences & Limitations | Classification of individuals as recent seroconverters or long-term infections is based on average development of higher avidity HIV-antibodies calculated from data using a large number of people. As a result, differences among individuals in terms of maturation of HIV antibodies and the rates at which high avidity HIV- antibodies are made may exist. Moreover, while this assay is useful at the population level, its predictive value for individuals has not been determined (especially when levels are close to the cutoff). Therefore, the assay should not be used for individual assessment of recency of infection. Persons with diagnosis of AIDS or low CD4+ T cell counts (<200 cells per μ l), recipients of anti-retroviral therapy, and known elite controllers should be excluded from the study as they appear to contribute to the misclassification of long-term infections. |
| Additional Information | Determination of HIV-1 incidence for surveillance purposes only. Specimen will be rejected for any of the following reasons: improperly labeled, unlabeled, discrepant documentation, no documentation, insufficient quantity, and/or evidence of contamination. |
| CDC Points of Contact | Ernest Yufenyuy 404-639-1548 yod0@cdc.gov Trudy Dobbs 404-639-3760 Tld3@cdc.gov |

Test Order HIV-1 Nucleic Acid Amplification (Qualitative) CDC-10275

Synonym(s) HIV-1 RNA qualitative, HIV NAAT

CDC Pre-Approval Needed None

| Supplemental Information Required | Include patient clinical history and previous lab results within the CDC 50.34 Specimen Submission Form. |
|--|--|
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | EDTA-treated plasma (preferred) or serum |
| Minimum Volume Required | 2 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | This test can be performed on EDTA-treated plasma (preferred) or serum. Whole blood can be stored refrigerated (2-8°C) or room temperature (15-25°C) and must be separated within 24 hours of specimen collection. Separate the plasma or serum from the pelleted red blood cells following the manufacturer's instructions for the tube used. Separated plasma or serum may be stored refrigerated (2-8°C) for up to three days or frozen at -20°C or lower for up to 60 days. Specimen should not have incurred more than two freeze-thaw cycles. |
| Transport Medium | Not applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |

| 11 3 | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship refrigerated separated plasma or serum with refrigerated or frozen cold packs. Ship frozen serum or plasma specimens on dry ice. |
|------|---|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 77 |

RDSB/STATT Unit 77 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number]

All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number.

| Methodology | Nucleic acid amplification |
|-----------------------------|--|
| Turnaround Time | 3 Weeks |
| Interferences & Limitations | Collections in heparin coated tubes are unacceptable due to heparin interference with nucleic acid amplification. Minimize storage at 18°C to 30°C in order to preserve HIV-1 RNA. |
| Additional Information | If testing results are inconclusive, additional plasma or serum may be required for subsequent testing. |
| CDC Points of Contact | Vickie Sullivan (404) 639-3963 vst5@cdc.gov Jeffrey Johnson (404) 639-4976 jlj6@cdc.gov Leanne Ward (404) 639-3265 mrw0@cdc.gov |

Version 3.6

Test Order HIV-1 PCR (International Only) Qualitative CDC-10336

| Synonym(s) | HIV, EID, PMTCT, Early infant diagnostic, DNA |
|--|---|
| CDC Pre-Approval Needed | Clement Zeh (404) 553-7264 cbz2@cdc.gov Guoqing Zhang (404) 718-4268 uwz2@cdc.gov |
| Supplemental Information Required | Supplemental forms will be provided upon Pre-Approval: - Following fields are required to be filled: Requestor (Sender POC), Address E-Mail, Phone, Date of shipment, Number of specimens, Specimen type, Tests requested. - All submitted specimens must include two unique specimen IDs and collection date. |
| Supplemental Form | ILB-160-F08E Viral Load-EID Requisition Form. Contact CDC POC to request form. |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Dried Blood Spots (DBS) |
| Minimum Volume Required | At least 3 saturated 13mm circles (preferably 5) containing 70 ¹ / ₄ L of whole blood including capillary blood obtained by finger/toe/heel stick which is dropped directly onto the DBS card. |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | The appropriate anticoagulant for DBS whole blood collection is EDTA. Dried blood spots should be kept at an ambient temperature (15 °-35 °C) for storage and shipment if testing is performed within 14 days or frozen at -70 °C if testing is not performed within 14 days. |
| Transport Medium | None |
| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g. patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include Specimen Handling Requirements | Refer to Dried Blood Spots for HIV Serology testing, Early Infant Diagnostics or HIV Drug Resistance Shipment information on page 5 of International Laboratory Branch Test Directory or contact CDC POC prior to submission. |
|---|--|
| | Dried blood spots should be transported in a gas impermeable bag with dessicant and humidity indicator card. |
| | For shipments that are in transit for up to 14 days, maintain at ambient temperature (15-35 °C) and shipments that are in transit for greater than 14 days, maintain temperature at -20 °C or colder with dry ice. |
| | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 96 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Qualitative Polymerase Chain Reaction (PCR) |
| Turnaround Time | 4 Weeks |
| Interferences & Limitations | Do not use heparin as an anticoagulant. Specimen will be rejected if improperly labeled or unlabeled, without documentation or with discrepant documentation, without humidity indicators and desiccants, demonstrating any indication of humidity in the zip lock bags, insufficient volume for testing, improperly collected, containing blood clots or clumps, with a halo around the blood spot indicating contamination, if specimen are congruent or show evidence of commingling and collected onto inappropriate filter paper. |
| Additional Information | Contact CDC POC for turnaround times for batches with greater than 100 specimens or for batches being sent for diagnostic testing. |
| | NOTE: If a specific testing platform is required, please contact CDC POC. |
| CDC Points of Contact | Clement Zeh (404) 553-7264 cbz2@cdc.gov Guoqing Zhang (404) 718-4268 uwz2@cdc.gov |

Test Order HIV-1 PCR (International Only) Quantitative Viral Load CDC-10337

| Synonym(s) | HIV, VL, RNA | |
|--|--|--|
| CDC Pre-Approval Needed | Clement Zeh (404) 553-7264 cbz2@cdc.gov Guoqing Zhang (404) 718-4268 uwz2@cdc.gov | |
| Supplemental Information Required | Supplemental forms will be provided upon Pre-Approval: - Following fields are required to be filled: Requestor (Sender POC), Address, E-Mail, Phone, Date of shipment, Number of specimens, Specimen type, Tests requested. - All submitted specimens must include two unique specimen IDs and collection date. | |
| Supplemental Form | ILB-160-F08E Viral Load-EID Requisition Form. Contact CDC POC to request form. | |
| Performed on Specimens From | Human | |
| Acceptable Sample / Specimen Type for Testing | • | |
| Minimum Volume Required | Plasma: 1.1mL plasma (3mL ideally) | |
| | DBS: At least 3 saturated 13mm circles (preferably 5) containing 701 ¹ / ₄ L of whole blood including capillary blood obtained by venipuncture or finger/toe/heel stick which is dropped directly onto the DBS card | |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | The appropriate anticoagulant for whole blood collection is EDTA. | |
| | Fresh whole blood may be held at 15-30 °C for up to 6 hours or at 2-8 °C for up to 24 hours. After centrifugation, plasma may be stored at 15-30 °C for up to 24 hours and at 2-8 °C for up to 5 days. Plasma may be frozen at -70 °C or colder. Freeze-thaw cycles should be avoided and should not exceed 3 cycles. | |
| | Dried blood spots should be kept at an ambient temperature (15 °-35 °C) for storage and shipment if testing is performed within 14 days or frozen at -70 °C if testing is not performed within 14 days. | |
| Transport Medium | None | |
| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g. patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. | |
| | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. | |

| Shipping Instructions which Include Specimen Handling Requirements | Plasma: Refer to Plasma Shipment information on page 4 of International Laboratory Branch Test Directory or contact CDC POC prior to submission. Plasma specimens should be submitted in 1.5-2.0 mL polypropylene tubes, screw cap with O-ring. To maintain temperature of -20 °C or colder, plasma specimens should be shipped on dry ice. |
|---|--|
| | DBS: Refer to Dried Blood Spots for HIV Serology testing, Early Infant Diagnostics or HIV Drug Resistance Shipment information on page 5 of International Laboratory Branch Test Directory or contact CDC POC prior to submission. DBS should be shipped in gas impermeable bags with desiccant and humidity indicator cards. For shipments that are in transit for up to 14 days, maintain at ambient temperature (15-35 °C) and shipments that are in transit for greater than 14 days, maintain temperature at -20 °C or colder with dry ice. |
| | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 96 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Quantitative Polymerase Chain Reaction (PCR) |
| Turnaround Time | 4 Weeks |
| Interferences & Limitations | Do not use heparin as an anticoagulant. Do not use specimens after more than 5 freeze-thaw cycles for the Roche assays and 3 freeze-thaw cycles for the Abbott m2000 assay. Specimen will be rejected if improperly labeled or unlabeled, or with discrepant documentation, insufficient volume, without documentation, unacceptable preservatives, and specimen that have leaked in transit or otherwise shown evidence of contamination. |
| Additional Information | Contact CDC POC for turnaround times for batches with greater than 100 specimens or for batches being sent for diagnostic testing. |
| | NOTE: If a specific testing platform is required, please contact CDC POC. |

CDC Points of Contact (404) 553-7264 (bz2@cdc.gov Guoqing Zhang (404) 718-4268 uwz2@cdc.gov

| | Test Order HIV-1 Rapid Recency Assay CDC-10541 |
|--|--|
| Synonym(s) | Recent Infection, Rapid Point-of-Care Assay, Immunoassay, Lateral Flow, Incidence, International only |
| CDC Pre-Approval Needed | Ernest Yufenyuy 404-639-1548 yod0@cdc.gov Trudy Dobbs 404-639-3760 Tld3@cdc.gov |
| Supplemental Information Required | Supplemental forms will be provided upon Pre-Approval. Following fields are required: Requestor (Sender POC), Address, E-Mail, Phone, Date of shipment, Number of specimens, Specimen type, Tests requested. All submitted specimens must include two unique specimen identifiers and collection date. |
| Supplemental Form | ILB-160-F08B HIV Serology Requisition Form |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Plasma, Serum |
| Minimum Volume Required | Plasma: 0.5 mL (2 mL preferred) Serum: 0.5 mL (2 mL preferred) |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Whole blood should be processed into plasma or serum within 24 hours. Specimens can be kept refrigerated at 2-8°C if shipped within 72 hours of collection; otherwise specimen should be kept frozen at -20°C or colder. |
| | For plasma whole blood collection, blood can be collected in EDTA anticoagulant tubes. |
| Transport Medium | Specimens can be kept refrigerated at 2-8°C if shipped within 72 hours of collection; otherwise specimen should be kept frozen at -20°C or colder. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include | CDC does not accept routine shipments on weekends or holidays. Please make |
|-------------------------------------|--|
| Specimen Handling Requirements | sure packages arrive Monday – Friday. |

Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB / STATT Unit 100 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number]

All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number.

| Methodology | Lateral flow rapid test |
|------------------------|--|
| Turnaround Time | · · · · · · · · · · · · · · · · · · · |
| | Determination of HIV-1 incidence for surveillance purposes only. |
| | Persons with diagnosis of AIDS or low CD4+ T cell counts (<200 cells per μ l), recipients of anti-retroviral therapy, and known elite controllers should be excluded from the study populations to reduce the likelihood of misclassification of recency of infection. |
| | The Rapid Test for Recent Infection (RTRI) does not distinguish between HIV-1 and HIV-2. |
| | HIV-2 positive specimens should be excluded from recency analysis. |
| Additional Information | Determination of HIV-1 incidence for surveillance purposes only. Specimen will be rejected for any of the following reasons: improperly labeled, unlabeled, discrepant documentation, no documentation, insufficient quantity, and/or evidence of contamination. |
| CDC Points of Contact | Ernest Yufenyuy 404-639-1548 yod0@cdc.gov Trudy Dobbs 404-639-3760 Tld3@cdc.gov |
| | |

Test Order HIV-1 Western Blot CDC-10557

| Synonym(s) | HIV-1 serology, HIV-1 antibodies |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Include patient clinical history and previous lab results within the CDC 50.34 Specimen Submission Form. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | EDTA-treated plasma (preferred) or serum |
| Minimum Volume Required | 2 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | This test can be performed on EDTA-treated plasma (preferred) or serum. Whole blood can be stored refrigerated (2-8°C) or room temperature (15-25°C) and must be separated within 24 hours of specimen collection. Separate the plasma or serum from the pelleted red blood cells following the manufacturer's instructions for the tube used. Separated plasma or serum may be stored refrigerated (2-8°C) for up to three days or frozen at -20°C or lower for up to 60 days. Specimen should not have incurred more than two freeze-thaw cycles. |
| Transport Medium | Not applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship refrigerated separated plasma or serum with refrigerated or frozen cold packs. Ship frozen serum or plasma specimens on dry ice. Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 77 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |

| Methodoloav | Enzyme immunoassa | v (EIA), Immunochromat | ographic assay and Western blot |
|-------------|-------------------|------------------------|---------------------------------|
| | |) (=,, | |

| Turnaround Time | 3 Weeks |
|-----------------------------|--|
| Interferences & Limitations | Extensive hemolysis may affect test performance. Minimize storage at 18°C to 30°C to preserve p24 antigen reactivity. |
| Additional Information | The HIV-1/2 antigen/antibody combination immunoassay, if reactive, is followed by the HIV-1/2 differentiation supplemental assay and the HIV-1 Western Blot. |
| | If testing results are inconclusive, additional plasma or serum may be required for subsequent testing. |
| CDC Points of Contact | Vickie Sullivan (404) 639-3963 vst5@cdc.gov Jeffrey Johnson (404) 639-4976 jlj6@cdc.gov Leanne Ward (404) 639-3265 mrw0@cdc.gov |

Test Order HIV-1/2 Antibody (International Only) Rapid Test CDC-10339

| Synonym(s) | HIV, RT |
|--|---|
| CDC Pre-Approval Needed | Ernest Yufenyuy (404) 639-1548 yod0@cdc.gov Keisha Jackson (404) 639-2547 iqz5@cdc.gov |
| Supplemental Information Required | Specimens must be accompanied with complete requisition form(s). CDC Form 0.753: Application for Permit to Import or Transport Etiological Agents, Hosts, or Vectors of Human Disease and Requisition Form |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Plasma and serum |
| Minimum Volume Required | Plasma and serum 0.5 mL (2.0 mL recommended) |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Plasma: The appropriate anticoagulant for whole blood collection is EDTA. If testing is to be performed within 7 days keep specimen refrigerated at 2-8 °C. If testing is to be performed after 7 days, keep specimen frozen at -20 °C or colder. |
| Transport Medium | Specimen should be transported in a plastic screw-cap vial |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 100 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All specimens must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an e-mail to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Immuno-chromatography |
| Turnaround Time | 13 Weeks |

| Interferences & Limitations | Do not use specimens after more than 5 freeze-thaw cycles. Specimen will be rejected if improperly labeled or unlabeled, without documentation or with discrepant documentation, insufficient volume, unacceptable preservatives, and specimen that have leaked in transit or otherwise shown evidence of contamination. |
|-----------------------------|--|
| Additional Information | Turn around times are dependent on batch specimen: Batch with less than 200 specimens - within 50 days Batch with 200-600 - within 70 days Batch with greater than 600 specimens - within 90 days |
| CDC Points of Contact | Ernest Yufenyuy (404) 639-1548 yod0@cdc.gov Keisha Jackson (404) 639-2547 iqz5@cdc.gov |

Test Order HIV-1/2 Laboratory Algorithm CDC-10272

Synonym(s) CDC/APHL HIV Diagnostic Algorithm, HIV Serology Testing with reflex to NAT

CDC Pre-Approval Needed None

Supplemental Information

Required

Include patient clinical history and previous lab results within the CDC 50.34 Specimen Submission Form.

| Supplemental Form | None |
|--|---|
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | EDTA-treated plasma (preferred) or serum |
| Minimum Volume Required | 2 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | This test can be performed on EDTA-treated plasma (preferred) or serum. |
| | Whole blood can be stored refrigerated (2-8°C) or room temperature (15-25°C) and must be separated within 24 hours of specimen collection. Separate the plasma or serum from the pelleted red blood cells following the manufacturer's instructions for the tube used. |
| | Separated plasma or serum may be stored refrigerated (2-8°C) for up to three days or frozen at -20°C or lower for up to 60 days. |
| | Specimen should not have incurred more than two freeze-thaw cycles. |
| Transport Medium | Not applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship refrigerated separated plasma or serum with refrigerated or frozen cold packs. Ship frozen serum or plasma specimens on dry ice. |
|---|---|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 77 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Enzyme immunoassay (EIA), immunochromatographic assay, nucleic acid amplification (NAT) |
| Turnaround Time | 3 Weeks |
| Interferences & Limitations | Extensive hemolysis may affect test performance. Do not exceed 48 hours storage at 18°C to 30°C to preserve p24 antigen reactivity. |

| | storage at 18°C to 30°C to preserve p24 antigen reactivity. |
|------------------------|---|
| Additional Information | HIV-1/2 antigen/antibody immunoassay is followed by an HIV-1/2 differentiation supplemental assay, which may be followed by an HIV-1 RNA amplification (qualitative - CDC-10275). |
| | If testing results are inconclusive, additional plasma or serum may be required for subsequent testing. |
| CDC Points of Contact | Vickie Sullivan (404) 639-3963 vst5@cdc.gov Jeffrey Johnson (404) 639-4976 jlj6@cdc.gov Leanne Ward (404) 639-3265 mrw0@cdc.gov |

Version 3.7

Test Order HIV-1/2 Serology Diagnostic Algorithm (International Only) CDC-10338

| Synonym(s) | HIV, EIA, WB, ELISA |
|--|---|
| CDC Pre-Approval Needed | Ernest Yufenyuy (404) 639-1548 yod0@cdc.gov Keisha Jackson (404) 639-2547 iqz5@cdc.gov |
| Supplemental Information Required | Specimens must be accompanied with complete requisition form(s). Plasma or serum: CDC Form 0.753: Application for Permit to Import or Transport Etiological Agents, Hosts, or Vectors of Human Disease and Requisition Form Dried Blood Spots: Requisition Form |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Plasma, serum and dried blood spots |
| Minimum Volume Required | Plasma or serum: 0.5 mL (2.0 mL recommended). Dried Blood Spots: 4 saturated paper circles (13 mm filter) (5 recommended) containing 75 µL of whole blood. |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Plasma and Dried Blood Spots (DBS): Prepare from EDTA whole blood. Plasma and Serum storage: Store and ship plasma and serum specimens at -20 °C or colder. Dried Blood Spot storage: Separate individual dried blood spot specimen cards using glassine paper and package them into gas impermeable bags with desiccants and humidity indicator card. Store and ship dried blood spots at -20 °C or colder. Contact CDC POC for DBS filter paper card requirements. For shipping, organize serum, plasma and/or DBS specimens in ascending order according to their specimen ID. For shipping, organize serum, plasma and/or DBS specimens in ascending order |
| Transport Medium | according to their specimen ID. Transport plasma and/or serum in plastic screw-cap vial with O-ring. Dried blood spots should be in gas impermeable plastic bag with desiccant and humidity indicator card and packaged separately. |

| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
|---|---|
| Shipping Instructions which Include Specimen Handling Requirements | Organize serum, plasma and/or DBS specimens in ascending order according to their specimen ID prior to shipping. |
| | For serum and plasma shipments that are in transit for up to 7 days, maintain refrigerated temperature. If the serum and plasma shipments are in transit for greater than 7 days, maintain frozen temperature with dry ice. |
| | For DBS shipments that are in transit for up to 14 days, maintain at refrigerated temperature. If the DBS shipments that are in transit for greater than 14 days, maintain frozen temperatures with dry ice. |
| | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 100 1600 Clifton Road, NE Atlanta, GA 30329 |
| | [Insert CDC Point of Contact's Telephone Number] |
| | All specimens must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an e-mail to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Enzyme Immunoassay, Immunochromatography (Supplemental/Confirmatory Assay), Enzyme-linked Immunosorbent Blot Technique (Western Blot) |
| Turnaround Time | 23 Weeks |
| Interferences & Limitations | Do not use plasma and serum after more than 5 freeze-thaw cycles. Plasma or serum will be rejected if improperly labeled or unlabeled, without documentation or with discrepant documentation, insufficient volume, unacceptable preservatives, and specimen that have leaked in transit or otherwise shown evidence of contamination. |
| | Dried blood spots will be rejected if improperly labeled or unlabeled, without documentation or with discrepant documentation, without humidity indicators and desiccants, demonstrating any indication of humidity in the zip lock bags, insufficient volume for testing, improperly collected, containing blood clots or clumps, with a halo around the blood spot indicating contamination, if specimen are congruent or show evidence of commingling and collected onto inappropriate filter paper. |

Additional Information Positive results are confirmed by the Supplemental Assay and/or Western Blot. Western Blot with an EIA-positivity has combined specificity of greater than 99.9%.

Testing for EIA, Supplemental Assay and Western Blot is performed in batches and the turnaround times are the following:

- Batch with less than 200 specimens within 8 weeks
- Batch with 200-600 within 11 weeks
- Batch with 600 1,000 specimens within 13 weeks
- Batch with greater than 1,000 specimens within 23 weeks

Contact CDC POC for batches greater than 2,000 specimens.

CDC Points of Contact Ernest Yufenyuy (404) 639-1548 yod0@cdc.gov Keisha Jackson (404) 639-2547 iqz5@cdc.gov

Version 2.1

Test Order Human Herpesvirus 6 Detection and Subtyping CDC-10266

| Synonym(s) | HHV6 |
|--|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | This test order is currently not accepting any specimens until further notice. |
| Minimum Volume Required | 0.5 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Cerebrospinal fluid (CSF) should be collected under sterile conditions and stored in a leak proof container, then stored frozen (-20°C or lower) or, if needed, refrigerated (2-8°C) up to 72 hours. |
| | Whole blood should be collected in anticoagulant blood collection tubes (EDTA). Refrigerate (2-8°C) whole blood within 1 hour of collection. If these specimens will be stored for longer than 72 hours, they should be frozen (-20°C or lower). |
| | All specimens submitted for testing at CDC should be frozen (-20°C or lower) prior to shipping and shipped on dry ice overnight. Specimens can be stored at -20°C or lower for a maximum of 1 week prior to shipping. |
| Transport Medium | Not applicable. |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Cerebrospinal fluid (CSF) and whole blood specimens should be shipped frozen on dry ice overnight. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 80 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Polymerase Chain Reaction (PCR) |
| Turnaround Time | 7 Days |
| Interferences & Limitations | There are no known interferences and limitations. |

Additional Information None

CDC Points of Contact Brian Wakeman (404) 639-6403 mrq9@cdc.gov Ludmila Perelygina (404) 639-4812 ifw0@cdc.gov

Version 2.6

Test Order Human Herpesvirus 6 Serology CDC-10497

| Synonym(s) | HHV6 |
|--|---|
| CDC Pre-Approval Needed | Brian Wakeman (404) 639-6403 mrq9@cdc.gov Ludmila Perelygina (404) 639-4812 ifw0@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum and plasma |
| Minimum Volume Required | 0.2 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Serum or plasma samples may be stored at 4 °C for up to one week and can be shipped overnight on cold packs in well-sealed O-ring vials. If more than a week, store at -20 °C and can be shipped overnight on dry ice in well-sealed O-ring vials. |
| Transport Medium | Transport medium is not required. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 80 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Enzyme Linked Immunosorbent Assay (ELISA) |
| Turnaround Time | 7 Days |

| Interferences & Limitations | False positive results may be obtained if samples are excessively lipemic or contaminated by bacteria. False negative results may be obtained if samples are not properly stored after collection. |
|-----------------------------|--|
| Additional Information | HHV-6 antibody detection method (HHV-6 ELISA) used to detect HHV-6 IgG specific antibodies in human serum or plasma. |
| | The test(s) used have not been cleared and approved by the FDA or the performance characteristics have not been fully established by CDC. The results reported should NOT be used for diagnosis, treatment, or assessment of patient health or management. |
| CDC Points of Contact | Brian Wakeman (404) 639-6403 mrq9@cdc.gov Ludmila Perelygina (404) 639-4812 ifw0@cdc.gov |

Version 3.5

Test Order Human Herpesvirus 7 Detection CDC-10267

| Synonym(s) | HHV7 |
|--|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | This test order is currently not accepting any specimens until further notice. |
| Minimum Volume Required | 0.5 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Cerebrospinal fluid (CSF) should be collected under sterile conditions and stored in a leak proof container, then stored frozen (-20°C or lower) or, if needed, refrigerated (2-8°C) up to 72 hours. |
| | Whole blood should be collected in anticoagulant blood collection tubes (EDTA or citrate). Refrigerate (2-8°C) whole blood within 1 hour of collection. If these specimens will be stored for longer than 72 hours, they should be frozen (-20°C or lower). |
| | All specimens submitted for testing at CDC should be frozen (-20°C or lower) prior to shipping and shipped on dry ice overnight. Specimens can be stored at -20°C or lower for a maximum of 1 week prior to shipping. |
| Transport Medium | Not applicable. |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Cerebrospinal fluid (CSF) and whole blood specimens should be shipped frozen on dry ice overnight. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 80 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Polymerase Chain Reaction (PCR) |
| Turnaround Time | 7 Days |
| Interferences & Limitations | There are no known interferences and limitations. |

Additional Information None

CDC Points of Contact Brian Wakeman (404) 639-6403 mrq9@cdc.gov Ludmila Perelygina (404) 639-4812 ifw0@cdc.gov

Version 2.6

Test Order Human Immunodeficiency Virus Type 1 (HIV-1) Nucleic Acid Testing and Sequence Analysis CDC-10533

| Synonym(s) | HIV-1 |
|--|---|
| CDC Pre-Approval Needed | Bill Switzer (404) 639-0219 bis3@cdc.gov Hao Zheng (404) 639-2421 hxz2@cdc.gov |
| Supplemental Information Required | A separate form for additional information will be provided after the test request is approved. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum, plasma or whole blood |
| Minimum Volume Required | 1 mL plasma or serum; 10 mL whole blood |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Specimen stability is affected by elevated temperature. Whole blood should not be frozen but can be kept at 15-30 °C for up to 6 hours or at 2-8 °C for up to 24 hours prior to shipping. Plasma and serum specimens may be stored an additional five days at 2 °C to 8 °C following centrifugation. Plasma and serum specimens may be stored at less than or equal to -20 °C for up to 6 months; however, storage at these temperatures for longer periods has not been fully evaluated. |
| | Whole blood specimens may be collected in ethylenediaminetetraacetic acid (EDTA) or Acid Citrate Dextrose (ACD) tubes. Plasma can be collected using plasma preparation tubes (PPT) or EDTA or ACD. Serum can be collected in serum tubes. Follow sample tube manufacturer's instructions. Shipping of specimens the same day of collection is preferred. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| | Identifiers must be clearly labeled on each specimen and correspond to information on the requisition form. |

| Shipping Instructions which Include Specimen Handling Requirements | Ship unprocessed whole blood specimens overnight for next morning delivery at ambient temperature. Shipping of whole blood specimens overnight on wet ice packs is acceptable during periods of high environmental tempartures. If serum or plasma is collected, these specimens should be shipped frozen overnight on dry ice. |
|---|--|
| | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 227 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Nucleic acid (DNA and RNA) amplification and sequence analysis |
| Turnaround Time | 3 Weeks |
| Interferences & Limitations | Collections in heparin coated tubes are unacceptable due to heparin interference with nucleic acid amplification. Specimen will be rejected if improperly labeled or unlabeled, or with discrepant documentation, insufficient volume, without documentation, unacceptable preservatives, and specimen that have leaked in transit or otherwise shown evidence of contamination. |
| Additional Information | For RNA testing, separate the plasma or serum by centrifugation and transfer serum or plasma to a polypropylene screw-cap tube with an O-ring for shipment. Freeze (-70 °C is optimal, -20 °C acceptable) sera/plasma as soon as possible after separation (min volume of 1mL of plasma/sera is required, 5 mLs is optimal). |
| CDC Points of Contact | Bill Switzer (404) 639-0219 bis3@cdc.gov Hao Zheng (404) 639-2421 hxz2@cdc.gov Anupama Shankar (404) 639-1484 ikb6@cdc.gov |

Version 1.3

Test Order Human Papillomavirus (HPV) Special Study CDC-10131

| Synonym(s) | |
|--|--|
| CDC Pre-Approval Needed | Elizabeth Unger (404) 639-3533 eru0@cdc.gov Gitika Panicker (404) 639-2269 dhv1@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | To be determined |
| Minimum Volume Required | To be determined |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | To be determined |
| Transport Medium | To be determined |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 178 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and |
| | federal regulations. |
| Methodology | To be determined |
| Turnaround Time | |
| Interferences & Limitations | To be determined |
| Additional Information | HPV testing is for surveillance/research studies and needs to be arranged with CDC POC. Assays include a variety of HPV typing and HPV serology platforms. |

CDC Points of Contact Elizabeth Unger (404) 639-3533 eru0@cdc.gov Gitika Panicker (404) 639-2269 dhv1@cdc.gov Troy Querec (404)639-2864 hep0@cdc.gov

Version 2.0

Test Order Influenza Molecular Detection in Clinical Specimens CDC-10421

| Synonym(s) | Influenza Real Time PCR, Influenza Diagnostics, Flu | |
|--|--|--|
| CDC Pre-Approval Needed | None | |
| Supplemental Information Required | Include patient's name and second identifier on the specimen vial. The two identifiers on the specimen vial label must match what is on the CDC 50.34 Specimen Submission form or in CSTOR. | |
| Supplemental Form | None | |
| Performed on Specimens From | Human | |
| Acceptable Sample / Specimen Type for Testing | For qualitative detection of influenza virus type A or B viral RNA in upper respiratory tract clinical specimens (including nasopharyngeal swabs [NPS], nasal swabs [NS], throat swabs [TS], nasal aspirates [NA], nasal washes [NW] and dual nasopharyngeal/throat swabs [NPS/TS]) and lower respiratory tract specimens (including bronchoalveolar lavage [BAL], bronchial wash [BW], tracheal aspirate [TA], sputum, and lung tissue) and H5 conjunctival swabs. | |
| Minimum Volume Required | 1 mL | |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Swab specimens should be collected using only swabs with a synthetic tip, such as nylon or Dacron [®] , and an aluminum or plastic shaft. Clinical specimens should be transported to the laboratory within less than or equal to 2 hours. Specimens that are to be shipped to CDC should be stored frozen (-20°C or lower) until shipped. May be held for up to 7 days prior to shipping. | |
| Transport Medium | Respiratory specimens must be in viral transport medium (VTM) or universal transport medium (UTM). Lavage specimens in phosphate buffered saline (PBS) are accepted. | |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. | |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship frozen specimens on dry ice. Urgent specimens can be shipped any time with prior approval from the laboratory. Prior to shipping, notify CDC Influenza Division that you are sending a specimen. Refer to the International Air Transport Association (IATA - www.iata.org) for requirements for shipment of human or potentially infectious biological specimens. | |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 198 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] | |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. | |

| Methodology | Real-time reverse tra | anscriptions - pol | lymerase chain reaction | s (rRT-PCR) |
|-------------|-----------------------|--------------------|-------------------------|-------------|
|-------------|-----------------------|--------------------|-------------------------|-------------|

| Turnaround Time | 7 Days |
|-----------------------------|---|
| Interferences & Limitations | Low virus numbers or co-infections can affect test results. Calcium alginate swabs are unacceptable and cotton swabs with wooden shafts are not recommended because it can cause a false-negative result. |
| Additional Information | Specimens requiring additional testing will take longer than seven days for results. |
| CDC Points of Contact | Kai Hui Wu (404) 639-4508 ckq8@cdc.gov Marie Kirby (404) 718-7689 pbi0@cdc.gov |

Version 3.5

Test Order Influenza Molecular Surveillance CDC-10545

| Synonym(s) | Flu Panels |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Requires completed Influenza Specimen Submission Form (Can be obtained from APHL with your password) |
| Supplemental Form | Influenza Specimen Submission Form. https://www.aphl.org/programs/infectious_disease/influenza/Pages/Specim en_Submission.aspx |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Virus isolates, RNA, respiratory clinical specimens (i.e. nasopharyngeal swabs, nasal swabs, throat swabs, nasal aspirates, nasal washes, lower respiratory tract specimens), and others upon consultation with the laboratory. |
| Minimum Volume Required | 1 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Swab specimens should be collected using only swabs with a synthetic tip, such as nylon or Dacron ®, and an aluminum or plastic shaft. Calcium alginate swabs are unacceptable and cotton swabs with wooden shafts are not recommended because it can cause a false-negative result. Clinical specimens should be placed at 4 °C and transported to the laboratory promptly. Specimens received cold that are to be shipped within 48 hours should be stored refrigerated (2 °-8 °C); otherwise specimens should be frozen at or below -70 °C until shipped. |
| Transport Medium | Swabs must be in viral transport medium |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

Shipping Instructions which Include

CDC does not accept routine shipments on weekends or holidays. Please make Specimen Handling Requirements sure packages arrive Monday – Friday. Ship extracted RNA and frozen specimens on dry ice. Refrigerated specimens should be shipped on cold packs. Urgent specimens can be shipped any time with prior approval from the laboratory. Prior to shipping, notify CDC Influenza Division that you are sending specimens. Refer to the International Air Transport Association (IATA - www.iata.org) for requirements for shipment of human or potentially infectious biological specimens.

> Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB / STATT Unit 198 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number]

All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number.

| Methodology | Real-time Polymerase Chain Reaction (CDC rRT-PCR Influenza Panels) |
|-----------------------------|---|
| Turnaround Time | |
| Interferences & Limitations | Low virus numbers or co-infections can affect test results. |
| Additional Information | If there is a need for a report, please contact lab POC to coordinate. |
| CDC Points of Contact | Kai Wu (404) 639-4508 ckq8@cdc.gov Marie Kirby (404) 718-7689 pbi0@cdc.gov |

Version 1.0

Test Order Influenza Serology CDC-10424

| Synonym(s) | Influenza Hemagglutination inhibition assay, Influenza microneutralization assay |
|--|--|
| CDC Pre-Approval Needed | Min Levine (404) 639-3504 mwl2@cdc.gov Terrence Tumpey (404) 639-5444 tft9@cdc.gov |
| Supplemental Information Required | Supplemental form will be supplied upon consultation with laboratory |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Paired Serum; Acute (less than 7 days post symptoms onset) and convalescent (at least 14 days after acute serum collection) |
| Minimum Volume Required | 0.5 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Should be collected and immediately frozen. Specifics around storage and preservation are supplied on the supplemental form and upon consultation with laboratory. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 82s 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Hemagglutination inhibition assay, Microneutralization assay |
| Turnaround Time | 6 Weeks |
| Interferences & Limitations | Whole blood cannot be used for testing. Lipemic or hemolyzed sera will affect test results. |
| Additional Information | None |
| | |

CDC Points of Contact Min Levine (404) 639-3504 mwl2@cdc.gov Terrence Tumpey (404) 639-5444 tft9@cdc.gov

Version 1.4

Test Order Influenza Special Study CDC-10425

| Synonym(s) | |
|--|--|
| CDC Pre-Approval Needed | Rebecca Kondor (404) 639-1371 dqy5@cdc.gov Todd Davis (404) 639-1428 ctdavis@cdc.gov |
| Supplemental Information Required | Requires completed Influenza Specimen Submission Form (Can be obtained from APHL with your password) |
| Supplemental Form | Influenza Specimen Submission Form. https://www.aphl.org/programs/infectious_disease/influenza/Pages/Specim en_Submission.aspx |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | To be determined |
| Minimum Volume Required | To be determined |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | To be determined |
| Transport Medium | To be determined |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. ATTN: Angie Foust |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 198 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. |

| Methodology | |
|-----------------|--|
| Turnaround Time | |

| Interferences & Limitations | To be determined |
|-----------------------------|---|
| Additional Information | To be determined |
| CDC Points of Contact | Rebecca Kondor (404) 639-1371 dqy5@cdc.gov Larisa Gubareva (404) 639-3204 lqg3@cdc.gov Todd Davis (404) 639-1428 dqy5@cdc.gov |

Version 1.6

Test Order Influenza Surveillance CDC-10422

| Synonym(s) | Flu, Influenza Antigen Characterization |
|--|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Requires completed Influenza Specimen Submission Form (Can be obtained from APHL with your password) |
| Supplemental Form | Influenza Specimen Submission Form. https://www.aphl.org/programs/infectious_disease/influenza/Pages/Specim en_Submission.aspx |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Respiratory specimens (nasopharyngeal swabs, nasal swabs, throat swabs, nasal aspirates, nasal washes, dual nasopharyngeal/throat swabs, bronchoalveolar lavage, sputum, tracheal aspirate, etc.), virus cultures, and others upon consultation with the laboratory. |
| Minimum Volume Required | 1 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Swab specimens should be collected using only swabs with a synthetic tip, such as nylon or Dacron [®] , and an aluminum or plastic shaft. Ensure that, when transporting human respiratory specimens, all applicable regulations for the transport of etiologic agents are met. Specimens received cold should be stored refrigerated (2-8 °C) for up to 72 hours before processing. Store any residual specimens at or below -70 °C. Although optimal performance is met when testing fresh specimens within 72 hours of collection, performance has been demonstrated with frozen specimens. If testing of a fresh specimen is not possible within 72 hours storage at 2-8 °C, the specimen may be frozen at or below -70 °C and tested at a later time. Specimens received frozen should be stored at or below -70 °C until processing. Store any residual specimens at or below -70 °C. |
| Transport Medium | Swabs must be in viral transport medium |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include Specimen Handling Requirements | Ship extracted RNA and frozen specimen on dry ice. Refrigerated specimen should be shipped on cold packs. |
|---|---|
| | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. Urgent specimen can be shipped any time with prior approval from the laboratory. Refer to the International Air Transport Association (IATA - www.iata.org) for requirements for shipment of human or potentially infectious biological specimens. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 200 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Hemagglutination Inhibition (HI) test, Virus Culture |
| Turnaround Time | |
| Interferences & Limitations | Low virus numbers or co-infections can affect test results. Calcium alginate swabs are unacceptable and cotton swabs with wooden shafts are not recommended because it can cause a false-negative result. |
| Additional Information | None |
| CDC Points of Contact | Wendy Sessions (404) 639-3211 gra6@cdc.gov Rebecca Kondor (404) 639-1371 dqy5@cdc.gov |
| | |

Version 1.5

Test Order International Infection Control Branch (IICB) Special Studies (International Only) CDC-10558

| International Infection Control Branch (IICB), Antimicrobial Resistance in Communities and Hospitals (ARCH), Global Action in Healthcare Network (GAIHN), Global Antimicrobial Laboratory & Response Network (GARLRN); Healthcare Associated Infections (HAI) |
|--|
| Kara Moser (989) 600-8918 qsy5@cdc.gov Natashia Reese (404) 718-5584 nfu2@cdc.gov |
| Contact the CDC POC for instructions on completing appropriate forms for submittal. For pure culture isolate submittals, the CDC 50.34 Specimen Submission Form or Global File Accessioning Template (GFAT) must include the date the submitted culture was inoculated onto transport media. For nucleic acid, the CDC 50.34 Specimen Submission Form or GFAT must include the date of initial sample collection. |
| The following supplemental forms will be provided after pre-approval for submission: Study-Specific Requisition Form(s) and CDC Form 0.753 Application for Permit to Import or Transport Etiological Agents, Hosts, or Vectors of Human Disease. |
| Human and Food/Environmental/Medical Devices/Biologics |
| Isolates: pure culture isolates of bacteria DNA: extracted nucleic acid in elution buffer |
| Isolates: Not Applicable DNA: Contact CDC POC |
| Store pure culture isolates at room temperature (15-25 °C) for up to 7 days or at refrigerated temperature (2-8 °C) up to 14 days. |
| Isolates being stored more than 14 days should be frozen (-20 °C or lower). Ship isolates as soon as possible to ensure viability and to avoid loss of antimicrobial resistance mechanisms. |
| Store extracts frozen (-20 °C or lower) and protect from repeated freeze thaws. |
| |
| For Isolates: Transport refrigerated (2-8 °C) specimens on suitable agar medium. Transport frozen (-20 °C or lower) specimens in TSB plus glycerol. |
| |

| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
|---|--|
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship submissions overnight. Refrigerated samples should be shipped with refrigerated or frozen cold packs. Frozen samples should be shipped frozen with dry ice. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 154 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Amplification and next generation sequencing, phenotypic testing, Disk Diffusion, E-test, Molecular Detection of Antimicrobial Resistance Markers, Broth Microdilution (BMD), Antimicrobial Susceptibility Testing (AST) |
| Turnaround Time | 52 Weeks |
| Interferences & Limitations | The ability to generate sequences relies primarily on nucleic acid quantity and specimen quality. Pure culture isolates must be viable for testing. |
| Additional Information | The test(s) used have not been cleared and approved by the FDA or the performance characteristics have not been fully established by CDC. The results should NOT be used for diagnosis, treatment, or assessment of patient health or management. |
| CDC Points of Contact | Kara Moser (989) 600-8918 qsy5@cdc.gov Natashia Reese (404) 718-5584 nfu2@cdc.gov Gillian McAllister (404) 639-2283 HAISeq@cdc.gov |
| | |

Version 2.3

Test Order Kyasanur Forest Disease Testing CDC-10341

| Synonym(s) | KFD |
|--|---|
| CDC Pre-Approval Needed | Trevor Shoemaker (470) 312-0094 spather@cdc.gov Amy Schuh (404) 639-1756 wuc2@cdc.gov |
| Supplemental Information Required | Private citizens interested in clinical testing should contact their healthcare providers. Clinicians should contact their local or state health department for consultation. |
| Supplemental Form | None |
| Performed on Specimens From | Human and Animal |
| Acceptable Sample / Specimen Type for Testing | For serology testing, the accepted specimen types are whole blood (EDTA) or serum. Contact the CDC POC for approval prior to sending any specimens. |
| | Animal specimens or human research specimens may be submitted with approval from CDC POC. |
| Minimum Volume Required | 4 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Human serological specimens stored refrigerated (2-8°C) must be received within 7 days of specimen collection date, and specimens stored frozen (-20°C or below) must be received within 2 months of specimen collection date. Contact the CDC POC for approval prior to sending any specimens. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. For molecular and serology testing, specimens should be shipped frozen on dry ice. Do not ship specimen without prior consultation and approval. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 70 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |

| Methodology | Serology |
|-----------------------------|--|
| Turnaround Time | 2 Weeks |
| Interferences & Limitations | Avoid thawing frozen specimens, as freeze-thawing may affect sensitivity of assays. |
| Additional Information | Pre-approval is required. Contact CDC's Emergency Operation Center at 770-488- 7100 and request VSPB's on-call epidemiologist to provide the clinical and epidemiological history on the patient. If testing is approved, VSPB will provide an approval number (EPIID) by email along with instructions for next steps. After receiving pre-approval and the EPIID number, the CDC specimen submission form can be submitted using one of two ways: |
| | 1) For submitters that use CSTOR, submit using the CSTOR Web Portal. Please include the EPIID in the Test Order Request's comments field. If the EPIID is not included, the order will be rejected. |
| | 2) For submitters that do not use CSTOR, submit via CDC 50.34 Specimen |
| | Submission Form. Enter the EPIID in the "Case ID field" within the "Patient Information" section on CSTOR and/or the CDC 50.34 Specimen Submission Form. Critical specimens will take less than 4 days to turn around. |
| CDC Points of Contact | Trevor Shoemaker (470) 312-0094 spather@cdc.gov Amy Schuh (404) 639-1756 wuc2@cdc.gov Maria Morales Betoulle (404) 718-1655 fof7@cdc.gov |
| | |

Version 4.4

Test Order Laguna Hemorrhagic Fever Testing CDC-10342

| Synonym(s) | HPS, hanta |
|--|---|
| CDC Pre-Approval Needed | Trevor Shoemaker (470) 312-0094 spather@cdc.gov Amy Schuh (404) 639-1756 wuc2@cdc.gov |
| Supplemental Information Required | Private citizens interested in clinical testing should contact their healthcare providers. Clinicians should contact their local or state health department for consultation. |
| Supplemental Form | None |
| Performed on Specimens From | Human and Animal |
| Acceptable Sample / Specimen Type for Testing | For serology testing, the accepted specimen types are whole blood (EDTA) or serum. Contact the CDC POC for approval prior to sending any specimens. |
| | Animal specimens or human research specimens may be submitted with approval from CDC POC. |
| Minimum Volume Required | 4 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Human serological specimens stored refrigerated (2-8°C) must be received within 7 days of specimen collection date, and specimens stored frozen (-20°C or below) must be received within 2 months of specimen collection date. Contact the CDC POC for approval prior to sending any specimens. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. For molecular and serology testing, specimens should be shipped frozen on dry ice. Do not ship specimen without prior consultation and approval. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 70 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |

| Methodology | Serology |
|-----------------------------|--|
| Turnaround Time | 2 Weeks |
| Interferences & Limitations | Avoid thawing frozen specimens, as freeze-thawing may affect sensitivity of assays. |
| Additional Information | Pre-approval is required. Contact CDC's Emergency Operation Center at 770-488- 7100 and request VSPB's on-call epidemiologist to provide the clinical and epidemiological history on the patient. If testing is approved, VSPB will provide an approval number (EPIID) by email along with instructions for next steps. After receiving pre-approval and the EPIID number, the CDC specimen submission form can be submitted using one of two ways: |
| | 1) For submitters that use CSTOR, submit using the CSTOR Web Portal. Please include the EPIID in the Test Order Request's comments field. If the EPIID is not included, the order will be rejected. |
| | 2) For submitters that do not use CSTOR, submit via CDC 50.34 Specimen Submission Form. Enter the EPIID in the "Case ID field" within the "Patient Information" section on CSTOR and/or the CDC 50.34 Specimen Submission Form. Critical specimens will take less than 4 days to turn around. |
| CDC Points of Contact | Trevor Shoemaker (470) 312-0094 spather@cdc.gov Amy Schuh (404) 639-1756 wuc2@cdc.gov Maria Morales Betoulle (404) 718-1655 fof7@cdc.gov |
| | |

Version 5.2

Test Order Lassa Fever Testing CDC-10343

| Synonym(s) | Arenavirus |
|--|---|
| CDC Pre-Approval Needed | Trevor Shoemaker (470) 312-0094 spather@cdc.gov Amy Schuh (404) 639-1756 wuc2@cdc.gov |
| Supplemental Information Required | Private citizens interested in clinical testing should contact their healthcare providers. Clinicians should contact their local or state health department for consultation. |
| Supplemental Form | None |
| Performed on Specimens From | Human and Animal |
| Acceptable Sample / Specimen Type for Testing | For human PCR testing, whole blood (EDTA) is acceptable. CDC POC contact is required prior to sending any specimens. |
| | Animal specimens or human research specimens may be submitted with approval from CDC POC. |
| Minimum Volume Required | 4 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Human specimens for PCR testing stored refrigerated (2- 8°C) must be received within 3 days of specimen collection, and specimens stored frozen (-20°C or below) must be received within 30 days of specimen collection date. Contact the CDC POC for approval prior to sending any specimens. |
| Transport Medium | Not Applicable |
| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. Do not ship specimen without prior consultation and approval. |
|---|--|
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 70 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Polymerase Chain Reaction (PCR) |
| Turnaround Time | 2 Weeks |
| Interferences & Limitations | Do not collect specimens in heparin, as heparin may cause interference with the molecular tests. Avoid thawing frozen specimens, as freeze-thawing may affect sensitivity of assays. |
| Additional Information | Pre-approval is required. Contact CDC's Emergency Operation Center at 770-488- 7100 and request VSPB's on-call epidemiologist to provide the clinical and epidemiological history on the patient. If testing is approved, VSPB will provide an approval number (EPIID) by email along with instructions for next steps. After receiving pre-approval and the EPIID number, the CDC specimen submission form can be submitted using one of two ways: |
| | 1) For submitters that use CSTOR, submit using the CSTOR Web Portal. Please include the EPIID in the Test Order Request's comments field. If the EPIID is not included, the order will be rejected. |
| | 2) For submitters that do not use CSTOR, submit via CDC 50.34 Specimen Submission Form. Enter the EPIID in the "Case ID field" within the "Patient Information" section on CSTOR and/or the CDC 50.34 Specimen Submission Form. Critical specimens will take less than 4 days to turn around. |
| CDC Points of Contact | Trevor Shoemaker (470) 312-0094 spather@cdc.gov Amy Schuh (404) 639-1756 wuc2@cdc.gov Maria Morales Betoulle (404) 718-1655 fof7@cdc.gov |

Version 4.5

Test Order Legionella species Detection and Identification from Clinical Specimens or Isolates CDC-10159

| Synonym(s) | <i>Legionella pneumophila, L. pneumophila, Legionella,</i> Legionnaires' disease, LD, Legionellosis, Pontiac fever |
|--|---|
| CDC Pre-Approval Needed | Melisa Willby (404) 639-5479 mwillby@cdc.gov Jonas Winchell (404) 639-4921 jwinchell@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | For culture: sputum, bronchoalveolar lavage (BAL), fluid_bronchial, bronchial washings, tracheal aspirate, endotracheal tube washes, microbial isolate and fresh lung tissue will be accepted. |
| | For molecular characterization: presumptive Legionella pure culture isolates, sputum, bronchoalveolar lavage (BAL), fluid_bronchial, bronchial washings, tracheal aspirate, endotracheal tube washes, and fresh lung tissue will be accepted. Other specimen types will be rejected. |
| Minimum Volume Required | Respiratory Specimens for culture: 0.05 mL; 0.1 mL preferred. Respiratory specimens for molecular characterization: 0.2 mL; 0.5 mL preferred. Fresh Lung Tissue: 3 mm3; 5 mm3 preferred |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Collect specimens prior to antibiotic treatment, if possible. Refrigerate (2-8°C) specimens promptly after collection and freeze (-20°C or lower) within 96 hours. Specimens should be kept frozen and shipped within 40 days. Maintain isolates to ensure viability. |
| Transport Medium | For pure culture isolates: buffered charcoal yeast extract (BCYE) slants (preferred) or plates. |
| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Specimens should be shipped frozen on dry ice (next day delivery). Isolates should be shipped refrigerated with refrigerated or frozen cold packs (next day delivery) or at room temperature with room-temperature cold packs. Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention |
|---|--|
| | RDSB/STATT Unit 33 |
| | 1600 Clifton Road, NE |
| | Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | |
| | All samples must be shipped in accordance with all applicable local, state and |
| | federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Specimens and isolates: culture, sequencing, real-time polymerase chain reaction (PCR) |
| Turnaround Time | 4 Weeks |
| Interferences & Limitations | Antibiotic treatment may impact results; specimens should be collected prior to antibiotic treatment, if possible. Specimens that are not collected, stored, and transported at specified conditions may be rejected by the laboratory. Refer to Collection, Storage & Preservation of Specimen Prior to Shipping. Non-viable isolates will be rejected. |
| Additional Information | None |
| CDC Points of Contact | legionellalab@cdc.gov (Primary Contact) 404-639-5479 legionellalab@cdc.gov |

Version 5.0

Melisa Willby 404-639-5479 ghx9@cdc.gov Jonas Winchell (404)639-4921 jwinchell@cdc.gov

Test Order Legionella species Detection and Identification from Environmental Samples and Isolates CDC-10160

| 606-10100 | |
|--|---|
| Synonym(s) | <i>Legionella pneumophila, L. pneumophila, Legionella,</i> Legionnaires' disease, LD, Legionellosis, Pontiac fever |
| CDC Pre-Approval Needed | Primary Contact |
| | legionellalab@cdc.gov Melisa Willby (404) 639-5479 ghx9@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Samples from environmental and other associated sources and their derived pure culture isolates. Consult with CDC POC prior to sending samples. |
| Minimum Volume Required | Consult CDC POC for minimum volume required. |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Isolates should be maintained to ensure viability. |
| Transport Medium | For pure culture isolates: buffered charcoal yeast extract (BCYE) slants (preferred) or plates. |
| Specimen Labeling | Other |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Isolates should be shipped refrigerated with refrigerated or frozen cold packs (next day delivery) or at room temperature with room-temperature cold packs. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 33 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Culture, Sequencing, Real-time Polymerase Chain Reaction (PCR) |
| | |

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Turnaround Time 4 Weeks
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| Interferences & Limitations | Samples that are not collected, stored, or transported at specified conditions may be rejected by the laboratory. Refer to Collection, Storage & Preservation of Specimen Prior to Shipping. Non-viable isolates will be rejected. |
|-----------------------------|--|
| Additional Information | None |
| CDC Points of Contact | legionellalab@cdc.gov (Primary Contact) 404-639-5479 legionellalab@cdc.gov Melisa Willby 404-639-5479 ghx9@cdc.gov Jonas Winchell (Emergency) (404)639-4921 jwinchell@cdc.gov |

Version 4.5

Test Order *Leishmania* species Identification CDC-10238

| Synonym(s) | Parasite |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | EDTA-treated whole blood and bone marrow, unpreserved skin tissue |
| Minimum Volume Required | 0.2 mL of blood or bone marrow |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Specimens should be stored in sterile leak-proof containers. Tissue specimens should be placed in a small amount of sterile buffered medium (e.g., buffered saline, RPMI, Eagle's growth, Schneider's, Tobie's, etc), kept refrigerated (2-8°C), and shipped to CDC within 7 days of collection. Tissue stored beyond 7 days must be frozen at or below -20°C for up to 30 days. EDTA-treated whole blood and bone marrow specimens must be kept refrigerated (2-8°C) and shipped within 7 days of collection. |
| Transport Medium | Unpreserved tissue specimens should be transported in a sterile buffered medium (e.g., buffered saline, RPMI, Eagle's growth, Schneider's, Tobie's, etc). EDTA-treated (purple top) whole blood and bone marrow do not require transport medium. |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. All specimens must be shipped to CDC by same- or next-day courier as an etiologic agent. Samples stored refrigerated must be shipped in insulated shipping containers with refrigerated or frozen cold packs. Frozen samples must be shipped frozen on dry ice. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 52 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. |

| Methodology | Conventional and Real-time Polymerase Chain Reaction (PCR) and Sanger sequencing |
|-----------------------------|---|
| Turnaround Time | 3 Weeks |
| Interferences & Limitations | Formalin-fixed specimens are not suitable for this test order. Please see Test Order CDC-10365 (Pathologic Evaluation of Tissues for Possible Infectious Etiologies) and contact pathology@cdc.gov regarding testing of formalin-fixed specimens. |
| Additional Information | Acceptable Specimen Type for Testing: Unpreserved skin tissue is the preferred specimen type for cutaneous leishmaniasis. Blood and bone marrow are only suitable to diagnose visceral leishmaniasis. |
| | Shipping Instructions: Refrigerated specimens must arrive to CDC at 2-8°C within 7 days of collection. Frozen specimens must arrive to CDC at or below -20°C within 30 days of collection. Specimens not meeting these conditions will not be accepted for testing and new specimen will be required. |
| CDC Points of Contact | Parasitology Lab Mailbox (404) 718-4175 parasiteslab@cdc.gov Billy Watson (404) 639-8194 qjs7@cdc.gov |

Version 6.1

Test Order Leptospira species Molecular Detection CDC-10200

| Synonym(s) | Leptospirosis, PCR |
|--|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Whole blood and serum |
| Minimum Volume Required | 0.60 mL for serum and whole blood. |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Refrigerated (2-8°C) for up to 14 days post- collection and frozen (-20°C or lower) for up to 28 days. Blood specimens should be collected in EDTA or Sodium Citrate tubes (not heparin). |
| | All specimens cannot exceed 3 freeze/thaw cycles. |
| Transport Medium | Transport medium is not required. |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Samples should be shipped frozen on dry ice. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 91 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Polymerase Chain Reaction (PCR) |
| Turnaround Time | 2 Weeks |
| Interferences & Limitations | Heparin may cause interference with the molecular tests and should be avoided. |
| Additional Information | Study or research samples should be submitted under test code CDC-10202, Leptospira species Study |

CDC Points of Contact Zoonoses and Select Agent Laboratory ZSAL (404) 639-1711 ZSAL@cdc.gov Robyn Stoddard (404) 639-2053 frd8@cdc.gov

Version 2.1

Test Order Leptospira species Serology CDC-10201

| Synonym(s) | Leptospirosis serology, MAT, microagglutination test |
|--|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Paired serum samples is preferred (acute: during active stage of illness; convalescent: 2-4 weeks after acute stage) |
| Minimum Volume Required | 0.1 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Serum may be stored at refrigerated temperature (2-8°C) for up to 7 days post- collection and frozen (-20°C or lower) for up to 2 months. Specimens should not exceed 3 freeze/thaw cycles. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Serum should be shipped frozen on dry ice. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 91 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Microagglutination test (MAT) |
| Turnaround Time | 2 Weeks |
| Interferences & Limitations | Plasma is not an acceptable specimen. Hemolysis can interfere with testing. |
| Additional Information | Study or research samples should be submitted under test code CDC-10202, <i>Leptospira</i> species Study |

CDC Points of Contact Zoonoses and Select Agent Laboratory ZSAL (404) 639-1711 ZSAL@cdc.gov Robyn Stoddard (404) 639-2053 frd8@cdc.gov

Version 1.7

Test Order Leptospira species Study CDC-10202

| | 000 10202 |
|--|---|
| Synonym(s) | |
| CDC Pre-Approval Needed | Zoonoses and Select Agent Laboratory ZSAL (404) 639-1711 zsal@cdc.gov Bacterial Special Pathogens Branch CDC (770) 488-7100 bzb@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | To be determined |
| Minimum Volume Required | To be determined |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | To be determined |
| Transport Medium | To be determined |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 91 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | |
| Turnaround Time | |
| Interferences & Limitations | To be determined |
| Additional Information | To be determined |
| | |

CDC Points of Contact Zoonoses and Select Agent Laboratory ZSAL (404) 639-1711 ZSAL@cdc.gov Robyn Stoddard (404) 639-2053 frd8@cdc.gov

Version 1.4

Test Order Listeria Identification CDC-10128

| Synonym(s) | Listeria |
|--|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Complete one CDC 50.34 Specimen Submission Form per specimen and provide the following specimen information: "Specimen source (type)" and "Transport medium/Specimen preservative." Provide any preliminary results in the "Previous laboratory results" section of the CDC 50.34 Specimen Submission Form. For submissions of sequence data (e.g data_sequence specimen type) the specimen identifier should be the PNUSA number. |
| Supplemental Form | None |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | This test order is currently not accepting any specimens until further notice. |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store isolates at refrigerated (2-8°C) to room temperature (15-25°C). Isolates held for more than a month should be frozen (-20°C or lower). |
| Transport Medium | If isolates are shipped at room temperature or refrigerated, inoculate on nutrient agar or other similar non-selective agar (trypticase soy agar, heart infusion agar, chocolate agar, etc.). If isolates are shipped frozen, suspend bacterial growth in trypticase soy broth (TSB) supplemented with 20% glycerol. |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship slants at refrigerated with refrigerated or frozen cold packs or room temperature with room-temperature cold packs. Ship glycerol stocks frozen with dry ice. There are no time constraints for submitting sequence data. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 20 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. |

| Turnaround Time | 13 Weeks |
|-----------------------------|---|
| Interferences & Limitations | Repeat freeze/thaw cycles can lower test sensitivity. |
| Additional Information | The original isolate should be retained by the submitter for the duration of testing at CDC. |
| | Turnaround times for routine isolates may be extended during major foodborne outbreak activities or due to limited availability of resources. |
| CDC Points of Contact | Zuzana Kucerova (404) 718-4143 zik0@cdc.gov Christine Lee (404) 498-2295 pfx6@cdc.gov |

Version 1.5

Test Order Listeria monocytogenes Identification CDC-10129

| Synonym(s) | Listeria Typing |
|--|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Complete one CDC 50.34 Specimen Submission Form per specimen and provide the following specimen information: "Specimen source (type)" and "Transport medium/Specimen preservative." Provide any preliminary results in the "Previous laboratory results" section of the CDC 50.34 Specimen Submission Form. For submissions of sequence data (e.g data_sequence specimen type) the specimen identifier should be the PNUSA number. Specify type of subtyping requested in 'Previous Laboratory Results' on back of CDC 50.34 Specimen Submission Form. Epidemiologic metadata and PulseNet cluster code are requested if available. |
| Supplemental Form | None |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | This test order is currently not accepting any specimens until further notice. |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store isolates at refrigerated (2-8°C) to room temperature (15-25°C). Isolates held for more than a month should be frozen (-20°C or lower). |
| Transport Medium | If isolates are shipped at room temperature or refrigerated, inoculate on nutrient agar or other similar non-selective agar (trypticase soy agar, heart infusion agar, chocolate agar, etc.). If isolates are shipped frozen, suspend bacterial growth in trypticase soy broth (TSB) supplemented with 20% glycerol. |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship slants at refrigerated with refrigerated or frozen cold packs or room temperature with room-temperature cold packs. Ship glycerol stocks frozen with dry ice. There are no time constraints for submitting sequence data. |
|---|---|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 20 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |

| Methodology | Genetic Identification |
|-----------------------------|---|
| Turnaround Time | 13 Weeks |
| Interferences & Limitations | Repeat freeze/thaw cycles can lower test sensitivity. |
| Additional Information | The original isolate should be retained by the submitter for the duration of testing at CDC. |
| | Turnaround times for routine isolates may be extended during major foodborne outbreak activities or due to limited availability of resources. |
| CDC Points of Contact | Zuzana Kucerova (404) 718-4143 zik0@cdc.gov Christine Lee (404) 498-2295 pfx6@cdc.gov |
| | |

Version 1.7

Test Order *Listeria* Study CDC-10130

| Synonym(s) | |
|--|---|
| CDC Pre-Approval Needed | Zuzana Kucerova (404) 718-4143 zik0@cdc.gov Christine Lee (404) 498-2295 pfx6@cdc.gov |
| Supplemental Information Required | Complete one CDC 50.34 Specimen Submission Form per specimen and provide the following specimen information: "Specimen source (type)" and "Transport medium/Specimen preservative." Provide any preliminary results in the "Previous laboratory results" section of the CDC 50.34 Specimen Submission Form. For submissions of sequence data (e.g data_sequence specimen type) the specimen identifier should be the PNUSA number. |
| Supplemental Form | None |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Isolates, Sequence Data |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store isolates at refrigerated (2-8°C) to room temperature (15-25°C). Isolates held for more than a month should be frozen (-20°C or lower). |
| Transport Medium | If isolates are shipped at room temperature or refrigerated, inoculate on nutrient agar or other similar non-selective agar (trypticase soy agar, heart infusion agar, chocolate agar, etc.). If isolates are shipped frozen, suspend bacterial growth in trypticase soy broth (TSB) supplemented with 20% glycerol. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship slants at refrigerated with refrigerated or frozen cold packs or room temperature with room-temperature cold packs. Ship glycerol stocks frozen with dry ice. There are no time constraints for submitting sequence data. |
|---|
| Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 20 1600 Clifton Road, NE Atlanta, GA 30329 |

[Insert CDC Point of Contact's Telephone Number]

All samples must be shipped in accordance with all applicable local, state and federal regulations.

| Refer to study protocol for specific requirements. |
|--|
| |
| Repeat freeze/thaw cycles can lower test sensitivity. |
| Refer to study protocol for specific requirements. |
| Zuzana Kucerova (404) 718-4143 zik0@cdc.gov Christine Lee (404) 498-2295 pfx6@cdc.gov |
| |

Version 2.3

Test Order LRN Biothreat Multi-Agent Screening - Environmental CDC-10430

| Synonym(s) | Screening for Bacillus anthracis, Brucella spp., Burkholderia mallei, Burkholderia pseudomallei, Francisella tularensis, Yersinia pestis, Orthopoxvirus, and ricin toxin. |
|--|---|
| CDC Pre-Approval Needed | Jennifer Folster (404) 639-3668 apz5@cdc.gov Melissa Whaley (404) 639-3920 dbq3@cdc.gov |
| Supplemental Information Required | Please contact Dr. Jennifer Folster at (404) 639-3668 or apz5@cdc.gov, for the required supplemental form and packaging and shipping requirements. |
| Supplemental Form | None |
| Performed on Specimens From | Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Bulk sampling of visible materials (e.g., powders, liquids, etc.) and/or sampling from contaminated surfaces (e.g., with polyester swabs). |
| Minimum Volume Required | Dependent on Specimen Type |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Dry swabs or powders can be stored and shipped at room temperature. Liquid samples should be held and shipped at 4 °C. |
| Transport Medium | None |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. If weekend delivery is necessary, please contact laboratory upon shipment. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 49A 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Real Time PCR, Culture Isolation, Time-Resolved Fluorescence |
| Turnaround Time | 7 Days |
| Interferences & Limitations | Dependent on sample type |
| Additional Information | Turnaround time is dependent on test and sample type. |

CDC Points of Contact Jennifer Folster (404) 639-3668 apz5@cdc.gov Melissa Whaley (404) 639-3920 dbq3@cdc.gov

Version 4.5

Test Order Lymphocytic Choriomeningitis (LCM) Testing CDC-10345

| Synonym(s) | LCM, Arenavirus |
|--|---|
| CDC Pre-Approval Needed | Trevor Shoemaker (470) 312-0094 spather@cdc.gov Amy Schuh (404) 639-1756 wuc2@cdc.gov |
| Supplemental Information Required | Private citizens interested in clinical testing should contact their healthcare providers. Clinicians should contact their local or state health department for consultation. |
| Supplemental Form | None |
| Performed on Specimens From | Human and Animal |
| Acceptable Sample / Specimen Type for Testing | This test order is currently not accepting any specimens until further notice. |
| Minimum Volume Required | 4 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Human serological specimens stored refrigerated (2-8°C) must be received within 7 days of specimen collection date, and specimens stored frozen (-20°C or below) must be received within 2 months of specimen collection date. Human specimens for PCR testing stored refrigerated (2-8°C) must be received within 3 days of specimen collection, and specimens stored frozen (-20°C or below) must be received within 2 months of specimen collection date. Contact the CDC POC for approval prior to sending any specimens. |
| Transport Medium | Not Applicable |
| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. Do not ship specimen without prior consultation and approval. |
|---|--|
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 70 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | serology, polymerase chain reaction (PCR) |
| Turnaround Time | 2 Weeks |
| Interferences & Limitations | Do not collect specimens in heparin, as heparin may cause interference with the molecular tests. Avoid thawing frozen specimens, as freeze-thawing may affect sensitivity of assays. |
| Additional Information | Pre-approval is required. Contact CDC's Emergency Operation Center at 770-488- 7100 and request VSPB's on-call epidemiologist to provide the clinical and epidemiological history on the patient. If testing is approved, VSPB will provide an approval number (EPIID) by email along with instructions for next steps. After receiving pre-approval and the EPIID number, the CDC specimen submission form can be submitted using one of two ways: |
| | 1) For submitters that use CSTOR, submit using the CSTOR Web Portal. Please include the EPIID in the Test Order Request's comments field. If the EPIID is not included, the order will be rejected. |
| | 2) For submitters that do not use CSTOR, submit via CDC 50.34 Specimen Submission Form. Enter the EPIID in the "Case ID field" within the "Patient Information" section on CSTOR and/or the CDC 50.34 Specimen Submission Form. Critical specimens will take less than 4 days to turn around. |
| CDC Points of Contact | Trevor Shoemaker (470) 312-0094 spather@cdc.gov Amy Schuh (404) 639-1756 wuc2@cdc.gov Maria Morales Betoulle (404) 718-1655 fof7@cdc.gov |

Version 4.4

Test Order Machupo Hemorrhagic Fever Testing CDC-10347

| Synonym(s) | Bolivian Hemorrhagic Fever, BHF, Arenavirus |
|--|---|
| CDC Pre-Approval Needed | Trevor Shoemaker (470) 312-0094 spather@cdc.gov Amy Schuh (404) 639-1756 wuc2@cdc.gov |
| Supplemental Information Required | Private citizens interested in clinical testing should contact their healthcare providers. Clinicians should contact their local or state health department for consultation. |
| Supplemental Form | None |
| Performed on Specimens From | Human and Animal |
| Acceptable Sample / Specimen Type for Testing | For serology testing, the accepted specimen types are whole blood (EDTA) or serum. Contact the CDC POC for approval prior to sending any specimens. |
| | Animal specimens or human research specimens may be submitted with approval from CDC POC. |
| Minimum Volume Required | 4 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Human serological specimens stored refrigerated (2-8°C) must be received within 7 days of specimen collection date, and specimens stored frozen (-20°C or below) must be received within 2 months of specimen collection date. Contact the CDC POC for approval prior to sending any specimens. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. For molecular and serology testing, specimens should be shipped frozen on dry ice. Do not ship specimen without prior consultation and approval. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 70 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |

| Serology |
|--|
| 2 Weeks |
| Avoid thawing frozen specimens, as freeze-thawing may affect sensitivity of assays. |
| Pre-approval is required. Contact CDC's Emergency Operation Center at 770-488- 7100 and request VSPB's on-call epidemiologist to provide the clinical and epidemiological history on the patient. If testing is approved, VSPB will provide an approval number (EPIID) by email along with instructions for next steps. After receiving pre-approval and the EPIID number, the CDC specimen submission form can be submitted using one of two ways: |
| 1) For submitters that use CSTOR, submit using the CSTOR Web Portal. Please include the EPIID in the Test Order Request's comments field. If the EPIID is not included, the order will be rejected. |
| 2) For submitters that do not use CSTOR, submit via CDC 50.34 Specimen Submission Form. Enter the EPIID in the "Case ID field" within the "Patient Information" section on CSTOR and/or the CDC 50.34 Specimen Submission Form. Critical specimens will take less than 4 days to turn around. |
| Trevor Shoemaker (470) 312-0094 spather@cdc.gov Amy Schuh (404) 639-1756 wuc2@cdc.gov Maria Morales Betoulle (404) 718-1655 fof7@cdc.gov |
| |

Version 5.3

Test Order Malaria Drug Resistance Surveillance CDC-10235

| Synonym(s) | Malaria Drug Resistance typing, parasite |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Please provide the following specimen information on the CDC Global File Accessioning Template (GFAT): the patient's travel and treatment history, if available. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Whole blood collected in EDTA tubes |
| Minimum Volume Required | 0.25 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store collected specimen refrigerated at 4 °C until shipped to CDC, preferably within 7 days of collection. |
| Transport Medium | Transport medium not applicable. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | Ship specimen at ambient temparature. CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 221 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Polymerase Chain Reaction (PCR), DNA Sequencing, In-vitro culture |
| Turnaround Time | |
| Interferences & Limitations | No signs of interference or limitations are currently known. |
| | |

| Additional Information | Research or surveillance specimens should be labeled according to the CDC |
|------------------------|---|
| | domestic malaria surveillance specimen submission instructions that will be |
| | emailed directly to submitters upon contacting malarialab@cdc.gov. Please do |
| | not include patient personally identifiable information on labels for research or |
| | surveillance specimens. |

| CDC Points of Contact | (404) 718-7923 okq1@cdc.gov Molly Freeman (404) 639-2928 |
|-----------------------|---|
| | |
| | okq1@cdc.gov |
| | Molly Freeman |
| | (404) 639-2928 |
| | evy7@cdc.gov |
| | Julia Kelley |
| | (404) 718-4426 |
| | xfi8@cdc.gov |
| | Malaria Laboratory |
| | (770) 488-7788 |
| | malarialab@cdc.gov |
| Version | 5.5 |

Test Order Malaria Molecular Identification CDC-10480

| Synonym(s) | Plasmodium falciparum, Plasmodium vivax, Plasmodium malariae, Plasmodium ovale, Plasmodium knowlesi, parasites |
|--|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Submit the blood smear slides with the whole blood, each with its own CDC 50.34 Specimen Submission Form. Microscopic examination of blood smears is mandatory prior to performing molecular detection. Malaria Molecular Identification will be performed if microscopy cannot provide a species-level diagnosis. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | EDTA-treated whole blood |
| Minimum Volume Required | 0.2 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Specimens should be stored in leak-proof containers and kept refrigerated (2-8°C) or frozen (-20°C or lower) at all times. Ship to CDC within 30 days of collection. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. |
| | All specimens should be shipped to CDC by same or next-day courier as an etiologic agent. Specimens must be shipped in insulated shipping containers with cold packs, or with dry ice. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 52 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |

Turnaround Time 2 Weeks

| 1. This test has not been evaluated for detection of Plasmodium species that on rare occasions can infect humans and cause zoonotic malaria (e.g., P. cynomolgi, P. inui, P. simiovale, P. simium). Cases of suspected zoonotic malaria should be further investigated with other genotyping methods. |
|--|
| 2. This test cannot distinguish between P. malariae and P. brasilianum. |
| Provide country of travel on specimen submission form. |
| Shipping Instructions: Specimens must arrive to CDC at 2-8°C (if shipped on cold packs) or -20°C or lower (if shipped on dry ice) within 30 days of collection. Specimens not meeting these conditions will not be accepted for testing and new specimen will be required. |
| For questions about submitting specimens, email parasiteslab@cdc.gov. |
| For malaria diagnostic options and related clinical questions call the Malaria Hotline: (770) 488-7788. |
| Parasitology Lab Mailbox (404) 718-4123 parasiteslab@cdc.gov Yvonne Qvarnstrom (404) 718-4123 bvp2@cdc.gov |
| |

Version 4.7

Test Order Marburg Hemorrhagic Fever Testing CDC-10349

| Synonym(s) | Please use CDC-10572 Real Time RT-PCR Testing for Marburg Virus instead. |
|--|--|
| CDC Pre-Approval Needed | Trevor Shoemaker (470) 312-0094 spather@cdc.gov Amy Schuh (404) 639-1756 wuc2@cdc.gov |
| Supplemental Information Required | Private citizens interested in clinical testing should contact their healthcare providers. Clinicians should contact their local or state health department for consultation. |
| Supplemental Form | None |
| Performed on Specimens From | Human and Animal |
| Acceptable Sample / Specimen Type for Testing | This test order is currently not accepting any specimens until further notice. |
| Minimum Volume Required | 4 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Human serological specimens stored refrigerated (2-8°C) must be received within 7 days of specimen collection date, and specimens stored frozen (-20°C or below) must be received within 2 months of specimen collection date. Human specimens for PCR testing stored refrigerated (2- 8°C) must be received within 3 days of specimen collection, and specimens stored frozen (-20°C or below) must be received within 2 months of specimen collection date. Contact the CDC POC for approval prior to sending any specimens. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. Do not ship specimen without prior consultation and approval. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 70 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Serology, polymerase chain reaction (PCR) |
| Turnaround Time | 2 Weeks |

| Interferences & Limitations | Do not collect specimens in heparin, as heparin may cause interference with the molecular tests. Avoid thawing frozen specimens, as freeze-thawing may affect sensitivity of assays. |
|-----------------------------|--|
| Additional Information | Pre-approval is required. Contact CDC's Emergency Operation Center at 770-488- 7100 and request VSPB's on-call epidemiologist to provide the clinical and epidemiological history on the patient. If testing is approved, VSPB will provide an approval number (EPIID) by email along with instructions for next steps. After receiving pre-approval and the EPIID number, the CDC specimen submission form can be submitted using one of two ways: |
| | 1) For submitters that use CSTOR, submit using the CSTOR Web Portal. Please include the EPIID in the Test Order Request's comments field. If the EPIID is not included, the order will be rejected. |
| | 2) For submitters that do not use CSTOR, submit via CDC 50.34 Specimen Submission Form. Enter the EPIID in the "Case ID field" within the "Patient Information" section on CSTOR and/or the CDC 50.34 Specimen Submission Form. Critical specimens will take less than 4 days to turn around. |
| CDC Points of Contact | Trevor Shoemaker (470) 312-0094 spather@cdc.gov Amy Schuh (404) 639-1756 wuc2@cdc.gov Maria Morales Betoulle (404) 718-1655 fof7@cdc.gov |

Version 5.4

Test Order Measles Avidity CDC-10248

| Synonym(s) | Rubeola |
|--|---|
| CDC Pre-Approval Needed | Sara Mercader (404) 639-4568 sjm7@cdc.gov Stephen Crooke (404) 718-4003 qjf9@cdc.gov |
| Supplemental Information Required | Provide the following information on the CDC 50.34 Specimen Submission Form: date of birth, date of onset, date of specimen collection, date(s) of MMR vaccination, clinical symptoms, and travel history. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum. Samples must be measles IgG positive for testing. IgG status will be confirmed by additional testing at CDC. |
| | The following conditions may result in the specimen being rejected for testing: Specimen is measles IgG negative. Specimen is not frozen upon receipt at CDC. Specimen is hemolyzed, lipemic, or bacterially contaminated. |
| Minimum Volume Required | 0.5 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Blood for serologic testing should be collected by aseptic venipuncture. Do not add anticoagulants or preservatives. Collect blood in a red-top or serum- separator tube (SST). Tubes containing whole blood should not be stored frozen (-20°C or lower). Centrifuge blood collection tubes (10 minutes at 1000 – 1300 g) to separate serum from clot. Gel separation tubes should be centrifuged no more than 2 hours after collection. Aseptically transfer serum to a sterile tube that has an externally threaded cap with an o-ring seal. |
| | Refrigerate serum (2-8°C) within 8 hours of collection. Serum samples should not be stored at room temperature (15-25°C) for longer than 8 hours after collection. If the samples will be stored for more than 48 hours, freeze specimens (-20°C or lower). All samples submitted for avidity testing should be frozen (-20°C or lower) and shipped on dry ice. Serum specimens can be stored frozen (-20°C or lower) for up to 8 weeks prior to shipping. |
| | Avoid multiple freeze/thaw cycles which may cause loss of antibody activity and give erroneous results. |
| Transport Medium | Not applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Freeze serum specimens and ship to CDC frozen on dry ice overnight. Specimens should be shipped in proper secondary containment to prevent exposures due to leaks in primary tubes. |
|-----------------------------|---|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 81 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Measles IgG avidity Enzyme Linked Immunosorbent Assay (ELISA) and Indirect IgG ELISA. |
| Turnaround Time | 4 Weeks |
| Interferences & Limitations | Assay limitations include difficulty in interpretation of results from infants with potential presence of maternal antibodies or from individuals recently immunized with measles vaccine. If obtained, intermediate avidity results are not interpretable. |
| Additional Information | Avidity testing is used for vaccine failure classification. Avidity results cannot rule out measles cases. |
| CDC Points of Contact | Sara Mercader (404) 639-4568 sjm7@cdc.gov Stephen Crooke (404) 718-4003 qjf9@cdc.gov |

Version 0.0

Test Order Measles Detection CDC-10543

| Synonym(s) | Rubeola |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Nasopharyngeal swabs, throat swabs, urine |
| Minimum Volume Required | Urine: 50 mL Nasopharyngeal swabs, throat swabs: 0.2 mL; 2 mL preferred |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Detection of measles RNA is most successful when samples are collected on the first day of rash through the 3 days following onset of rash. Detection of measles RNA by real-time reverse-transcription polymerase chain reaction (rRT-PCR) may be successful as late as 10-14 days after rash onset. Collect throat or nasopharyngeal swab samples as soon as measles disease is suspected. rRT-PCR has the greatest diagnostic sensitivity when samples are collected at first contact with a suspected case. |
| | Nasopharyngeal swabs and throat swabs should be collected with commercial swab products designed for the collection of throat/nasopharyngeal specimens or flocked polyester fiber swabs. Cotton swabs are not acceptable. Swabs should be placed in 2 mL of standard viral transport medium (VTM) and should not be allowed to dry out. Ream the swab around the rim of the tube to retain cells and fluid in the tube. The swab should be broken off and left in the tube. Immediately after collection, throat and nasopharyngeal swab specimens can be refrigerated at 2-8°C for up to 72 hours. After 72 hours, these specimens should be frozen at -20°C or lower. Prior to being shipped to CDC, throat and nasopharyngeal swab specimens should be frozen at -20°C or lower and shipped overnight to CDC on dry ice. Throat and nasopharyngeal swab specimens should arrive at CDC within 30 days of being frozen -20°C or lower. |
| | Urine: 50 mL of urine should be collected in a sterile, leakproof container. Urine specimens should be stored refrigerated at 2-8°C immediately after collection and shipped to CDC overnight on cold packs. Urine specimens must arrive at CDC within 7 days after specimen collection. Urine cannot be frozen. |
| Transport Medium | For nasopharyngeal swabs and throat swabs: Standard viral transport medium (VTM). Transport medium is not required for urine. |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Frozen throat and nasopharyngeal swab specimens should be shipped frozen on dry ice overnight. Refrigerated urine specimens should be shipped with cold packs overnight. |
|---|--|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 81 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |

| Methodology | Real-time reverse-transcription polymerase chain reaction (rRT-PCR) assay |
|-----------------------------|--|
| Turnaround Time | 7 Days |
| Interferences & Limitations | Specimens must remain frozen; warming or freeze thawing reduces sensitivity. A negative result should not be used to rule out measles infection as many variables can affect specimen quality. |
| Additional Information | For additional information regarding laboratory testing, please see the laboratory testing section in the measles surveillance manual: http://www.cdc.gov/vaccines/pubs/surv-manual/chpt07-measles.html. For information about molecular diagnostics, see the CDC Measles Webpage: https://www.cdc.gov/measles/lab-tools/genetic-analysis.html#diagnostics |
| CDC Points of Contact | Paul Rota (404) 639-4181 par1@cdc.gov Jessica Prince Guerra (404) 498-4023 yov0@cdc.gov |

Version 1.6

Test Order

Measles Genotyping

CDC-10240

| Synonym(s) | Rubeola |
|--|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Nasopharyngeal swabs, nasal swabs, throat swabs, and urine. Consult the CDC Point of Contact about suitability of other specimen types. |
| Minimum Volume Required | 50 mL for urine, 0.2 mL (preferred 2 mL) for all other specimen types |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Nasopharyngeal swabs, nasal swabs, and throat swabs: Commercial swab products designed for the collection of throat specimens or flocked polyester fiber swabs are preferred. Swabs should be placed in 2 mL of standard viral transport medium (VTM) and should not be allowed to dry out. Ream the swab around the rim of the tube to retain cells and fluid in the tube. The swab should be broken off and left in the tube. Throat swab, nasal swab, and nasopharyngeal swab specimens should be stored at 2-8°C immediately after collection and should preferably be frozen at -70°C or lower within 1 hour after collection. If laboratories do not have immediate access to a freezer and storage at -70°C or lower is not feasible within 1 hour of collection, these specimens may be stored for up to 72 hours at 2-8°C before freezing. Freezing at -20°C or lower is acceptable if the laboratory is unable to freeze at -70°C or -20°C or lower and shipped to CDC, specimens should be frozen either at -70°C or -20°C or lower and shipped overnight to CDC on dry ice. Urine: 50 mL of urine should be collected in a sterile, leakproof container. Urine specimens should be stored at 2-8°C immediately after collection and shipped to CDC overnight on refrigerated or frozen cold packs. Urine specimens must arrive at CDC within 7 days of specimen collection. Urine cannot be frozen. Consult the CDC Point of Contact for information on the collection, storage, and preservation of other specimen types. |
| Transport Medium | For nasopharyngeal swabs, nasal swabs, throat swabs: Standard viral transport medium (VTM). Transport medium is not required for urine. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Frozen throat, nasal and nasopharyngeal swab specimens should be shipped frozen on dry ice overnight. Refrigerated urine specimens should be shipped with refrigerated or frozen cold packs overnight. |
|---|---|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 81 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |

| Methodology | Reverse transcription PCR (RT-PCR), genotyping by nucleic acid sequencing |
|-----------------------------|--|
| Turnaround Time | 7 Days |
| Interferences & Limitations | Specimens must remain frozen; warming or freeze thawing reduces sensitivity. Cotton swabs are not recommended and may contain substances that are inhibitory to enzymes used in RT-PCR. Non-Flocked synthetic swabs are not preferred and appear to be less absorbent and elute samples less efficiently. |
| Additional Information | The genotyping assay has not been cleared or approved by the FDA. The performance characteristics have not been fully established by VVPDB. The results are intended for public health purposes only and must not be communicated to the patient, their care provider, or placed in the patient's medical record. |
| | For additional information regarding laboratory testing, please see the measles surveillance manual: http://www.cdc.gov/vaccines/pubs/surv-manual/chpt07-measles.html in the laboratory testing section |
| | For information about molecular diagnostics, see the CDC Measles Webpage: https://www.cdc.gov/measles/lab-tools/genetic-analysis.html#diagnostics |

CDC Points of Contact Paul Rota (404) 639-4181 par1@cdc.gov Jessica Prince Guerra (404) 498-4023 yov0@cdc.gov

Version 3.4

Test Order Measles Neutralization Antibody (Not for Immune Status) CDC-10250

| Synonym(s) | Rubeola, PRN test, Plaque-reduction neutralization |
|--|---|
| CDC Pre-Approval Needed | Stephen Crooke (404) 718-4003 qjf9@cdc.gov Sun Sowers (404) 639-1360 sib9@cdc.gov |
| Supplemental Information Required | Provide the following information on the CDC 50.34 Specimen Submission Form: date of birth, date of onset, date of specimen collection, date(s) of MMR vaccination, clinical symptoms and travel history. Provide any preliminary results available. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum The following conditions may result in the specimen being rejected for testing: Specimen is hemolyzed, lipemic, or bacterially contaminated. Specimen is not frozen (-20°C or lower) upon receipt at CDC |
| Minimum Volume Required | 0.5 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Blood for serologic testing should be collected by aseptic venipuncture. Do not add anticoagulants or preservatives. Collect blood in a red-top or serum- separator tube (SST). Tubes containing whole blood should not be stored frozen (-20°C or lower). Centrifuge blood collection tubes (10 minutes at 1000 – 1300 g) to separate serum from clot. Gel separation tubes should be centrifuged no more than 2 hours after collection. Aseptically transfer serum to a sterile tube that has an externally threaded cap with an o-ring seal. |
| | Refrigerate serum (2-8°C) within 8 hours of collection. Serum samples should not be stored at room temperature (15-25°C) for longer than 8 hours after collection. If the samples will be stored for more than 48 hours, freeze specimens (-20°C or lower). All samples submitted for serology testing should be frozen (-20°C or lower) and shipped on dry ice. |
| | Avoid multiple freeze/thaw cycles which may cause loss of antibody activity and give erroneous results. |
| Transport Medium | Not applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Freeze serum specimens and ship to CDC frozen on dry ice overnight. Specimens should be shipped in proper secondary containment to prevent exposures due to leaks in primary tubes. |
|---|---|
| | Ship To: |
| | [Insert CDC Point of Contact] |
| | Centers for Disease Control and Prevention |
| | RDSB/STATT Unit 81 |
| | 1600 Clifton Road, NE |
| | Atlanta, GA 30329 |
| | [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC |

POC providing shipping company, shipped date and package tracking number.

| Methodology | Neutralization assay - quantitative serological assay |
|-----------------------------|--|
| Turnaround Time | 4 Weeks |
| Interferences & Limitations | There are no known interferences and limitations. |
| Additional Information | For additional information related to specialized serologic testing at CDC, see https://www.cdc.gov/measles/lab-tools/serology.html. |
| CDC Points of Contact | Stephen Crooke (404) 718-4003 qjf9@cdc.gov Sun Sowers (404) 639-1360 sib9@cdc.gov |

Version 1.3

Test Order Measles Serology CDC-10244

| Synonym(s) | Rubeola |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Provide the following information on CDC 50.34 Specimen Submission Form: date of onset, date of specimen collection, date(s) of MMR vaccination (if known) and travel history. Provide any preliminary results available. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum. The following conditions may result in the specimen being rejected for testing: Specimen is hemolyzed, lipemic, or bacterially contaminated. Specimen is not frozen upon receipt at CDC. |
| Minimum Volume Required | 0.5 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Blood for serologic testing should be collected by aseptic venipuncture. Do not add anticoagulants or preservatives. Collect blood in a red-top or serum- separator tube (SST). Tubes containing whole blood should not be stored frozen (-20°C or lower). Centrifuge blood collection tubes (10 minutes at 1000 – 1300 g) to separate serum from clot. Gel separation tubes should be centrifuged no more than 2 hours after collection. Aseptically transfer serum to a sterile tube that has an externally threaded cap with an o-ring seal. Refrigerate serum (2-8°C) within 8 hours of collection. Serum samples should not be stored at room temperature (15-25°C) for longer than 8 hours after collection If the samples will be stored for more than 48 hours, freeze specimens (-20°C or lower). All samples submitted for serology testing should be frozen (-20°C or lower) and shipped on dry ice. Serum specimens can be stored frozen (-20°C or lower) for up to 8 weeks prior to shipping. Avoid multiple freeze/thaw cycles which may cause loss of antibody activity and give erroneous results. |
| Transport Medium | Not applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as a medical record number) on the specimen container and on the test requisition. |

| | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Freeze serum specimens and ship to CDC frozen on dry ice overnight. Specimens should be shipped in proper secondary containment to prevent exposures due to leaks in primary tubes. |
|-----------------------------|---|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 81 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Capture IgM Enzyme Linked Immunosorbant Assay (ELISA) and Indirect IgG ELISA |
| Turnaround Time | 7 Days |
| Interferences & Limitations | IgM positive may not occur until 4 days post-rash onset |
| Additional Information | IgM and IgG assays are qualitative assays. Include vaccination history, age, date of onset and sample collection. |
| CDC Points of Contact | Stephen Crooke (404) 718-4003 qjf9@cdc.gov Heather Colley (404) 718-5822 ohg1@cdc.gov |
| Version | |

Version 2.4

Test Order Measles Special Study CDC-10251

| Synonym(s) | Rubeola |
|--|---|
| CDC Pre-Approval Needed | Stephen Crooke (404) 718-4003 qjf9@cdc.gov Sun Sowers (404) 639-1360 sib9@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum |
| Minimum Volume Required | 0.5 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Blood for serologic testing should be collected by aseptic venipuncture. Do not add anticoagulants or preservatives. Collect blood in a red-top or serum- separator tube (SST). Tubes containing whole blood should not be stored frozen (-20°C or lower). Centrifuge blood collection tubes (10 minutes at 1000 – 1300 g) to separate serum from clot. Gel separation tubes should be centrifuged no more than 2 hours after collection. Aseptically transfer serum to a sterile tube that has an externally threaded cap with an o–ring seal. Refrigerate serum (2-8°C) within 8 hours of collection. Serum samples should not be stored at room temperature (15-25°C) for longer than 8 hours after collection. If the samples will be stored for more than 48 hours, freeze specimens (-20°C or lower). All samples submitted for serology testing should be frozen (-20°C or lower) and shipped on dry ice. Serum specimens can be stored frozen (-20°C or lower) for up to 8 weeks prior to shipping. Avoid multiple freeze/thaw cycles which may cause loss of antibody activity and give erroneous results. |
| Transport Medium | Not applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Freeze serum specimens and ship to CDC frozen on dry ice overnight. Specimens should be shipped in proper secondary containment to prevent exposures due to leaks in primary tubes. |
|---|---|
| | Ship To: [Insert CDC Point of Contact] |
| | Centers for Disease Control and Prevention |
| | RDSB/STATT Unit 81 1600 Clifton Road, NE |
| | Atlanta, GA 30329 |
| | [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Capture IgM Enzyme Linked Immunosorbant Assay (ELISA) and Indirect IgG ELISA, or plaque reduction neutralization assay or IgG avidity |
| Turnaround Time | 4 Weeks |
| Interferences & Limitations | Capture Measles IgM Enzyme Linked Immunosorbent Assay (ELISA): IgM positive may not occur until 4 days post-rash onset |
| | Measles IgG avidity: Assay limitations include difficulty in interpretation of results from infants with potential presence of maternal antibodies or from individuals recently immunized with measles vaccine. If obtained, intermediate avidity results are not interpretable. |
| | Plaque reduction neutralization assay: There are no known interferences and limitations. |
| Additional Information | None |
| CDC Points of Contact | Stephen Crooke (404) 418-4003 qjf9@cdc.gov Sun Sowers (404) 639-1360 sib9@cdc.gov |

Version 1.7

Test Order Measles Vaccine Virus Detection CDC-10528

| Synonym(s) | Rubeola |
|--|--|
| CDC Pre-Approval Needed | Paul Rota (404) 639-4181 par1@cdc.gov Jessica Prince Guerra (404) 498-4023 yov0@cdc.gov |
| Supplemental Information Required | A CDC 50.34 Specimen Submission Form for each individual specimen. Please include date of vaccination and date of rash onset. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Nasopharyngeal swabs, throat swabs, urine |
| Minimum Volume Required | Urine: 50 mL Nasopharyngeal swabs, throat swabs: 0.2 mL; 2 mL preferred |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Detection of measles RNA is most successful when samples are collected on the first day of rash through the 3 days following onset of rash. Detection of measles RNA by real-time reverse-transcription polymerase chain reaction (rRT-PCR) may be successful as late as 10-14 days after rash onset. Collect throat or nasopharyngeal swab samples as soon as measles disease is suspected. rRT-PCR has the greatest diagnostic sensitivity when samples are collected at first contact with a suspected case. |
| | Nasopharyngeal swabs and throat swabs should be collected with commercial swab products designed for the collection of throat/nasopharyngeal specimens or flocked polyester fiber swabs. Cotton swabs are not acceptable. Swabs should be placed in 2 mL of standard viral transport medium (VTM) and should not be allowed to dry out. Ream the swab around the rim of the tube to retain cells and fluid in the tube. The swab should be broken off and left in the tube. Immediately after collection, throat and nasopharyngeal swab specimens can be refrigerated at 2-8°C for up to 72 hours. After 72 hours, these specimens should be frozen at -20°C or lower. Prior to being shipped to CDC, throat and nasopharyngeal swab specimens should be frozen at -20°C or lower and shipped overnight to CDC on dry ice. Throat and nasopharyngeal swab specimens should arrive at CDC within 30 days of being frozen -20°C or lower. |
| | Urine: 50 mL of urine should be collected in a sterile, leakproof container. Urine specimens should be stored refrigerated at 2-8°C immediately after collection and shipped to CDC overnight on cold packs. Urine specimens must arrive at CDC within 7 days after specimen collection. Urine cannot be frozen |
| Transport Medium | For nasopharyngeal swabs and throat swabs: Standard viral transport medium (VTM). Transport medium is not required for urine. |

| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
|---|--|
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Frozen throat and nasopharyngeal swab specimens should be shipped frozen on dry ice overnight. Refrigerated urine specimens should be shipped with cold packs overnight. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 81 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |

| Methodology | Real-time reverse-transcription polymerase chain reaction (rRT-PCR) assay |
|-----------------------------|---|
| Turnaround Time | 7 Days |
| Interferences & Limitations | Specimens must remain frozen; warming or freeze thawing reduces sensitivity. A negative result should not be used to rule out measles infection as many variables can affect specimen quality. |
| Additional Information | This assay specifically detects measles vaccine strains and must be performed in parallel with the existing Measles Detection (CDC-10543). It should only be performed on specimens collected from patients who have potentially been exposed to wild-type virus OR may have a suspect vaccine reaction due to a recently administered vaccination (i.e., within 21 days of measles containing vaccine). Vaccination history is required. |
| | For additional information, please see the measles surveillance manual: http://www.cdc.gov/vaccines/pubs/surv-manual/chpt07-measles.html and the CDC measles webpage for information about molecular diagnostics https://www.cdc.gov/measles/lab-tools/genetic-analysis.html#diagnostics |
| CDC Points of Contact | Paul Rota (404) 639-4181 par1@cdc.gov Jessica Prince Guerra (404) 498-4023 yov0@cdc.gov |

Test Order MERS-CoV Molecular Detection CDC-10488

| Synonym(s) | MERS-CoV PCR, Middle East Respiratory Syndrome Coronavirus PCR |
|--|---|
| CDC Pre-Approval Needed | David Lowe (404) 718-6814 nqu9@cdc.gov Hannah Kirking (404) 718-8345 hrj7@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Nasopharyngeal and/or Oropharyngeal swabs, sputum, and lower respiratory tract aspirates/washes. |
| Minimum Volume Required | 0.2 mL; 0.5 mL preferred |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | When collecting upper respiratory swabs, place swabs immediately into sterile tubes containing 2-3 ml of viral transport media. Specimens can be stored at 2-8°C for up to 72 hours after collection. If a delay in extraction is expected, store specimens at -70°C or lower. |
| Transport Medium | Swabs may be shipped in commercial viral transport media |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Specimens should be shipped frozen, overnight on dry ice. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 84 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |

Methodology Polymerase Chain Reaction (PCR)

Turnaround Time 2 Weeks

| Interferences & Limitations | Use only synthetic fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing. |
|-----------------------------|---|
| Additional Information | Current information on MERS-CoV, including case definitions, is available at https://www.cdc.gov/coronavirus/MERS/ |
| | Additional information for specimen collection is available at https://www.cdc.gov/mers/php/laboratories/index.html |
| CDC Points of Contact | Lijuan Wang (404) 639-4384 ynx2@cdc.gov Stacey Gonder (404) 639-8739 urv6@cdc.gov David Lowe (404) 718-6814 nqu9@cdc.gov |

Version 3.7

Test Order *Moraxella* species Identification CDC-10140

| Synonym(s) | Moraxella, GNDC |
|--|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Please complete all sections on the CDC 50.34 Specimen Submission Form. Please notify laboratory point of contact listed below of shipment if this is a critical care specimen. |
| Supplemental Form | None |
| Performed on Specimens From | Human and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Actively growing pure culture bacterial isolate on an agar slant, Lowenstein Jensen, trypticase soy agar (with or without sheep blood), heart infusion agar (with or without rabbit blood), chocolate agar, Sabouraud dextrose agar |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store isolates at room temperature (15-25°C) for up to 7 days prior to shipping. |
| Transport Medium | Not Applicable |
| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship at room temperature with room temperature cold packs. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 17 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Primary culture based on specimen type, Matrix Assisted Laser Desorption Ionization Time of Flight Mass Spectrometry, 16S sequence based identification |
| Turnaround Time | 3 Weeks |

| Additional Information | |
|------------------------|---|
| Additional Information | If available, please provide patient history including if the patient has used a catheter and/or if the patient is immunocompromised. |
| | Some isolates require additional time to accurately characterize the organism which may result in a longer turnaround time. Please contact the laboratory if concerned about a delay. |
| | John McQuiston (404) 639-0270 zje8@cdc.gov Melissa Bell (404) 639-1348 jqv7@cdc.gov |

Version 2.3

Test Order Multipathogen Respiratory Panel (Molecular Detection) CDC-10526

| Synonym(s) | TaqMan ® Array Card, TAC, Community acquired pneumonia, CAP, respiratory pathogens |
|--|--|
| CDC Pre-Approval Needed | Jonas Winchell (404) 639-4921 jwinchell@cdc.gov Maureen Diaz (404) 639-4534 mdiaz1@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | nasopharyngeal (NP) swabs, oropharyngeal (OP) swabs, NP or tracheal aspirates, bronchial washing, sputum, bronchoalveolar lavage (BAL), endotracheal tube (ETT) washing/aspirate, fresh lung tissue, and cerebrospinal fluid (CSF). NP and OP swabs may be combined in a single collection tube. |
| Minimum Volume Required | 0.2 mL (viral or universal transport media (VTM, UTM), aspirate, bronchoalveolar lavage (BAL), or cerebrospinal fluid (CSF)); 0.4 mL preferred |
| | 0.1 mL (purified nucleic acid) |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Nasopharyngeal (NP) and oropharyngeal (OP) swabs: use only sterile Dacron or rayon swabs with plastic shafts or flocked swabs. Do not use calcium alginate swabs or swabs with wooden sticks. Combine NP and OP swabs in a single sterile vial containing at least 2 mL of viral transport media (VTM). |
| | Refrigerate (2–8°C) all specimens promptly after collection and freeze (-20°C or lower) within 96 hours of collection. Specimens should be kept frozen and shipped within 40 days. |
| Transport Medium | Viral transport medium (VTM) or Universal transport medium (UTM) |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. All specimens should be shipped frozen on dry ice overnight (next day delivery). |
|---|--|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention |
| | RDSB/STATT Unit 23 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |

| Methodology | Real-time Polymerase Chain Reaction (PCR) microfluidic array |
|-----------------------------|---|
| Turnaround Time | 7 Days |
| Interferences & Limitations | Prior antibiotic treatment may impact results; specimens should be collected prior to antibiotic treatment, if possible. Specimens that are not collected, stored, and transported at specified conditions may be rejected by the laboratory. Refer to "Collection, Storage & Preservation of Specimen Prior to Shipping". Specimens collected using calcium alginate swabs or swabs with wooden sticks may contain substances that inhibit molecular assays and will be rejected by the laboratory. |
| Additional Information | The intended use of this test is for investigation of unexplained respiratory disease outbreaks. Visit www.cdc.gov/urdo for additional information or contact URDOutbreaks@cdc.gov. |
| CDC Points of Contact | Maureen Diaz (404) 639-4534 mdiaz1@cdc.gov Jonas Winchell (404) 639-4921 Jwinchell@cdc.gov |

Version 2.2

Test Order Mumps Detection CDC-10544

| Synonym(s) | |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Buccal swabs |
| Minimum Volume Required | 0.2 mL (buccal swabs); 2 mL preferred |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Collect buccal swabs as soon as mumps disease is suspected. Real-time reverse- transcription polymerase chain reaction (rRT-PCR) has the greatest diagnostic sensitivity when samples are collected within 3 days of symptom onset. The buccal swabs specimens are obtained by massaging the parotid gland area for 30 seconds prior to swabbing the area around Stensen's duct. A commercial product designed for the collection of throat specimens, or a flocked polyester fiber swab can be used. Cotton swabs are not acceptable. Buccal swabs should be placed in 2 mL of standard viral transport medium (VTM) and should not be allowed to dry out. Ream the swab around the rim of the tube to retain cells and fluid in the tube. The swab should be broken off and left in the tube. Immediately after collection, buccal swab specimens can be refrigerated at 2-8°C for up to 72 hours. After 72 hours, these specimens should be frozen at -20°C or lower. Prior to being shipped to CDC, buccal swab specimens should be frozen at -20°C or lower and shipped overnight to CDC on dry ice. Buccal swab specimens should arrive at CDC within 30 days of being frozen -20°C or lower. |
| Transport Medium | Buccal swabs: Standard viral transport medium (VTM). |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |

| | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Frozen specimens should be shipped on dry ice overnight. |
|-----------------------------|---|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 81 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Real-time reverse-transcription polymerase chain reaction (rRT-PCR) assay |
| Turnaround Time | 7 Days |
| Interferences & Limitations | Specimens must remain frozen; warming or freeze thawing reduces sensitivity. |
| | Cotton swabs are not recommended and may contain substances that are inhibitory to enzymes used in rRT-PCR. Non-Flocked synthetic swabs are not preferred and appear to be less absorbent and elute samples less efficiently. |
| | A negative result should not be used to rule out mumps infection as many variables can affect specimen quality. The real-time assay has not been cleared or approved by the FDA. The performance characteristics have been established by Viral Vaccine Preventable Diseases Branch (VVPDB). |
| Additional Information | For additional information, please see the CDC mumps webpages: https://www.cdc.gov/mumps/lab/index.html |
| CDC Points of Contact | Paul Rota (404) 639-4181 par1@cdc.gov Jessica Prince Guerra (404) 498-4023 yov0@cdc.gov |

Version 1.6

Test Order

Mumps Genotyping

CDC-10241

| Synonym(s) | |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Buccal swabs, oral swabs, nasal swabs, throat swabs, and urine. Consult the CDC Point of Contact about suitability of other specimen types. |
| Minimum Volume Required | 50 mL for urine, 0.2 mL (preferred 2.0 mL) for all other specimen types |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Swabs: Commercial swab products designed for the collection of throat specimens or flocked polyester fiber swabs are preferred. Swabs should be placed in 2 mL of standard viral transport medium (VTM) and should not be allowed to dry out. Ream the swab around the rim of the tube to retain cells and fluid in the tube. The swab should be broken off and left in the tube. Swabs should be stored at 2-8°C immediately after collection and should preferably be frozen at -70°C or lower within 1 hour after collection. If laboratories do not have immediate access to a freezer and storage at -70°C or lower is not feasible within 1 hour of collection, these specimens may be stored for up to 72 hours at 2-8°C before freezing. Freezing at -20°C or lower is acceptable if the laboratory is unable to freeze at -70°C or lower. Prior to being shipped to CDC, specimens should be frozen either at -70°C or -20°C or lower and shipped overnight to CDC on dry ice. Urine: 50 mL of urine should be collected in a sterile, leakproof container. Urine specimens should be stored refrigerated (2-8°C) immediately after collection and shipped to CDC overnight on refrigerated or frozen cold packs. Urine specimens must arrive at CDC within 7 days of specimen collection. Urine cannot be frozen. Consult the CDC Point of Contact for information on the collection, storage, and preservation of other specimen types. |
| Transport Medium | For buccal swabs, oral swabs, nasal swabs, and throat swabs: Standard viral transport medium (VTM). Transport medium is not required for urine. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include Specimen Handling Requirements | |
|---|--|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 81 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |

| Methodology | Reverse transcription PCR (RT-PCR), genotyping by nucleic acid sequencing |
|-----------------------------|--|
| Turnaround Time | 7 Days |
| Interferences & Limitations | Specimens must remain frozen; warming or freeze thawing reduces sensitivity. Cotton swabs are not recommended and may contain substances that are inhibitory to enzymes used in RT-PCR. Non-flocked synthetic swabs are not preferred and appear to be less absorbent and elute samples less efficiently. |
| Additional Information | The genotyping assay has not been cleared or approved by the FDA. The performance characteristics have not been fully established by VVPDB. The results are intended for public health purposes only and must not be communicated to the patient, their care provider, or placed in the patient's medical record. |
| | For additional information, please see the CDC mumps webpages https://www.cdc.gov/mumps/lab/index.html |
| CDC Points of Contact | Paul Rota (404) 639-4181 par1@cdc.gov Jessica Prince Guerra (404) 498-4023 yov0@cdc.gov |

Test Order Mumps Neutralization Antibody (Not for Immune Status) CDC-10351

| Synonym(s) | PRN test, Plaque-reduction neutralization |
|--|---|
| CDC Pre-Approval Needed | Sun Sowers (404) 639-1360 sib9@cdc.gov Stephen Crooke (404) 718-4003 qjf9@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Paired serum specimens: acute-phase serum sample (collected as soon as possible upon suspicion of mumps disease) and a second serum sample (collected 5-10 days after symptom onset). The following conditions may result in the specimen being rejected for testing: Specimen is hemolyzed, lipemic, or bacterially contaminated. Specimen is not frozen (-20°C or lower) upon receipt at CDC. |
| Minimum Volume Required | 0.3 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Blood for serologic testing should be collected by aseptic venipuncture. Do not add anticoagulants or preservatives. Collect blood in a red-top or serum- separator tube (SST). Tubes containing whole blood should not be stored frozen (-20°C or lower). Centrifuge blood collection tubes (10 minutes at 1000 – 1300 g) to separate serum from clot. Gel separation tubes should be centrifuged no more than 2 hours after collection. Aseptically transfer serum to a sterile tube that has an externally threaded cap with an o-ring seal. |
| | Refrigerate serum (2-8°C) within 8 hours of collection. Serum samples should not be stored at room temperature (15-25°C) for longer than 8 hours after collection. If the samples will be stored for more than 48 hours, freeze specimens (-20°C or lower). All samples submitted for serology testing should be frozen (-20°C or lower) and shipped on dry ice. |
| | Avoid multiple freeze/thaw cycles which may cause loss of antibody activity and give erroneous results. |
| Transport Medium | Not applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Freeze serum specimens and ship to CDC frozen on dry ice overnight. Specimens should be shipped in proper secondary containment to prevent exposures due to leaks in primary tubes. |
|---|---|
| | Ship To: [Insert CDC Point of Contact] |
| | Centers for Disease Control and Prevention |
| | RDSB/STATT Unit 81 |
| | 1600 Clifton Road, NE |
| | Atlanta, GA 30329 |
| | [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and |

All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number.

| Methodology | Neutralization assay - quantitative serological assay |
|-----------------------------|---|
| Turnaround Time | 4 Weeks |
| Interferences & Limitations | There are no known interferences and limitations. |
| Additional Information | For additional information related to speciman collection, storage and shipment, see https://www.cdc.gov/mumps/lab/specimen-collect.html. |
| CDC Points of Contact | Sun Sowers (404) 639-1360 sib9@cdc.gov Stephen Crooke (404) 718-4003 qjf9@cdc.gov |

Version 1.4

Test Order Mumps Serology CDC-10245

| Synonym(s) | |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum. The following conditions may result in the specimen being rejected for testing: Specimen is hemolyzed, lipemic, or bacterially contaminated. Specimen is not frozen upon receipt at CDC. |
| Minimum Volume Required | 0.5 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | If it has been >3 days after symptom onset, blood for serologic testing should be collected by aseptic venipuncture. Do not add anticoagulants or preservatives. Collect blood in a red-top or serum-separator tube (SST). Tubes containing whole blood should not be stored frozen (-20°C or lower). |
| | Centrifuge blood collection tubes (10 minutes at 1000 – 1300 g) to separate serum from clot. Gel separation tubes should be centrifuged no more than 2 hours after collection. Aseptically transfer serum to a sterile tube that has an externally threaded cap with an o-ring seal. |
| | If the serum sample collected >3 days after parotitis onset is IgM negative, and the case has a negative (or not done) result for RT-PCR, and there is a strong suspicion of mumps a second serum sample collected greater than 5 days after symptom onset is recommended because, in some cases, the IgM response is not detectable until 5 days after symptom onset. |
| | Refrigerate serum (2-8°C) within 8 hours of collection. Serum samples should not be stored at room temperature (15-25°C) for longer than 8 hours after collection. If the samples will be stored for more than 48 hours, freeze specimens (-20°C or lower). All samples submitted for serology testing should be frozen (-20°C or lower) and shipped on dry ice. Serum specimens can be stored frozen (-20°C or lower) for up to 8 weeks prior to shipping. |
| | Avoid multiple freeze/thaw cycles which may cause loss of antibody activity and give erroneous results. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Freeze serum specimens and ship to CDC frozen on dry ice overnight. Specimens should be shipped in proper secondary containment to prevent exposures due to leaks in primary tubes. |
|---|---|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 81 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | CDC IgM Capture, Commercial indirect IgG |
| Turnaround Time | 7 Days |
| Interferences & Limitations | Rheumatoid factor, Parainfluenza viruses 1, 2, and 3, Epstein-Barr virus, adenovirus, and Human Herpes Virus 6 have all been noted to interfere with mumps serologic assays. |
| Additional Information | IgM and IgG assays are qualitative assays |
| | Please include vaccination history, age, date of onset and sample collection |
| CDC Points of Contact | Heather Colley (404) 718-5822 ohg1@cdc.gov Stephen Crooke (404) 718-4003 qjf9@cdc.gov |

Version 1.8

Test Order Mumps Special Study CDC-10252

| Synonym(s) | |
|--|---|
| CDC Pre-Approval Needed | Stephen Crooke (404) 718-4003 qjf9@cdc.gov Sun Sowers (404) 639-1360 sib9@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum IgG avidity: Samples must be mumps IgG positive for testing. IgG status will be confirmed by additional testing at CDC. |
| | The following conditions may result in the specimen being rejected for testing: All assays: Specimen is hemolyzed, lipemic, or bacterially contaminated. All assays: Specimen is not frozen (-20°C or lower) upon receipt at CDC IgG avidity: Specimen is measles IgG negative. |
| Minimum Volume Required | 0.5 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Blood for serologic testing should be collected by aseptic venipuncture. Do not add anticoagulants or preservatives. Collect blood in a red-top or serum- separator tube (SST). Tubes containing whole blood should not be stored frozen (-20°C or lower). Centrifuge blood collection tubes (10 minutes at 1000 – 1300 g) to separate serum from clot. Gel separation tubes should be centrifuged no more than 2 hours after collection. Aseptically transfer serum to a sterile tube that has an externally threaded cap with an o-ring seal. |
| | Refrigerate serum (2-8°C) within 8 hours of collection. Serum samples should not be stored at room temperature (15-25°C) for longer than 8 hours after collection. If the samples will be stored for more than 48 hours, freeze specimens (-20°C or lower). All samples submitted for serology testing should be frozen (-20°C or lower) and shipped on dry ice. Serum specimens can be stored frozen (-20°C or lower) for up to 8 weeks prior to shipping. |
| | Avoid multiple freeze/thaw cycles which may cause loss of antibody activity and give erroneous results. |
| Transport Medium | Not applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Freeze serum specimens and ship to CDC frozen on dry ice overnight. Specimens should be shipped in proper secondary containment to prevent exposures due to leaks in primary tubes. |
|---|--|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 81 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Capture IgM Enzyme Linked Immunosorbant Assay (ELISA) and Indirect IgG |
| Turnaround Time | ELISA, or plaque reduction neutralization assay or IgG avidity |
| | |
| | CDC IgM capture, commercial indirect IgG and IgG avidity assays: rheumatoid factor, parainfluenza viruses 1, 2, and 3, Epstein-Barr virus, adenovirus, and human herpes virus 6 have all been noted to interfere with mumps serologic assays. IgG avidity: Assay limitations include difficulty in interpretation of results from infants with potential presence of maternal antibodies or from individuals recently immunized with mumps vaccine. Results are not necessarily representative of the avidity of mumps-neutralizing IgG antibodies nor associated with protection. High-avidity IgG may be detected in unvaccinated individuals with prior asymptomatic mumps. Plaque reduction neutralization assay: There are no known interferences and limitations. |
| Additional Information | None |
| CDC Points of Contact | Stephen Crooke (404) 718-4003 qjf9@cdc.gov Sun Sowers (404) 639-1360 sib9@cdc.gov |

Test Order *Mycobacterium* TB Complex (International Only) Identification and Drug Susceptibility Testing CDC-10352

| | CDC-10352 |
|--|---|
| Synonym(s) | Culture, DST, AST, MTB, MDR TB |
| CDC Pre-Approval Needed | Patricia Hall Eidson (404) 718-1440 igg5@cdc.gov Kyle DeGruy (404) 639-0875 gsz4@cdc.gov |
| Supplemental Information Required | Contact the CDC POCs 1) for approval to send isolates to CDC for testing, 2 to obtain appropriate forms for submission and 3) to obtain information/ materials to assist with the submission process. |
| Supplemental Form | The following supplemental forms will be provided after pre-approval for isolate submission: ILB-160-F08C TB Requisition Form and CDC Form 0.753 Application for Permit to Import or Transport Etiological Agents, Hosts, or Vectors of human disease. |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Pure isolates of suspected Mycobacterium tuberculosis complex (MTBC) |
| Minimum Volume Required | 0.3 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store MTBC isolates with or without glycerol in sterile 2.0 mL screw cap cryovials with O-rings. Isolates should be stored at -60 °C to -70 °C until shipped to preserve the viability of MTBC. |
| Transport Medium | Middlebrook 7H9 or Mycobacterial Growth Indicator Tube (MGIT) liquid media |
| Specimen Labeling | Research or surveillance isolates may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | Store specimens at -60 °C to -70 °C until packed for shipping. Ship specimens in triple packaging and on dry ice. |
| | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 99 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an e-mail to the CDC POC providing shipping company, shipped date and package tracking number. |

| Methodology | MGIT 960 SIRE and PZA drug susceptibility testing, GenoType MTBDRplus, GenoType MTBDRsI, GenoType CM, Xpert MTB/RIF, Xpert MTB/RIF Ultra |
|-----------------------------|--|
| Turnaround Time | 22 Weeks |
| Interferences & Limitations | Testing will not be performed on nonviable, contaminated or mixed isolates. |
| Additional Information | 22 weeks trunaround time for batches with less than 100 isolates. Contact CDC POC for batches greater than 100 isolates. Isolates may be rejected if improperly labeled, missing or discrepant documentation, insufficient volume for testing or leaking containers. |
| CDC Points of Contact | Patricia Hall Eidson (404) 718-1440 igg5@cdc.gov Kyle DeGruy (404) 639-0875 gsz4@cdc.gov Zilma Rey (404) 639-2345 yzr0@cdc.gov Mariela Scarbrough (404) 639-1389 hqz4@cdc.gov |
| Version | 1.5 |

Test Order Mycobacterium TB Complex - Drug Susceptibility Testing CDC-10185

| Synonym(s) | MTB DST, TB, Tuberculosis, MTBC |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Provide the following Specimen Information on the CDC 50.34 Specimen Submission Form: material submitted (bacterial isolate), the specimen source (type), specimen collection date, date sent to CDC, and transport medium/specimen preservative. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Pure <i>Mycobacterium tuberculosis</i> complex isolate on solid medium or in broth medium |
| Minimum Volume Required | 0.5 mL, 1 mL is preferred |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Solid media: store refrigerated (2-8°C) or room temperature (15-25°C) up to 180 days post collection |
| | Liquid media: store refrigerated (2-8°C), room temperature (15-25°C), frozen (-20°C or lower) up to 120 days post collection. Store in deep freeze (-70°C or lower) up to 5 years post collection |
| Transport Medium | Solid media (i.e., Middlebrook 7H10 or 7H11 plates, Lowenstein-Jensen (LJ) slants) Liquid media (i.e., 7H9, Mycobacterial Growth Indicator Tube (MGIT), BACT/ALERT, VersaTREK) or MTBC colony growth suspended in saline or water |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship at room temperature with room- temperature cold packs; must be received within 5 days of shipment. Submit liquid medium in a screwcap cryovial that has been sealed with parafilm; do not send in a 15- or 50-mL conical tube. Broth should not be shipped frozen. MTBC isolates must be shipped as Infectious substances (Div. 6.2, Class Category A). |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 29 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |

| Methodology | Agar proportion, DNA sequencing for Pyrazinamide (PZA) susceptibility |
|-----------------------------|--|
| Turnaround Time | 8 Weeks |
| Interferences & Limitations | Some isolates of MTB (<5% of submitted isolates) do not grow on the media used for testing. Contaminated samples (i.e., not a pure culture of MTB) are reported as contaminated; submitting laboratory may submit a pure culture if clinically needed. |
| Additional Information | On average, TAT times range from 35 to 80 calendar days. Delays may occur due to holidays and unexpected events. |
| CDC Points of Contact | TB Lab (404) 639-2455 TBLab@cdc.gov David Sikes (404) 639-5489 zrg5@cdc.gov |

Version 3.0

Test Order *Mycobacterium* TB Complex - Identification CDC-10187

| Synonym(s) | MTB DST, TB, Tuberculosis, MTBC |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Provide the following Specimen Information on the CDC 50.34 Specimen Submission Form: material submitted (bacterial isolate), the specimen source (type), specimen collection date, date sent to CDC, and transport medium/specimen preservative. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | This test order is currently not accepting any specimens until further notice. |
| Minimum Volume Required | 0.5 mL, 1 mL is preferred |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Solid media: store refrigerated (2-8°C) or room temperature (15-25°C) up to 180 days post collection |
| | Liquid media: store refrigerated (2-8°C), room temperature (15-25°C), frozen (-20°C or lower) up to 120 days post collection. Store in deep freeze (-70°C or lower) up to 5 years post collection |
| Transport Medium | Solid media (i.e., Middlebrook 7H10 or 7H11 plates, Lowenstein-Jensen (LJ) slants) Liquid media (i.e., 7H9, Mycobacterial Growth Indicator Tube (MGIT), BACT/ALERT, VersaTREK) or MTBC colony growth suspended in saline or water |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship at room temperature with room- temperature cold packs; must be received within 5 days of shipment. Submit liquid medium in a screwcap cryovial that has been sealed with parafilm; do not send in a 15- or 50-mL conical tube. Broth should not be shipped frozen. MTBC isolates must be shipped as Infectious substances (Div. 6.2, Class Category A). Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 29 1600 Clifton Road, NE |
| | Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. |

| Methodology | Genetic based testing |
|-----------------------------|--|
| Turnaround Time | 4 Weeks |
| Interferences & Limitations | None |
| Additional Information | None |
| CDC Points of Contact | TB Lab (404) 639-2455 TBLab@cdc.gov David Sikes (404) 639-5489 zrg5@cdc.gov |

Version 2.8

Test Order *Mycobacterium* TB Complex - Identification and Drug Susceptibility Testing CDC-10188

| Synonym(s) | MTB DST, TB, Tuberculosis, MTBC |
|--|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Provide the following Specimen Information on the CDC 50.34 Specimen Submission Form: material submitted (bacterial isolate), the specimen source (type), specimen collection date, date sent to CDC, and transport medium/specimen preservative. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | This test order is currently not accepting any specimens until further notice. |
| Minimum Volume Required | 0.5 mL, 1 mL is preferred |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Solid media: store refrigerated (2-8°C) or room temperature (15-25°C) up to 180 days post collection |
| | Liquid media: store refrigerated (2-8°C), room temperature (15-25°C), frozen (-20°C or lower) up to 120 days post collection. Store in deep freeze (-70°C or lower) up to 5 years post collection |
| Transport Medium | Solid media (i.e., Middlebrook 7H10 or 7H11 plates, Lowenstein-Jensen (LJ) slants) Liquid media (i.e., 7H9, Mycobacterial Growth Indicator Tube (MGIT), BACT/ALERT, VersaTREK) or MTBC colony growth suspended in saline or water |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g. patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on th test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship at room temperature with room- temperature cold packs; must be received within 5 days of shipment. Submit liquid medium in a screwcap cryovial that has been sealed with parafilm; do not send in a 15- or 50-mL conical tube. Broth should not be shipped frozen. MTBC isolates must be shipped as Infectious substances (Div. 6.2, Class Category A). Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 29 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |

| Turnaround Time | 8 Weeks |
|-----------------------------|--|
| Interferences & Limitations | Some isolates of MTB (<5% of submitted isolates) do not grow on the media used for susceptibility testing. Contaminated samples (i.e., not a pure culture of MTB) are reported as contaminated; submitting laboratory may submit a pure culture if clinically needed. |
| Additional Information | On average, TAT times range from 35 to 80 calendar days. Delays may occur due to holidays and unexpected events. |
| CDC Points of Contact | TB Lab (404) 639-2455 TBLab@cdc.gov David Sikes (404) 639-5489 zrg5@cdc.gov |

Version 3.0

Test Order Mycobacterium TB Complex - Identification and Pyrazinamide Susceptibility Testing CDC-10190

| Synonym(s) | MTB DST, TB, Tuberculosis, MTBC |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Provide the following Specimen Information on the CDC 50.34 Specimen Submission Form: material submitted (bacterial isolate), the specimen source (type), specimen collection date, date sent to CDC, and transport medium/specimen preservative. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | This test order is currently not accepting any specimens until further notice. |
| Minimum Volume Required | 0.5 mL, 1 mL is preferred |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Solid media: store refrigerated (2-8°C) or room temperature (15-25°C) up to 180 days post collection |
| | Liquid media: store refrigerated (2-8°C), room temperature (15-25°C), frozen (-20°C or lower) up to 120 days post collection. Store in deep freeze (-70°C or lower) up to 5 years post collection |
| Transport Medium | Solid media (i.e., Middlebrook 7H10 or 7H11 plates, Lowenstein-Jensen (LJ) slants) Liquid media (i.e., 7H9, Mycobacterial Growth Indicator Tube (MGIT), BACT/ALERT, VersaTREK) or MTBC colony growth suspended in saline or water |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship at room temperature with room- temperature cold packs; must be received within 5 days of shipment. Submit liquid medium in a screwcap cryovial that has been sealed with parafilm; do not send in a 15- or 50-mL conical tube. Broth should not be shipped frozen. MTBC isolates must be shipped as Infectious substances (Div. 6.2, Class Category A). |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 29 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and |
| | federal regulations. |

| Turnaround Time | 4 Weeks |
|-----------------------------|---|
| Interferences & Limitations | Contaminated samples (i.e., not a pure culture of MTB) for PZA by MGIT 960 are reported as contaminated and additional submission of pure culture may be clinically needed. |
| Additional Information | None |
| CDC Points of Contact | TB Lab (404) 639-2455 TBLab@cdc.gov David Sikes (404) 639-5489 zrg5@cdc.gov |

Version 2.9

Test Order *Mycobacterium* TB Complex - Molecular Detection of Drug Resistance (MDDR) CDC-10186

| Synonym(s) | MTB DST, TB, Tuberculosis, MTBC |
|--|--|
| CDC Pre-Approval Needed | TB Lab (404) 639-2455 TBLab@cdc.gov David Sikes (404) 639-5489 zrg5@cdc.gov |
| Supplemental Information Required | Pre-approval is required for this test using the Molecular Detection of Drug Resistance Request Form. Provide the following Specimen Information on the CDC 50.34 Specimen Submission Form: material submitted (bacterial isolate or sediment (referring to Nucleic Acid Amplification Test Positive (NAAT+) specimen)), the specimen source (type), specimen collection date, date sent to CDC, and transport medium/specimen preservative (isolates only). |
| Supplemental Form | Molecular Detection of Drug Resistance Request Form (CDC-002-00220) http://www.cdc.gov/tb/topic/laboratory/MDDRsubmissionform.pdf |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Nucleic Acid Amplification Test positive (NAAT+) sediment; Pure <i>Mycobacterium tuberculosis</i> complex isolate(s) on solid medium or in broth medium; Mixed cultures known to contain MTBC. Only one sample per patient should be submitted; however, testing of duplicate samples will be considered on a case-by-case basis; contact the CDC POC for approval prior to sending. |
| Minimum Volume Required | Sediment: 0.5 mL, 1 mL is preferred Liquid medium: 0.5 mL, 1 mL is preferred |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Sediments: Store refrigerated (2-8°C) up to 30 days post collection or frozen (-20°C or lower) up to 60 days post collection |
| | MTBC Isolates in solid media: store refrigerated (2-8°C) or room temperature (15 25°C) up to 180 days post collection |
| | MTBC Isolates in liquid media: store refrigerated (2-8°C), room temperature (15-25°C), frozen (-20°C or lower) up to 120 days post collection. Store in deep freeze (-70°C or lower) up to 5 years post collection |
| Transport Medium | Solid media (i.e., Middlebrook 7H10 or 7H11 plates, Lowenstein-Jensen (LJ) slants) Liquid media (i.e., 7H9, Mycobacterial Growth Indicator Tube (MGIT), BACT/ALERT, VersaTREK) or MTBC colony growth suspended in saline or water |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| | |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship at room temperature with room- temperature cold packs; must be received within 5 days of shipment. Submit liquid medium in a screwcap cryovial that has been sealed with parafilm; do not send in a 15- or 50-mL conical tube. Broth should not be shipped frozen. MTBC isolates must be shipped as Infectious substances (Div. 6.2, Class Category A). Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 29 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
|---|---|
| Methodology | Agar proportion, DNA sequencing (including sequencing for Pyrazinamide (PZA) susceptibility) |
| Turnaround Time | 10 Days |
| Interferences & Limitations | Results are reported for the sample as received. Samples with low numbers of MTBC may not amplify; Heteroresistance may not be detected; the results of MDDR assay should not be used to rule out the presence of MTBC in a sample. |
| Additional Information | On average, TAT ranges from 6 - 14 calendar days (molecular testing), 35 – 80 calendar days (agar proportion and MIC). Delays may occur due to holidays and unexpected events. |
| CDC Points of Contact | TB Lab (404) 639-2455 TBLab@cdc.gov David Sikes (404) 639-5489 zrg5@cdc.gov |

Version 3.2

Test Order *Mycobacterium* TB Complex - Pyrazinamide Susceptibility Testing CDC-10189

| Synonym(s) | MTB DST, TB, Tuberculosis, MTBC |
|--|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Provide the following Specimen Information on the CDC 50.34 Specimen Submission Form: material submitted (bacterial isolate), the specimen source (type), specimen collection date, date sent to CDC, and transport medium/specimen preservative. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | This test order is currently not accepting any specimens until further notice. |
| Minimum Volume Required | 0.5 mL, 1 mL is preferred |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Solid media: store refrigerated (2-8°C) or room temperature (15-25°C) up to 180 days post collection |
| | Liquid media: store refrigerated (2-8°C), room temperature (15-25°C), frozen (-20°C or lower) up to 120 days post collection. Store in deep freeze (-70°C or lower) up to 5 years post collection |
| Transport Medium | Solid media (i.e., Middlebrook 7H10 or 7H11 plates, Lowenstein-Jensen (LJ) slants) Liquid media (i.e., 7H9, Mycobacterial Growth Indicator Tube (MGIT), BACT/ALERT, VersaTREK) or MTBC colony growth suspended in saline or water |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship at room temperature with room- temperature cold packs; must be received within 5 days of shipment. Submit liquid medium in a screwcap cryovial that has been sealed with parafilm; do not send in a 15- or 50-mL conical tube. Broth should not be shipped frozen. MTBC isolates must be shipped as Infectious substances (Div. 6.2, Class Category A). Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 29 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |

| Methodology | Pyrazinamide (PZA) by MGIT 960 |
|-----------------------------|---|
| Turnaround Time | 4 Weeks |
| Interferences & Limitations | Contaminated samples (i.e., not a pure culture of MTB) are reported as contaminated and additional submission of pure culture may be clinically needed. Submitting laboratory may submit a pure culture if clinically needed. |
| Additional Information | None |
| CDC Points of Contact | TB Lab (404) 639-2455 TBLab@cdc.gov David Sikes (404) 639-5489 zrg5@cdc.gov |

Test Order Mycobacterium TB Complex - Special Study CDC-10191

| Synonym(s) | MTB DST, TB, Tuberculosis, MTBC |
|--|---|
| CDC Pre-Approval Needed | TB Lab (404) 639-2455 TBLab@cdc.gov David Sikes (404) 639-5489 zrg5@cdc.gov |
| Supplemental Information Required | Provide the following Specimen Information on the CDC 50.34 Specimen Submission Form: material submitted (bacterial isolate), the specimen source (type), specimen collection date, date sent to CDC, and transport medium/specimen preservative. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | To be determined |
| Minimum Volume Required | To be determined |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | To be determined |
| Transport Medium | To be determined |
| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship at room temperature with room- temperature cold packs; must be received within 5 days of shipment. MTBC isolates must be shipped as Infectious substances (Div. 6.2, Class Category A). |
|---|--|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 29 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC |
| | POC providing shipping company, shipped date and package tracking number. |
| Methodology | Includes different methodologies, inclusive of molecular testing for pyrazinamide susceptibility. |
| Turnaround Time | |
| Interferences & Limitations | To be determined |
| Additional Information | To be determined |
| CDC Points of Contact | TB Lab (404) 639-2455 TBLab@cdc.gov David Sikes (404) 639-5489 zrg5@cdc.gov |

Version 1.7

Test Order *Mycoplasma pneumoniae* Macrolide Susceptibility Genotyping CDC-10513

| Synonym(s) | <i>M. pneumoniae, Mycoplasma,</i> Atypical pneumonia, Walking pneumonia, Community acquired pneumonia, CAP, macrolide, macrolide resistance, antimicrobial resistance, AMR |
|--|--|
| CDC Pre-Approval Needed Supplemental Information Required | Maureen Diaz (404) 639-4534 mdiaz1@cdc.gov Jonas Winchell (404) 639-4921 jwinchell@cdc.gov None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Nasopharyngeal (NP) swab, throat (oropharyngeal (OP)) swab, nasal and throat swab, nasal mid-turbinate swab, nasal swab, NP or tracheal aspirates, bronchial washing, sputum, bronchoalveolar lavage (BAL), endotracheal tube (ETT) washing/aspirate, fresh lung tissue, and cerebrospinal fluid (CSF). NP and OP swabs may be combined in a single collection tube. |
| Minimum Volume Required | 0.4 mL preferred, 0.2 mL minimum |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Use only sterile Dacron or rayon swabs with plastic shafts or flocked swabs. Do not use calcium alginate swabs or swabs with wooden sticks. Nasopharyngeal (NP) and oropharyngeal (OP) swabs may be combined in a single collection tube. Refrigerate (2-8°C) all specimens promptly after collection and freeze (-20°C or |
| | lower) within 96 hours of collection. |
| Transport Medium | Viral transport medium (VTM), universal transport medium (UTM), or saline |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. All specimens should be shipped frozen on dry ice overnight (next day delivery). |
|---|--|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 23 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Real-time Polymerase Chain Reaction (PCR) with high-resolution melt (HRM) |
| Turnaround Time | 7 Days |
| Interferences & Limitations | Prior antibiotic treatment may impact results; specimens should be collected prior to antibiotic treatment if possible. Specimens that are not collected, stored, and transported at specified conditions may be rejected by the laboratory. Refer to "Collection, Storage & Preservation of Specimen Prior to Shipping". Specimens collected using calcium alginate swabs or swabs with wooden sticks may contain substances that inhibit molecular assays and will be rejected by the laboratory. |
| Additional Information | All specimens will be tested using test order <i>Mycoplasma pneumoniae</i> Molecular Detection (CDC-10155) to confirm the presence of <i>M. pneumoniae</i> . |
| CDC Points of Contact | Maureen Diaz (404) 639-4534 mdiaz1@cdc.gov Jonas Winchell (404) 639-4921 Jwinchell@cdc.gov |

Test Order *Mycoplasma pneumoniae* Molecular Detection CDC-10155

| Synonym(s) | <i>M. pneumoniae, Mycoplasma</i> , Atypical pneumonia, Community acquired pneumonia, CAP, Walking pneumonia |
|--|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Combined nasopharyngeal (NP) and oropharyngeal (OP) swab, nasal and throat swab, nasal mid-turbinate swab, nasal swab. |
| Minimum Volume Required | 0.2 mL; 0.4 mL preferred |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Use only sterile Dacron or rayon swabs with plastic shafts or flocked swabs. Do not use calcium alginate swabs or swabs with wooden sticks. Nasopharyngeal (NP) and oropharyngeal (OP) swabs may be combined in a single collection tube. |
| | Refrigerate (2-8°C) all specimens promptly after collection and freeze (-20°C or lower) within 96 hours of collection. |
| Transport Medium | Viral transport medium (VTM), universal transport medium (UTM), or saline |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. All specimens should be shipped frozen on dry ice overnight (next day delivery). Ship To: [Insert CDC Point of Contact] |
| | Centers for Disease Control and Prevention RDSB/STATT Unit 23 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Multiplex Real-time Polymerase Chain Reaction (PCR) |
| Turnaround Time | 7 Days |

| Interferences & Limitations | Prior antibiotic treatment may impact results; specimens should be collected prior to antibiotic treatment, if possible. Specimens that are not collected, stored, and transported at specified conditions may be rejected by the laboratory. Refer to Collection, Storage & Preservation of Specimen Prior to Shipping. Specimens collected using calcium alginate swabs or swabs with wooden sticks may contain substances that inhibit molecular assays and will be rejected by the laboratory. |
|-----------------------------|---|
| Additional Information | None |
| CDC Points of Contact | Maureen Diaz (404) 639-4534 mdiaz1@cdc.gov Jonas Winchell (404) 639-4921 Jwinchell@cdc.gov |

Test Order Naegleria Molecular Detection CDC-10482

| Free-living ameba, parasite, primary amebic meningoencephalitis, PAM, brain- eating ameba |
|---|
| Julia Haston (404)-718-1230 qdx2@cdc.gov Ibne Ali (404) 718-4157 xzn5@cdc.gov |
| Provide the following information: history of present illness, exposure history, past medical history, treatment history, CSF results, imaging results. Available images can be submitted for preliminary morphological diagnosis prior to submitting specimen for molecular identification. Contact dpdx@cdc.gov for more information about submitting images. |
| Not needed. |
| Human and Animal |
| For <i>Naegleria fowleri</i> molecular detection, CSF is the preferred specimen type. We also accept fresh or frozen brain tissue for <i>N. fowleri</i> molecular detection. |
| 0.2 mL (CSF); 1 mL preferred. 0.1 g tissue (brain); 0.2 g preferred. |
| CSF (preferred) or brain tissue (in 0.5x PBS) should be stored refrigerated temperature (2-8°C) for up to 7 days, or frozen (-20°C or lower; in the absence of PBS buffer) for up to 60 days. |
| Small piece of tissue should be transported in small amount of 0.5x PBS to prevent dryness. |
| Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Shipping frozen is strongly recommended. Frozen specimens should only be sent with dry-ice by overnight priority mail and received within 60 days of collection. Refrigerated specimens should be sent with refrigerated or frozen cold packs and received within 7 days of collection. |
|---|--|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 54 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |

All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number.

| Methodology | Real-Time PCR |
|-----------------------------|---|
| Turnaround Time | 7 Days |
| Interferences & Limitations | Formalin-fixed specimens are not acceptable for molecular studies as formalin fixation may cause DNA degradation. Regarding testing of formalin-fixed specimens see Test Order CDC-10365 (Pathologic Evaluation of Tissues for Possible Infectious Etiologies) and contact pathology@cdc.gov. |
| Additional Information | For 24/7 diagnostic assistance, specimen collection guidance, shipping instructions, and treatment recommendations, contact the CDC Emergency Operations Center at (770) 488-7100. |
| CDC Points of Contact | Julia Haston (404)-718-1230 qdx2@cdc.gov Ibne Ali (404) 718-4157 xzn5@cdc.gov |

Test Order NARMS Susceptibility Testing CDC-10107

| Synonym(s) | National Antimicrobial Resistance Monitoring System, NARMS surveillance, AST |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Submitter must be a NARMS participating laboratory. Specimens accepted according to current National Antimicrobial Resistance Monitoring System (NARMS) sampling scheme. NARMS log sheet or entry into NARMS web interface. |
| Supplemental Form | NARMS logsheet https://wwwn.cdc.gov/NARMS/UserLogin.aspx |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Isolates. Specimens accepted according to NARMS guidelines. |
| Minimum Volume Required | Minimum volume for microbrial isolates is not applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store isolates at ambient temperature (15-25 °C) or refrigerate (2-8 °C). Isolates held for more than a month should be frozen at less than or equal to -20 °C. |
| Transport Medium | Ship isolates on nutrient agar or non-selective similar agar (trypticase soy agar, heart infusion agar, etc.) |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | Ship at ambient temperature or frozen with dry ice. There are no time contraints for submitting sequence data. |
| | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 127 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Broth Microdilution Antimicrobial Susceptibility (AST), E-Test Susceptibility Testing |
| Turnaround Time | 8 Weeks |
| Interferences & Limitations | No significant interferences or limitations are currently known. |
| | The significant interferences of infinitations are currently known. |

| Additional Information | The turn around time depends on the nature of subtyping performed. Results are typically reported directly to the surveillance databases. For additional information regarding shipment timing and other status updates, please see this link: https://wwwn.cdc.gov/NARMS/UserLogin.aspx |
|------------------------|--|
| CDC Points of Contact | Jean Whichard (404) 639-2000 zyr3@cdc.gov Jason Folster (404) 639-4948 gux8@cdc.gov Hayat Caidi (404) 639-0766 foi0@cdc.gov |
| Version | 1.3 |

Test Order Neisseria gonorrhoeae Surveillance Study CDC-10103

| Synonym(s) | |
|--|---|
| CDC Pre-Approval Needed | Myriam Belanger (404) 718-5138 bjf0@cdc.gov Matthew Schmerer (404) 718-5911 nmk7@cdc.gov |
| Supplemental Information Required | All submissions must be accompanied by a CDC 50.34 Specimen Submission Form or Global File Accessioning Template (GFAT) which must include the State Public Health Department contact information. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Viable isolate(s) with confirmed identification of <i>N. gonorrhoeae</i> , or as determined during pre-approval consultation. |
| Minimum Volume Required | Contact the CDC POC for appropriate guidance/relevant information |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | <i>N. gonorrhoeae</i> isolate should be grown on a non-selective medium (Chocolate II or GC base + 1% growth supplements) and incubated for 16-18 hours at 35-37°C in a 4-6% CO2-enriched atmosphere. For long-term preservation, cultures should be resuspended (at concentration of ≥4 McFarland) in trypticase soy broth (TSB) with 15-20% glycerol and immediately frozen at <-70°C or below. |
| Transport Medium | Contact the CDC POC for appropriate guidance/relevant information |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 31 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Contact the CDC POC for appropriate guidance/relevant information |
| Turnaround Time | |
| Interferences & Limitations | Contact the CDC POC for appropriate guidance/relevant information |
| | |

| | Consult with the CDC POC for approval prior to sending of isolate(s) to CDC. This test order is for non-CLIA test(s) of gonococcal isolates. This is mainly for acceptance of isolates from gonococcal surveillance projects. |
|-----------------------|---|
| CDC Points of Contact | Myriam Belanger (404) 718-5138 bjf0@cdc.gov Matthew Schmerer (404) 718-5911 nmk7@cdc.gov |

Test Order Neisseria meningitidis Identification and Serogrouping CDC-10219

| Synonym(s) | N. meningitidis ID and Serogrouping, Nm ID |
|--|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Two primary patient identifiers are required for this test order. Provide any preliminary results available (including manufacturer of antiserum or PCR methods used if applicable) in the Previous Laboratory Results section on the CDC 50.34 Specimen Submission Form. If prioritized testing is needed for a public health response, contact CDC POC for approval of expedited testing. For surveillance testing, please submit under the Neisseria meningitidis Surveillance test order (CDC-10220). |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | This Test Order is currently not accepting any specimens until further notice. |
| Minimum Volume Required | 0.25 mL for frozen bacterial stocks; 0.5 mL or more is preferred for primary specimens |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Bacterial isolate stocks should be stored in a cryovial and kept frozen (-20°C or lower) prior to shipping. |
| | When submitting viable bacterial isolates, incubate the inoculated chocolate agar slants overnight at 35-39°C with 5% carbon dioxide to ensure viability of the isolates. |
| | Cerebrospinal fluid (CSF) and serum should be refrigerated (2-8°C) after collection and frozen (-20°C or lower) within 96 hours for up to 60 days. |
| Transport Medium | When submitting frozen bacterial stocks, use defibrinated sheep blood or trypticase soy broth (TSB) plus 15% glycerol. When submitting viable bacterial cultures at room temperature, use chocolate agar slants. |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. If shipping viable bacterial isolates, ship at room temperature with room-temperature cold packs. When shipping 10 or more bacterial isolates, submit frozen stocks only. Frozen bacterial isolate stocks and primary specimens (CSF and serum) should be shipped on dry ice and received frozen. |
|---|---|
| | Enclose CDC 50.34 Specimen Submission Form in shipment. Email the tracking number in advance, particularly if prioritized testing is requested. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 10 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Bacterial isolates and primary specimens will be characterized using real-time polymerase chain reaction (PCR). |
| Turnaround Time | 4 Weeks |
| Interferences & Limitations | Bacterial DNA concentration, low specimen volume, collection time, and transport and handling conditions may impact the results. Primary specimens that were collected after antibiotic treatment, were transported under suboptimal conditions, or have a particularly low volume and/or bacterial DNA load may result in a false negative result. |
| Additional Information | Test results provide or confirm serogroup of <i>N. meningitidis</i> . |
| CDC Points of Contact | Daya Marasini (404) 718-3522 pnz9@cdc.gov Rebecca Howie (404) 498-4146 fvu8@cdc.gov Sandip Shrestha (404) 639-1967 |

ssq5@cdc.gov

Test Order Neisseria meningitidis Surveillance CDC-10220

Synonym(s)

N. meningitidis surveillance, Nm study

| CDC Pre-Approval Needed | None |
|--|---|
| Supplemental Information Required | Provide any preliminary results available (including manufacturer of antiserum or PCR methods used if applicable) in the Previous Laboratory Results section on the CDC 50.34 Specimen Submission Form or on the surveillance submission form. If prioritized testing is needed for a public health response, contact CDC POC for approval of expedited testing. If results are intended for diagnostic purposes, submit under Neisseria meningitidis Identification and Serogrouping test order CDC-10219. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Bacterial isolates (viable bacterial culture at room temperature or frozen stocks) and primary specimens [cerebrospinal fluid (CSF), serum and other sterile site specimen types]. |
| Minimum Volume Required | 0.25 mL for frozen bacterial stocks; 0.5 mL or more is preferred for primary specimens |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Bacterial isolate stocks should be stored in a cryovial and kept frozen (-20°C or lower) prior to shipping. |
| | When submitting viable bacterial isolates, incubate the inoculated chocolate agar slants overnight at 35-39°C with 5% carbon dioxide to ensure viability of the isolates. |
| | Primary specimens (CSF, serum and other sterile site specimen types) should be refrigerated (2-8°C) after collection and frozen (-20°C or lower) within 96 hours for up to 60 days. |
| Transport Medium | When submitting frozen bacterial stocks, use defibrinated sheep blood or trypticase soy broth (TSB) plus 15% glycerol. When submitting viable bacterial cultures at room temperature, use chocolate agar slants. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. If shipping viable bacterial isolates, ship at room temperature with room-temperature cold packs. When shipping 10 or more bacterial isolates, submit frozen stocks only. Frozen bacterial isolate stocks and primary specimens (CSF and serum) should be shipped on dry ice and received frozen. Enclose CDC 50.34 Specimen Submission Form in shipment. Email the tracking number in advance, particularly if prioritized testing is requested. |
|---|---|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 10 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Whole genome sequencing (WGS), real-time polymerase chain reaction (rt-PCR), and/or slide agglutination serogrouping. |
| Turnaround Time | |
| Interferences & Limitations | Bacterial DNA concentration, low specimen volume, collection time, and transport and handling conditions may impact the results. Primary specimens that were collected after antibiotic treatment, were transported under suboptimal conditions, or have a particularly low volume and/or bacterial DNA load may result in a false negative result. For molecular typing methods, primary specimens with low bacterial DNA load may not be acceptable for testing. |
| Additional Information | Additional microbiological and/or molecular testing can be completed as needed. |
| CDC Points of Contact | Daya Marasini (404) 718-3522 pnz9@cdc.gov Rebecca Howie (404) 498-4146 fvu8@cdc.gov Sandip Shrestha (404) 639-1967 ssq5@cdc.gov |

Test Order Neisseria species (not GC or meningococcus) Identification CDC-10139

| Synonym(s) | Gram-negative coccus (not GC or meningococcus) identification, Neisseria species identification |
|--|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Please complete all sections on the CDC 50.34 Specimen Submission Form. Please notify laboratory point of contact listed below of shipment if this is a critical care specimen. |
| Supplemental Form | None |
| Performed on Specimens From | Human and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Actively growing pure culture bacterial isolate on an agar slant, Lowenstein Jensen, trypticase soy agar (with or without sheep blood), heart infusion agar (with or without rabbit blood), chocolate agar, Sabouraud dextrose agar |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store isolates at room temperature (15-25°C) for up to 7 days prior to shipping. |

| Transport Medium | Not Applicable |
|---|---|
| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship at room temperature with room-temperature cold packs. |
| | Ship To: |
| | [Insert CDC Point of Contact] |
| | Centers for Disease Control and Prevention |
| | RDSB/STATT Unit 17 |
| | 1600 Clifton Road, NE |
| | Atlanta, GA 30329 |
| | [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Primary culture based on specimen type, Matrix Assisted Laser Desorption Ionization Time of Flight Mass Spectrometry, 16S sequence based identification |
| Turnaround Time | 3 Weeks |
| | |

| Additional Information | |
|------------------------|---|
| Additional Information | If available, please provide patient history including if the patient has used a catheter and/or if the patient is immunocompromised. |
| | Some isolates require additional time to accurately characterize the organism which may result in a longer turnaround time. Please contact the laboratory if concerned about a delay. |
| | John McQuiston (404) 639-0270 zje8@cdc.gov Melissa Bell (404) 639-1348 jqv7@cdc.gov |

Test Order Nipah Virus Testing CDC-10354

| Synonym(s) | |
|--|--|
| CDC Pre-Approval Needed | Trevor Shoemaker (470) 312-0094 spather@cdc.gov Amy Schuh (404) 639-1756 wuc2@cdc.gov |
| Supplemental Information Required | Private citizens interested in clinical testing should contact their healthcare providers. Clinicians should contact their local or state health department for consultation. |
| Supplemental Form | None |
| Performed on Specimens From | Human and Animal |
| Acceptable Sample / Specimen Type for Testing | For human serological testing, serum and whole blood (EDTA) are acceptable. For human PCR testing, whole blood (EDTA) is acceptable. CDC POC contact is required prior to sending any specimens. Animal specimens or human research specimens may be submitted with approval from CDC POC. |
| Minimum Volume Required | 4 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Human serological specimens stored refrigerated (2-8°C) must be received within 7 days of specimen collection date, and specimens stored frozen (-20°C or below) must be received within 2 months of specimen collection date. Human specimens for PCR testing stored refrigerated (2- 8°C) must be received within 3 days of specimen collection, and specimens stored frozen (-20°C or below) must be received within 2 months of specimen collection date. Contact the CDC POC for approval prior to sending any specimens. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. For molecular and serology testing, specimens should be shipped frozen on dry ice. Do not ship specimen without prior consultation and approval. |
|---|--|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 70 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Serology, Polymerase Chain Reaction (PCR) |
| Turnaround Time | 2 Weeks |
| Interferences & Limitations | Do not collect specimens in heparin, as heparin may cause interference with the molecular tests. Avoid thawing frozen specimens, as freeze-thawing may affect sensitivity of assays. |
| Additional Information | Pre-approval is required. Contact CDC's Emergency Operation Center at 770-488- 7100 and request VSPB's on-call epidemiologist to provide the clinical and epidemiological history on the patient. If testing is approved, VSPB will provide an approval number (EPIID) by email along with instructions for next steps. After receiving pre-approval and the EPIID number, the CDC specimen submission form can be submitted using one of two ways: |
| | 1) For submitters that use CSTOR, submit using the CSTOR Web Portal. Please include the EPIID in the Test Order Request's comments field. If the EPIID is not included, the order will be rejected. |
| | 2) For submitters that do not use CSTOR, submit via CDC 50.34 Specimen Submission Form. Enter the EPIID in the "Case ID field" within the "Patient Information" section on CSTOR and/or the CDC 50.34 Specimen Submission Form. Critical specimens will take less than 4 days to turn around. |
| CDC Points of Contact | Trevor Shoemaker (470) 312-0094 spather@cdc.gov Amy Schuh (404) 639-1756 wuc2@cdc.gov Maria Morales Betoulle (404) 718-1655 fof7@cdc.gov |

Test Order Nocardia species Identification CDC-10150

| Synonym(s) | Beaded branching gram-positive rod, aerobic actinmycetes |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Please complete all sections on the CDC 50.34 Specimen Submission Form. Please notify laboratory point of contact listed below of shipment if this is a critical care specimen. |
| Supplemental Form | None |
| Performed on Specimens From | Human and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Actively growing pure culture bacterial isolate on an agar slant, Lowenstein Jensen, trypticase soy agar (with or without sheep blood), heart infusion agar (with or without rabbit blood), chocolate agar, Sabouraud dextrose agar |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store isolates at room temperature (15-25°C) for up to 7 days prior to shipping. |
| Transport Medium | Not Applicable |
| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship at room temperature with room- temperature cold packs. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 17 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Primary culture based on specimen type, Matrix Assisted Laser Desorption Ionization Time of Flight Mass Spectrometry, 16S sequence based identification |
| Turnaround Time | 3 Weeks |

| | If available, please provide patient history including if the patient has used a catheter and/or if the patient is immunocompromised. |
|-----------------------|---|
| | Some isolates require additional time to accurately characterize the organism which may result in a longer turnaround time. Please contact the laboratory if concerned about a delay. |
| CDC Points of Contact | John McQuiston (404) 639-0270 zje8@cdc.gov Melissa Bell (404) 639-1348 jqv7@cdc.gov |

Test Order Nocardia species Identification and Antimicrobial Susceptibility Testing CDC-10151

| Synonym(s) | |
|--|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Please complete all sections on the CDC 50.34 Specimen Submission Form. Please notify laboratory point of contact listed below of shipment if this is a critical care specimen. |
| Supplemental Form | None |
| Performed on Specimens From | Human and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Actively growing pure culture bacterial isolate on an agar slant, Lowenstein Jensen, trypticase soy agar (with or without sheep blood), heart infusion agar (with or without rabbit blood), chocolate agar, Sabouraud dextrose agar |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store isolates at room temperature (15-25 °C) for up to 7 days prior to shipping. |
| Transport Medium | Not applicable |
| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship at room temperature with room- temperature cold packs. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 17 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Primary culture based on specimen type, Matrix Assisted Laser Desorption Ionization Time of Flight Mass Spectrometry, 16S sequence based identification |
| Turnaround Time | 3 Weeks |

| | 5 |
|------------------------|---|
| Additional Information | If available, please provide patient history including if the patient has used a catheter and/or if the patient is immunocompromised. |
| | Some isolates require additional time to accurately characterize the organism which may result in a longer turnaround time. Please contact the laboratory if concerned about a delay. |
| CDC Points of Contact | John McQuiston (404) 639-0270 zje8@cdc.gov Melissa Bell (404) 639-1348 jqv7@cdc.gov |

| Nontubercul | Test Order Nontuberculous Mycobacteria (NTM) - Identification (ID) CDC-10225 | |
|--------------------------------------|--|--|
| Synonym(s) | nontuberculous (Non-TB) mycobacteria (NTM), nontuberculous mycobacteria (NTM), <i>Mycobacterium</i> , mycobacteria Identification, mycobacteria other than TB (MOTT) | |
| CDC Pre-Approval Needed | Nadege Toney (404) 639-1282 ngc6@cdc.gov Stephen LaVoie (404) 718-4747 qea5@cdc.gov | |
| Supplemental Information Required | The CDC Form 50.34 Specimen Submission Form or GFAT must include the State Public Health Department contact information, previous testing results demonstrating that the isolate is pure and is not a part of the <i>Mycobacterium tuberculosis</i> complex (MTC), as well as the date the submitted culture was inoculated onto transport media and the date visible growth was observed for the submitted isolate. | |
| | For isolates from wounds or surgical sites, document that nontuberculous mycobacteria (NTM) was abundant on primary culture (3+ to 4+) or was the only organism isolated. | |
| | For isolates from sputum, document that NTM was from two or more sputum cultures, collected on different days; was the only mycobacterial species present and that there was abundant growth on primary culture. | |

| Supplemental Form | None |
|--|---|
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Pure cultural isolates of NTMs demonstrated to not be part of the Mycobacterium tuberculosis complex (MTC) from the following sources: Sterile sites (e.g. Whole blood, cerebral spinal fluid (CSF), other body fluids); Abscess, exudate or skin lesion; Wounds or surgical sites (see Supplemental Information); Bronchoalveolar lavage (BAL)/bronchial wash; Sputum (see Supplemental Information); Gastric lavage (pediatric). |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store pure culture isolates at room temperature (15-25 °C) for up to 7 days or at refrigerated temperature (2-8 °C) up to 14 days. Isolates being stored more than 14 days should be frozen (-20 °C or lower). Ship isolates as soon as possible to ensure viability. |

| Transport Medium | Transport pure culture isolates at room temperature (15-25 °C) or refrigerated (2- 8 °C) on Lowenstein-Jensen agar, Middlebrook 7H10/7H11 agar or Middlebrook 7H9 broth. Transport frozen isolates in Middlebrook 7H9 broth. |
|---|--|
| | NOTE: The Mycobacteria Growth Indicator tube (MGIT) is not acceptable transport media. BacT/ALERT and VersaTREK culture media bottles are also not acceptable transport media. |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship pure culture isolates overnight at room temperature, refrigerated, or frozen. Room-temperature samples should be shipped with room-temperature cold packs. Refrigerated samples should be shipped with refrigerated or frozen cold packs. Frozen samples should be shipped frozen with dry ice. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 13 1600 Clifton Road, NE Atlanta, GA 30329 |
| | [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | 16S ribosomal ribonucleic acid (16S rRNA) gene and ß subunit of bacterial RNA polymerase (rpoB) sequencing, matrix assisted laser desorption ionization-time of flight (MALDI-TOF), additional phenotypic testing. |
| Turnaround Time | 8 Weeks |
| Interferences & Limitations | Pure culture isolates must be viable for testing. |
| Additional Information | Contact the CDC POC for approval prior to submitting any specimen. If a healthcare facility will be submitting samples directly to CDC they must receive prior approval from the State Health Department. Isolates require specific documentation depending on the site of collection as outlined in the Supplemental Information Required section. If submitting pure culture isolate(s) for testing, the original culture/isolate/inoculum should be maintained by the submitter until results are reported, indicating that CDC testing is completed. |

CDC Points of Contact Stephen LaVoie (404) 718-4747 qea5@cdc.gov Nadege Toney (404) 639-1282 ngc6@cdc.gov

Version 4.5

Test Order Norovirus Genotyping CDC-10356

| Synonym(s) | Norovirus |
|--|---|
| CDC Pre-Approval Needed | Jan Vinje (404) 639-3721 ahx8@cdc.gov Leslie Barclay (404) 639-1159 gvm3@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | stool, vomitus, environmental swab |
| Minimum Volume Required | 0.25 g or 0.25 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Specimen must be stored at 2 °-8 °C |
| Transport Medium | Not Applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | Refrigerated specimen should be shipped on cold packs. CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 186 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Polymerase Chain Reaction (PCR), Sequencing |
| Turnaround Time | 4 Weeks |
| Interferences & Limitations | None |
| Additional Information | None |
| | |

CDC Points of Contact Jan Vinje (404) 639-3721 ahx8@cdc.gov Leslie Barclay (404) 639-1159 gvm3@cdc.gov

Version 1.3

Test Order Norovirus Molecular Detection and Genotyping CDC-10358

| Synonym(s) | Norovirus |
|--|---|
| CDC Pre-Approval Needed | Jan Vinje (404) 639-3721 ahx8@cdc.gov Leslie Barclay (404) 639-1159 gvm3@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | stool, vomitus, environmental swab |
| Minimum Volume Required | 0.25 g or 0.25 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Specimen must be stored at 2 °-8 °C |
| Transport Medium | Not Applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | Refrigerated specimen should be shipped on cold packs. CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 186 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Polymerase Chain Reaction (PCR), Sequencing |
| Turnaround Time | 4 Weeks |
| Interferences & Limitations | None |
| Additional Information | None |

CDC Points of Contact Jan Vinje (404) 639-3721 ahx8@cdc.gov Leslie Barclay (404) 639-1159 gvm3@cdc.gov

Version 1.3

Test Order Orientia Molecular Detection CDC-10359

| Synonym(s) | Scrub typhus |
|--------------------------------------|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Required information on the CDC 50.34 Specimen Submission Form: - Test order name (one per submission form) - SPHL point of contact including direct phone number of the person responsible for sample submission and follow-up - Patient full name, sex, birth date - Date of illness onset - Specimen collection date - Specimen source (e.g., serum, whole blood, eschar swab, tissue) - Therapeutic agent and dates (specific antibiotic therapy and initiation date) - State of illness - Relevant clinical summary that includes signs and symptoms compatible with a rickettsial illness, as well as any pertinent comorbidities |
| | Requested additional information: - Other laboratory results (e.g., previous serologic or molecular tests, complete blood counts, hepatic transaminase levels or electrolyte values, if available) - Travel history (within 2 weeks of symptom onset), denote with "No" or "Unknown" if no travel occurred or travel history is unknown) - Exposure history, e.g., ticks, fleas, lice, mites, or relevant animal exposures (denote "None" or "Unknown" if no arthropod or animal exposure occurred or is unknown) |

| Supplemental Form | None |
|--|--|
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Acute whole blood (taken within 14 days of illness onset or while patient remains febrile): EDTA-treated, or ACD A treated. Acute serum: Serum separator tube, or cryo-tubes. Tissue biopsies, including skin biopsy specimens from the site of rash or eschar. Swab specimen of eschar, using a dry, sterile cotton swab (include eschar scab when available). Samples must be collected within 72 hours of initiation of a tetracycline-class antibiotic, e.g., doxycycline (within 48 hours is preferred), or, if collection has occurred outside of this established time frame, patients must be symptomatic or with a residual eschar scab at the time of collection. |

Minimum Volume Required 1.0 mL

| Collection, Storage, and Preservation of Specimen Prior to Shipping | Keep specimen refrigerated (2-8°C) if sample will arrive at CDC within 7 days from collection. If the sample requires storage for more than 7 days prior to arriving at CDC, freeze at -20°C or lower up to 2 months (35 days for tissue), or -70°C or lower up to 1 year (for serum, blood, and tissue). For 2-8°C storage, tissue should be placed in a sterile specimen cup with a gauze pad slightly moistened with sterile saline. To freeze tissue, place specimen in a cryogenic container at -20°C or lower. Do not immerse the tissue in saline solution. For eschar swabs, place the specimen in a dry sterile specimen container without any medium. |
|--|---|
| Transport Medium | For tissue, place in sterile specimen cup with gauze pad lightly moistened with sterile saline. Do not immerse the sample in saline. |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Shipping frozen is strongly recommended. Frozen specimens should only be sent with dry-ice by overnight priority mail and received within 60 days of collection. Refrigerated specimens should be sent with refrigerated or frozen cold packs and received within 7 days of collection. Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 78 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and |
| | federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Real-time polymerase chain reaction (PCR), polymerase chain reaction (PCR), sequencing |
| Turnaround Time | 6 Weeks |
| Interferences & Limitations | Molecular detection methods have decreasing sensitivity after resolution of the febrile (acute) stage of illness. Hemolysis of whole blood can interfere with results. Other shipping media is not recommended and will be subject to rejection. Multiple freeze-thaw cycles and sample storage above refrigerated temperatures (2-8°C) can interfere with nucleic acid extraction. |

Additional Information Routine diagnostic samples should be sent to your state public health laboratory (SPHL) or a commercial laboratory if the test is available commercially.

The Rickettsial Zoonoses Branch (RZB) Reference Diagnostic Laboratory assists state public health laboratories by providing specialized testing for rickettsial agents. Molecular testing for other pathogens including *Anaplasma*, *Coxiella*, *Rickettsia* spp., and *Ehrlichia* spp. may be included following clinical review in RZB. Results are reported directly to SPHLs.

Additional RZB specimen and shipping information can be found at the following address:

https://www.cdc.gov/ncezid/dvbd/specimensub/rickettsial-shipping.html

CDC Points of Contact Yan Zeng (404) 639-5177 RZBrefdxlab@cdc.gov Arlyn N Gleaton (404) 639-4904 iwv7@cdc.gov

Test Order Orientia Serology CDC-10360

| Synonym(s) | Scrub typhus |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Required information on the CDC 50.34 Specimen Submission Form: Test order name (one per submission form) SPHL point of contact including direct phone number of the person responsible for sample submission and follow-up Patient full name, sex, birth date Date of illness onset Specimen collection date Specimen source (e.g., serum, whole blood, eschar swab, tissue) Therapeutic agent and dates (specific antibiotic therapy and initiation date) State of illness Relevant clinical summary that includes signs and symptoms compatible with a rickettsial illness, as well as any pertinent comorbidities |
| | Requested additional information: - Other laboratory results (e.g., previous serologic or molecular tests, complete blood counts, hepatic transaminase levels or electrolyte values, if available) - Travel history (within 2 weeks of symptom onset), denote with "No" or "Unknown" if no travel occurred or travel history is unknown) - Exposure history, e.g., ticks, fleas, lice, mites, or relevant animal exposures (denote "None" or "Unknown" if no arthropod or animal exposure occurred or is unknown) |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Acute-phase serum (taken within 14 days of illness onset or while symptomatic) paired with convalescent-phase serum (taken 2-10 weeks after initial sample); or single acute-phase or convalescent serum. |
| Minimum Volume Required | 10 ml |

| of Specimen Prior to Shipping | Keep specimen refrigerated (2-8°C) if sample will arrive at CDC within 7 days from collection. If the sample requires storage for more than 7 days, freeze at - 20°C or lower up to 2 months, or -70°C or lower up to 1 year. |
|-------------------------------|---|
| Transport Medium | Not Applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Shipping frozen is strongly recommended. Frozen specimens should only be sent with dry-ice by overnight priority mail and received within 60 days of collection. Refrigerated specimens should be sent with refrigerated or frozen cold packs and received within 7 days of collection. |
|---|--|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 78 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |

| Methodology Indirect immunofluorescence antibody assay (IFA) | | |
|--|---|--|
| Turnaround Time | e 6 Weeks | |
| Interferences & Limitations | Multiple freeze thaw cycles can interfere with antigen binding. A detectable antibody response is often not detected during the first week of illness. Confirmation of a scrub typhus disease can only be established by demonstrating a four-fold or greater increase in antibody titer which requires evaluation of paired serum samples collected during acute and convalescent phases of the illness. | |
| Additional Information | Routine diagnostic samples should be sent to your state public health laboratory (SPHL) or a commercial laboratory if the test is available commercially. | |
| | The Rickettsial Zoonoses Branch (RZB) Reference Diagnostic Laboratory assists state public health laboratories by providing specialized testing for rickettsial agents. Serological testing for other pathogens including typhus group <i>Rickettsia</i> , <i>Anaplasma</i> , <i>Coxiella</i> , spotted fever group <i>Rickettsia</i> , and <i>Ehrlichia</i> spp. may be included following clinical review in RZB. Results are reported directly to SPHLs. | |
| | Additional RZB specimen and shipping information can be found at the following address: https://www.cdc.gov/ncezid/dvbd/specimensub/rickettsial-shipping.html | |

CDC Points of Contact Yan Zeng (404) 639-5177 RZBrefdxlab@cdc.gov Arlyn N Gleaton (404) 639-4904 iwv7@cdc.gov

Version 2.2

Test Order Paragonimiasis Serology CDC-10465

| Synonym(s) | Paragonimus westermani; Paragonimus kellicotti, parasite |
|--|--|
| CDC Pre-Approval Needed | Parasitology Lab Mailbox (404) 718-4175 parasiteslab@cdc.gov Xiaojuan Tan (404) 718-3434 xit0@cdc.gov |
| Supplemental Information Required | CDC 50.34 Specimen Submission Form must include travel history and other relevant risk factors; clinical symptoms, treatment and relevant lab results. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum |
| Minimum Volume Required | 0.2 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Serum for serology testing should be collected, centrifuged and transferred to leak proof tubes. Serum can be stored at refrigerated temperature (2-8°C) for up to 7 days prior to freezing or stored frozen (-20°C or lower) for up to 8 weeks. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Sera specimens should be shipped frozen on dry ice. Specimens not received under these conditions will be rejected for testing, and a new specimen must be submitted. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 57 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local state and |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Immunoblot, Western Blot, Antibody Detection |
| Turnaround Time | |
| Interferences & Limitations | This assay may yield positive results in individuals infected with <i>Paragonimus kellicotti</i> . |

| Additional Information | Please send one CDC 50.34 Specimen Submission Form and one separate sample tube for each test requested. |
|------------------------|--|
| CDC Points of Contact | Xiaojuan Tan (404) 718-3434 xit0@cdc.gov Parasitology Lab Mailbox (404) 718-4175 parasiteslab@cdc.gov |

Version 4.8

Test Order Parasite - Special Study CDC-10237

| Synonym(s) | | |
|--|---|--|
| CDC Pre-Approval Needed | d None | |
| Supplemental Information Required | None | |
| Supplemental Form | None | |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics | |
| Acceptable Sample / Specimen Type for Testing | Stool specimens (must be preserved), blood, food, and tissue. Contact CDC POC regarding submission of additional specimen types. | |
| Minimum Volume Required | Contact the CDC POC for appropriate guidance/relevant information. | |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Contact the CDC POC for appropriate guidance/relevant information | |
| Transport Medium | Contact the CDC POC for appropriate guidance/relevant information | |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. | |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. | |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 57 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. | |
| Methodology | Microscopy, culture, PCR, seqeuncing, ELISA, immunoblot, multiplex bead array. | |
| Turnaround Time | | |
| | Contact the CDC POC for appropriate guidance/relevant information. | |
| | Contact the CDC POC for appropriate guidance/relevant information | |

CDC Points of Contact Katie Bowden (404) 718-4100 wzi1@cdc.gov Yvonne Qvarnstrom (404) 718-4123 bvp2@cdc.gov Parasites Lab (404) 639-4292 parasiteslab@cdc.gov

Version 2.6

Test Order Parasites: Morphologic Identification CDC-10234

| Synonym(s) |) Parasitology, Malaria parasite identification, Blood parasite, ova and parasite | |
|--|---|--|
| CDC Pre-Approval Needed | i None | |
| Supplemental Information Required | | |
| Supplemental Form | None | |
| Performed on Specimens From | Human | |
| Acceptable Sample / Specimen Type for Testing | Stool specimens (must be preserved), blood, and tissue. Consult the laboratory regarding submission of additional specimen types. | |
| Minimum Volume Required | Minimum volume requirements are specimen specific; please contact the point of contact listed below. | |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Storage and preservation is specimen specific and available on consultation | |
| Transport Medium | Not Applicable | |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. | |
| Shipping Instructions which Include Specimen Handling Requirements | Shipping is specimen specific and available on consultation. | |
| | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. | |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 52 | |
| | 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] | |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. | |
| Methodology | Microscopy | |
| Turnaround Time | 7 Days | |
| Interferences & Limitations | None | |
| | | |

CDC Points of Contact DPDx (404) 718-4120 dpdx@cdc.gov Sarah Sapp (404) 718-5227 xyz6@cdc.gov

Version 2.6

Test Order Parasites: Telediagnosis CDC-10563

| 000 10000 | | |
|--|--|--|
| Synonym(s) | Parasitology, ova and parasite, telediagnosis | |
| CDC Pre-Approval Needed | l None | |
| Supplemental Information Required | None | |
| Supplemental Form | None | |
| Performed on Specimens From | Human | |
| Acceptable Sample / Specimen Type for Testing | Image or video files depicting suspected parasitic organisms | |
| Minimum Volume Required | Not Applicable | |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Not Applicable | |
| Transport Medium | Not Applicable | |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. | |
| Shipping Instructions which Include Specimen Handling Requirements | None | |
| Methodology | Microscopy | |
| Turnaround Time | 7 Days | |
| Interferences & Limitations | None | |
| Additional Information | Do not submit telediagnosis cases via CSTOR. Contact dpdx@cdc.gov for submission instructions and a secure upload link. | |
| | Submitted images/videos should be of adequate quality (e.g., sufficient resolution, focus, and magnification) to permit examination. If a definitive identification cannot be reached from telediagnosis submissions, the physical specimen may be requested for direct examination (see CDC-10234). | |
| CDC Points of Contact | DPDx (404) 718-4120 dpdx@cdc.gov Sarah Sapp (404) 718-5227 xyz6@cdc.gov | |

Test Order Pathologic or Molecular Evaluation of Fixed Tissues for Possible Infectious Etiologies CDC-10365

| Synonym(s) | Autopsy, necropsy, biopsy, resection, excision, formalin-fixed tissues, formalin-fixed paraffin-embedded (FFPE), pathology, paraffin blocks, histopathology, immunohistochemistry, polymerase chain reaction (PCR), electron microscopy (EM) |
|-------------------------|--|
| CDC Pre-Approval Needed | Infectious Diseases Pathology Mailbox (404) 639-3132 pathology@cdc.gov Julu Bhatnagar (404) 639-2826 zrn1@cdc.gov |

Supplemental Information Please include the following information with each submission:

Required

Omission of information on the CDC 50.34 Specimen Submission Form will lead to a delay in accessioning and testing, and potential rejection of specimen submission. Please include the following:

- Test order code
- Test order name
- Patient full name
- Patient birth date
- Date of death (if applicable)
- Specimen collected date
- State public health laboratory (PHL) institution name
- Patient ID (e.g., medical record number or autopsy number)
- Specimen ID (e.g., surgical pathology accession number)
- Original submitter contact information

• Comments (bottom of page 2): If unstained slides are submitted, the date that unstained slides were created should be provided here.

One electronically completed copy of CDC 50.34 Specimen Submission Form per case is acceptable ONLY when specimens are collected on the same day AND have the same surgical biopsy or autopsy number. Additional CDC 50.34 Specimen Submission Forms are required for specimens collected on different days or that have different surgical biopsy numbers (e.g., were from a different surgical procedure on the same day) or autopsy numbers.

Submission of an unredacted copy of: (a) the autopsy report (preliminary or final), or (b) surgical pathology report is required.

Requested additional information:

• A cover letter or copies of recent pertinent clinical notes outlining a brief clinical history, including relevant demographic/epidemiologic information

• Copies of pertinent laboratory results (microbiology, hematology, serology, culture, and/or biochemical)

Relevant clinical, gross pathology, or microscopic pathology images, as
available

• If paraffin-embedded tissue blocks or unstained slides are submitted, a block key listing the tissues in each paraffin-embedded tissue block.

| Supplemental Form | None |
|--|--|
| Performed on Specimens From | Human and Animal |
| Acceptable Sample / Specimen Type for Testing | Biopsy tissues and autopsy tissues from any organ or site are acceptable; however, tissue specimens should be submitted from the site(s) of the patient's disease process. |
| | If an infectious etiology is suspected, tissues should demonstrate histopathologic evidence of a possible infectious process. |

1. Formalin-fixed paraffin-embedded tissue (FFPE) tissue blocks:

Preferred specimen type for histopathology, histochemistry (special stains), immunohistochemistry, PCR and sequencing, or nucleic acid extraction for transfer to other CDC laboratories. FFPE tissue blocks must be less than 10 years of age.

• Biopsy tissue specimens and autopsy tissue specimens (excluding brain): Only acceptable if embedded within 2 weeks after being placed in formalin.

• Brain autopsy tissue specimens: Acceptable if embedded within 4 weeks of being placed in formalin.

• For autopsy tissue specimens only, specimens in formalin for greater than 2 weeks (greater than 4 weeks for brain tissue) prior to embedding may be acceptable on a case-by-case basis.

2. Formalin-fixed wet tissues:

• Only acceptable for autopsy tissue specimens. Acceptable for histopathology, histochemistry (special stains), immunohistochemistry, PCR and sequencing, or nucleic acid extraction for transfer to other CDC laboratories, and electron microscopy.

- Autopsy tissue specimens (excluding brain): Acceptable if the duration of formalin-fixation has been within 2 weeks, or if tissues have been transferred to 70% ethanol within 2 weeks after initial placement in formalin.

- Brain autopsy tissue specimens: Acceptable if the duration of formalin-fixation has been within 4 weeks, or if tissues have been transferred to 70% ethanol within 4 weeks of initial placement in formalin.

- For autopsy tissue specimens only, specimens in formalin greater than 2 weeks (greater than 4 weeks for brain tissue) may be acceptable on a case-by-case basis.

• Biopsy tissue specimens: NOT acceptable for testing

3. Unstained paraffinized tissue slides:

• Acceptable for histopathology, histochemistry (special stains), immunohistochemistry. Only acceptable if created within 10 days prior to submission of specimens to CDC from an FFPE tissue block that was embedded within 2 weeks of being placed in formalin (or 4 weeks for brain autopsy tissue specimens). For autopsy tissues only, unstained slides from FFPE tissue blocks in formalin greater than 2 weeks (greater than 4 weeks for brain tissue) prior to embedding may be acceptable on a case-by-case basis. • NOT acceptable for PCR testing and sequencing or nucleic extraction for transfer to other CDC laboratories

4. Formalin-fixed paraffin-embedded (FFPE) tissue scrolls:

NOT acceptable for testing

For more information, reference the Additional Information field.

| Minimum Volume Required | Not Applicable |
|--|--|
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Formalin-fixed paraffin-embedded (FFPE) tissue blocks: •Process within 2 weeks of formalin-fixation of tissues •Store at room temperature (15-25°C) |
| | Autopsy specific, formalin-fixed wet tissue: The volume of 10% neutral buffered formalin used to fix tissues should be 10 times the volume of tissue Place thinly-sliced tissue in 10% neutral buffered formalin for 7 days. For brain tissue, place thinly-sliced tissue in 10% neutral buffered formalin for 2 weeks or longer until fully fixed. |
| | After fixation, if not paraffin-embedded, tissues should be transferred to 70% ethanol for long-term storage and stored at room temperature (15-25°C). Unstained paraffinized tissue slides should be stored at room temperature (15-25°C). |
| Transport Medium | If formalin-fixed wet tissues are submitted, transport medium can include 10% neutral buffered formalin or 70% ethanol. |
| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. For urgent cases, immediately contact IDPB (pathology@cdc.gov). Paraffin-embedded tissue blocks should be shipped refrigerated with frozen cold packs during hot summer months to prevent them from melting. Formalin-fixed wet tissue that is currently in formalin or has been transferred to 70% ethanol: Should be shipped in leak proof containers at room temperature. The maximum volume of formalin per primary specimen container cannot exceed 30 mL (excess formalin should be discarded prior to shipping). The maximum net volume of formalin per shipping package cannot exceed 1 L. If the specimen is in 70% ethanol, discard most of the ethanol prior to shipping. Leakproof containers should be placed in double Ziploc style bags and add sufficient absorbent material to the outer bag to absorb any potential leaks. Ship for overnight delivery. |
|---|
| Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 109 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Histopathology (hematoxylin and eosin (H&E)-stained sections), histochemistry (special stains), immunohistochemistry (IHC), conventional and real-time polymerase chain reaction (PCR) and Sanger sequencing, nucleic acid extraction for transfer to other CDC Laboratories, electron microscopy (EM) |
| 8 Weeks |
| Decalcification may interfere with some PCR assays. |
| Paraffin-embedded cell blocks from body fluids (e.g., pleural, pericardial fluid) and aspirates (e.g., bone marrow) may be acceptable in select circumstances but assay sensitivity may be reduced; immunohistochemical, PCR and sequencing assays have been optimized for performance on FFPE tissue samples. Freezing of formalin-fixed wet tissue can result in distorted histopathology and freezing artifacts (formation of interstitial and intracytoplasmic vacuoles resulting from ice-crystal formation). Specimens should not be frozen; specimens should be kept at room temperature (15-25°C). |
| |

CDC Pre-Approval Needed:

• Contact Infectious Diseases Pathology Branch Mailbox and pre-approval POC

Acceptable Sample/ Specimen Type for Testing:

• More specific guidelines regarding syndrome and pathogen specific tissue sampling and submission can be found on the IDPB website: http://www.cdc.gov/ncezid/dhcpp/idpb/specimen-submission/index.html

• Samples that are damaged or depleted are not acceptable for testing and will be rejected; this includes broken unstained slides, and FFPE tissue blocks that have been depleted due to removal of tissue sections from the block.

• In the setting of potentially scant paraffin-embedded tissue block samples, submission of original stained slides (e.g., H&E, Gram) may be requested.

• For small biopsies (such as liver), to maintain specimen integrity, we recommend existing FFPE tissue blocks be submitted as is, and not split, which might further reduce available tissue in the block.

• Scant specimens are subject to depletion during the course of testing.

• For autopsy tissues demonstrating decomposition, consultation with POC is required to determine acceptable specimen type(s) on a case-by-case basis.

•Autopsy tissue specimens in formalin greater than 2 weeks (greater than 4 weeks for brain tissue), may be acceptable on a case-by-case basis. Consultation with POC prior to specimen submission is required for this determination.

Turnaround Time is case-dependent:

- Human surgical biopsy cases it is 6-8 weeks
- Complex cases, routine human autopsy cases, and animal cases it is 12 weeks.

The course of testing will be determined by the clinical history, the histopathology observed, and the availability of specimens.

| , , | CDC Points of Contact | Infectious Diseases Pathology (404) 639-3132 pathology@cdc.gov Julu Bhatnagar (404) 639-2826 zrn1@cdc.gov Jana M Ritter (404) 639-1611 vtr0@cdc.gov Roosecelis B Martines (404) 639-3886 xgn7@cdc.gov | Branch Mailbox |
|--------|-----------------------|--|----------------|
| | Version | 5.7 | |

Test Order Picornavirus Detection and Identification (not Hepatitis A, not Rhinovirus) CDC-10374

| Synonym(s) | Theier's murine encephalomyelitis virus (TMEV), Saffold virus (SAFV), Cosavirus (COSV) (Dekavirus), Salivirus (SALV) (Klassevirus), Kobuvirus, Aichi virus, Encephalomyocarditis virus (EMCV), Vilyuisk virus |
|--|---|
| CDC Pre-Approval Needed | Terry Fei Fan Ng (404) 639-4880 ylz9@cdc.gov Shannon Rogers (404) 639-2677 boo9@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Stool, Cerebrospinal fluid (CSF), Serum, Respiratory swab specimens in virus transport media (VTM), including nasopharyngeal swab (NP), oropharyngeal swab (OP), nasopharyngeal/oropharyngeal swab (NP/OP), nasal swab (NS), Respiratory wash specimens, including bronchoalveolar lavage (BAL), bronchial wash (BW), nasal wash (NW), tracheal aspirate (TA), nasal aspirate (NA), Rectal swab in virus transport media (VTM), Conjunctival swab in VTM, Lesion swab in VTM. |
| Minimum Volume Required | Stool: 1 gram, 10 - 20 grams preferred Cerebrospinal fluid (CSF): 0.15 mL, 0.5-2 mL preferred Serum: 0.15 mL, 0.5 - 2 mL preferred Respiratory wash specimens and swab specimens in virus transport media: 0.5 mL, 1 mL preferred Rectal, conjunctival, and lesion swab in virus transport media: 0.5 mL, 1 mL preferred |

| Collection, Storage, and Preservation of Specimen Prior to Shipping | Collecting specimens upon the first week of illness is ideal; if collected the second week, it should include a stool sample. |
|--|---|
| | For all swab specimens, use only sterile Dacron or rayon swabs with plastic shafts or, if available, flocked swabs. Place the swab immediately into a sterile vial containing 2 mL of viral transport media. |
| | For stool, CSF, and respiratory wash specimens, collect each specimen in a clean, dry, leak-proof container. Stool should be collected within 14 days of symptom onset. Do not add transport medium. |
| | For serum specimens, collect whole blood into a serum separator tube (marble or tiger top SST). Allow to clot at room temperature (15°C to 25°C) for a minimum of 30 minutes and centrifuge. |
| | After collection, freeze (-20°C or lower) all specimens and ship to CDC within 2 months. Please note: If necessary, CSF, conjunctival swabs and lesion swabs may be kept at 2-8°C for no more than 72 hours after collection and prior to freezing. If necessary, stools, serum, respiratory swabs and washes, and rectal swabs may be kept at 2-8°C for no more than 14 days after collection and prior to freezing. |
| Transport Medium | Viral transport medium (VTM) should be used with these specimen types: nasopharyngeal swabs (NP), oropharyngeal swabs (OP), nasopharyngeal/oropharyngeal swabs (NP/OP), nasal swabs (NS), rectal swabs, conjunctival swab, and lesion swabs. |
| Specimen Labeling | Research or surveillance specimens may be labeled with unique identifiers according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Frozen specimens should be shipped on dry ice. All specimens should be shipped frozen on dry ice under UN3373, Category B. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 76 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Molecular techniques |
| Turnaround Time | |
| Interferences & Limitations | Frozen specimens must remain frozen; warming or freeze-thaw cycle reduces sensitivity. For serum, heparin may cause interference with the molecular tests and should be avoided. For swab specimens, do not use calcium alginate swabs or swabs with wooden sticks, as they may inactivate some viruses and inhibit some molecular assays. |
| | · · · · · · · · · · · · · · · · · · · |

Additional Information Not Applicable

CDC Points of Contact Shannon Rogers (404) 639-2677 boo9@cdc.gov Terry Fei Fan Ng (404) 639-4880 ylz9@cdc.gov

Test Order Picornavirus Special Study CDC-10375

| Synonym(s) | |
|--|---|
| CDC Pre-Approval Needed | Shannon Rogers (404) 639-2677 boo9@cdc.gov Terry Fei Fan Ng (404) 639-4880 ylz9@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | This test order is currently not accepting any specimens until further notice. |
| Minimum Volume Required | Stool: 1 gram, 10 - 20 grams preferred Cerebrospinal fluid (CSF): 0.15 mL, 0.5-2 ml preferred, Serum: 0.15 mL, 0.5-2 ml preferred Respiratory swab specimens in VTM: 0.5 mL; 1 ml preferred |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Collecting specimens upon the first week of illness is ideal; if collected the second week, it should include a stool sample. For all swab specimens, use only sterile Dacron or rayon swabs with plastic shafts or, if available, flocked swabs. Place the swab immediately into a sterile vial containing 2 mL of viral transport media. |
| | For stool, CSF, respiratory wash specimen - collect each specimen in a clean, dry, leak-proof container. Stool should be collected within 14 days of symptom onset. Send only original, unprocessed stool. Do not add transport medium. |
| | For serum specimens, collect whole blood into a serum separator tube (marble or tiger top SST). Allow to clot at room temperature (15°C to 25°C) for a minimum of 30 minutes, centrifuge, remove serum from the separator tube and send an aliquot in a sterile container. |
| | After collection, freeze (-20°C or lower) all specimens and ship to CDC within 1 month. If necessary, specimens may be kept at 2-8°C for no more than 72 hours after collection and prior to freezing. |
| Transport Medium | Viral transport medium (VTM) should be used with these specimen types: nasopharyngeal swab (NP), oropharyngeal swab (OP), nasopharyngeal/oropharyngeal swab (NP/OP) |

| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
|---|---|
| | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Frozen specimens should be shipped on dry ice. All specimens should be shipped frozen on dry ice under UN3373, Category B. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 76 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Reverse Transcriptase Polymerase Chain Reaction (RT-PCR) |
| Turnaround Time | 2 Weeks |
| Interferences & Limitations | Frozen specimens must remain frozen; warming or freeze-thaw cycle reduces sensitivity. For serum, heparin may cause interference with the molecular tests and should be avoided. For swab specimens, do not use calcium alginate swabs or swabs with wooden sticks, as they may inactivate some viruses and inhibit some molecular assays. |
| Additional Information | Not Applicable |
| CDC Points of Contact | Picornavirus Laboratory AFMLab@cdc.gov Shannon Rogers (404) 639-2677 boo9@cdc.gov Terry Fei Fan Ng (404) 639-4880 ylz9@cdc.gov |
| | |

Test Order Polio Direct Detection and Titration CDC-10549

| Synonym(s) | Polio special study, CCID50 |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | None |
| Supplemental Form | |
| Performed on Specimens From | Human and Animal |
| Acceptable Sample / Specimen Type for Testing | Performed on stool. Contact POC for further guidance and information. |
| Minimum Volume Required | 1 gram (stool); 2-3 grams preferred |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Stool should be collected into a sterile container and stored refrigerated (2-8°C) for no more than 48 hours before being processed. Once processed, stools should be frozen (-20°C or lower) until shipped frozen on dry ice. |
| Transport Medium | Specimens should be shipped frozen on dry ice. Stool: No transport medium needed. |
| Specimen Labeling | Research or surveillance specimens may be labeled with unique identifiers according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Specimens should be shipped frozen on dry ice. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB / STATT Unit 225 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Polymerase chain reaction (PCR); virus titration assay; cell culture |
| Turnaround Time | 2 Weeks |
| Interferences & Limitations | |
| | Ear clinical trials, plaase submit under test order CDC 10E40. Ear surveillance |

CDC Points of Contact Cara Burns (404) 639-5499 zqd1@cdc.gov Bernardo Mainou (404) 718-3261 qlk6@cdc.gov Steve Oberste (404) 639-5497 mbo2@cdc.gov

Test Order Polio Isolation and Genotyping CDC-10376

| Synonym(s) | PV, polio virus, Polio sequencing, AFP, acute flaccid paralysis |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Stool, cell culture isolate, Fast Technology for Analysis of nucleic acids (FTA) cards, wastewater |
| Minimum Volume Required | Tissue culture isolate: 0.5 mL Stool: 1 gram; 10 - 20 grams preferred Wastewater: 500mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Keep specimens refrigerated (2-8 °C) or frozen (-20 °C or lower). For stool, do not add transport medium. |
| | Wastewater should be stored refrigerated (2-8 °C) upon collection and stored frozen (-20 °C or lower) prior to shipping. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled with unique identifiers according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. |
| | Frozen specimens should be shipped on dry ice. FTA cards should be shipped at ambient temperatures and should include humidity indicator cards and desiccant pouches. When shipping ambient specimens, no temperature-maintaining materials (e.g., cold packs) are required. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 76 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Molecular techniques, Cell culture |
| Turnaround Time | 3 Weeks |
| Interferences & Limitations | None |

CDC Points of Contact Cara Burns (404) 639-5499 zqd1@cdc.gov Jaume Jorba (404) 639-4296 poliovirusisolation@cdc.gov

| | Test Order Polio Serology CDC-10377 |
|--|--|
| Synonym(s) | Neutralization assay, NT, MNT |
| CDC Pre-Approval Needed | Bernardo Mainou (404) 718-3261 qlk6@cdc.gov Nicholas Wiese (404) 639-2650 kue6@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum |
| Minimum Volume Required | 0.5 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Sera need to be collected from clotted whole blood or through serum separated tubes (SST). Samples must be refrigerated (2-8°C) after collection for short-term storage, not to exceed 24 hours and frozen (-20°C or lower) until shipment without exceeding 1 month. Document conditions in which sample was maintained (e.g., temperature and time) on CDC 50.34 Specimen Submission Form in the comments section. |
| Transport Medium | Not Applicable |
| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Frozen specimens should be shipped on dry ice. Refrigerated specimens should be shipped with refrigerated or frozen cold packs. |
|---|---|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 225 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Neutralization assay |
| Turnaround Time | 4 Weeks |
| Interferences & Limitations | Red blood cell hemolysis will adversely affect test results |
| Additional Information | None |
| CDC Points of Contact | Bernardo Mainou (404) 718-3261 qlk6@cdc.gov Nicholas Wiese (404) 639-2650 kue6@cdc.gov |

Test Order Polio Special Study CDC-10378

| Synonym(s) | None |
|--|--|
| CDC Pre-Approval Needed | Cara Burns (404) 639-5499 zqd1@cdc.gov Jaume Jorba (404) 639-4296 poliolabusa@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Stool, cell culture isolate, extracted nucleic acid (total nucleic acid) |
| Minimum Volume Required | Tissue culture isolate: 0.5 mL. Stool: 1 gram; 10 - 20 grams preferred |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | |
| | Extracted nucleic acid should be shipped on dry ice and be received at temperatures between -10°C and -80°C. If specimens are not within the defined |

temperature range, accurate testing results cannot be guaranteed.

| Transport Medium | Not Applicable |
|---|--|
| Specimen Labeling | Research or surveillance specimens may be labeled with unique identifiers according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Frozen specimens should be shipped on dry ice. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 76 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and |
| | federal regulations. |
| Methodology | Cell Culture, PCR, drug susceptibility testing, or genetic sequencing |

| Turnaround Time | |
|-----------------------------|---|
| Interferences & Limitations | No significant interferences or limitations are currently known. |
| | Prior to shipping environmental nucleic acid extracts for sequencing request authorization using email poliolabusa@cdc.gov and include "CDC Poliovirus Sequencing Request" in the subject line. |
| | Cara Burns (404) 639-5499 zqd1@cdc.gov Nancy Gerloff (404) 639-1397 poliolabusa@cdc.gov Jaume Jorba (404) 639-4296 poliosequencing@cdc.gov |

Test Order Poxvirus Molecular Detection CDC-10515

| Synonym(s) | Monkeypox virus, Variola virus, Vaccinia virus, smallpox, sore mouth |
|--|--|
| CDC Pre-Approval Needed | Poxvirus Inquiry Line (404) 639-4129 poxvirus@cdc.gov Whitni Davidson (404) 639-2933 wdavidson@cdc.gov |
| Supplemental Information Required | Consultation is required prior to specimen submission. A brief written clinical summary with pertinent medical information (e.g. rash onset date, rash type, symptoms, smallpox vaccination date if relevant) and exposure history should be included. Information must be documented in written form, discussion during initial phone consultation is not a suitable alternative to a written record. |
| Supplemental Form | None |
| Performed on Specimens From | Human and Animal |
| Acceptable Sample / Specimen Type for Testing | Swabbed lesion material is required for persons with an active lesion or rash. Acceptable samples are: dry swabs, swabs in viral transport media (except for Clade I/Congo Basin Monkeypox virus), and crusts from lesions without transport media. Swabs should be nylon, dacron, polyester or rayon. Do not use cotton swabs. Do not use transport media labeled "Universal transport media" or "M4 transport media". |
| | Viral culture can also be accepted only if a poxvirus other than monkeypox is suspected. Do not attempt to culture or ship monkeypox virus. |
| Minimum Volume Required | Viral Cultures: 0.5 mL. Note that monkeypox virus should not be cultured and sent for testing. Transport media: 0.3 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | For dry swabs: Freeze (-20°C or lower) or refrigerate (2-8°C) specimens promptly after collection Store frozen samples for up to 60 days. Freezing is strongly recommended. However, if there is no freezer available, refrigerate samples (2-8°C) and store for up to 7 days. It is strongly recommended to send samples within 7 days of collection. |
| | For crusts and swabs in viral transport media: Freeze (-20°C or lower) or refrigerate (2-8°C) specimens promptly after collection Store frozen samples for up to 30 days. Freezing is strongly recommended. However, if there is no freezer available, refrigerate samples (2-8°C) and store for up to 7 days. |
| Transport Medium | Transport medium can be added to swabs, but it must be viral transport media. Other media such as universal transport medium, M4 viral transport medium, etc cannot be accepted. Do not add any transport media to crusts. Contact the CDC POC for appropriate guidance/relevant information |

| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition form. Research or surveillance specimens may be labeled according to protocol. Labels |
|---|--|
| | should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Please email the tracking number of the package to the CDC Point of Contact and poxviruslab@cdc.gov. It is preferred to ship samples frozen on dry ice. If dry ice is not available, specimens may be shipped refrigerated with frozen cold packs. Please include several ice packs to ensure samples arrive at the correct temperature. |
| | Upon shipment, submitter should send an email to the CDC POC and poxviruslab@cdc.gov providing the shipping company, the date shipped and the package tracking number. |
| | Ship To: |
| | [Insert CDC Point of Contact] |
| | Centers for Disease Control and Prevention |
| | RDSB/STATT Unit 47 |
| | 1600 Clifton Road, NE Atlanta, GA 30329 |
| | [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Mothodology | Real-time polymerase chain reaction |

| Methodology | Real-time polymerase chain reaction |
|-----------------------------|---|
| Turnaround Time | 14 Days |
| Interferences & Limitations | Cotton swabs and swabs in media designed for bacterial preservation and/or transport may cause PCR inhibition and should not be used. Specimens with insufficient human DNA will be resulted as inconclusive. |
| Additional Information | Submitters should contact the Poxvirus Inquiry Line by telephone prior to using email and/or contacting the second POC. |
| | Diagnostic real-time polymerase chain reaction can detect the following poxviruses: variola, monkeypox, vaccinia, orf, pseudocowpox, and bovine papular stomatitis virus. |
| | Research real-time polymerase chain reaction can detect the viruses listed above plus cowpox, sealpox, molluscum contagiosum, and tanapox virus. |

CDC Points of Contact Poxvirus Inquiry Line (404) 639-4129 poxviruslab@cdc.gov Whitni Davidson (404) 639-2933 wdavidson@cdc.gov

Test Order Poxvirus Serology CDC-10516

| Synonym(s) | Orthopoxvirus serology |
|--|---|
| CDC Pre-Approval Needed | Poxvirus Inquiry Line (404) 639-4129 poxvirus@cdc.gov Whitni Davidson (404) 639-2933 wdavidson@cdc.gov |
| Supplemental Information Required | Consultation is required prior to specimen submission. A brief written clinical summary with pertinent medical information (e.g. rash onset date, rash type, symptoms, smallpox vaccination date if relevant) and exposure history should be included. Information must be documented in written form, discussion during initial phone consultation is not a suitable alternative to a written record. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum |
| Minimum Volume Required | 0.5 mL; 1 mL preferred |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Use blood collection tubes containing a clot activator and/or gel for serum separation. Separate and aliquot serum prior to storage and transport. |
| | Refrigerate (2-8 °C) or freeze (-20 °C or lower) specimens within an hour after collection. Refrigerated samples must arrive at CDC within 7 days and frozen samples within 60 days after collection. |
| Transport Medium | No transport media is required. |
| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. Ship specimen(s) refrigerated on cold packs, unless frozen, then ship on dry ice. |
|---|---|
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 47 1600 Clifton Road NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Enzyme-linked immunosorbent assay (ELISA) |
| Turnaround Time | 14 Days |
| Interferences & Limitations | Blood collection in tubes with either heparin and/or ethylenediaminetetraacetic acid (EDTA) may interfere with results. Detection of immunoglobulin M and G antibodies is dependent upon the number of days the specimen was collected post-symptom onset. A previous history of smallpox vaccination or orthopoxvirus exposure may affect result interpretation. |
| Additional Information | Submitters should contact the Poxvirus Inquiry Line by telephone prior to using email and/or contacting the second POC. ELISA can detect an antibody response in persons infected with an orthopoxvirus (e.g. variola, monkeypox, vaccinia, or cowpox virus). |
| CDC Points of Contact | Poxvirus Inquiry Line (404) 639-4129 poxviruslab@cdc.gov Whitni Davidson (404) 639-2933 wdavidson@cdc.gov |

Test Order Puumala Hemorrhagic Fever Testing CDC-10391

| Synonym(s) | Hanta, HFRS, Nephropathia epidemica |
|--|---|
| CDC Pre-Approval Needed | Trevor Shoemaker (470) 312-0094 spather@cdc.gov Amy Schuh (404) 639-1756 wuc2@cdc.gov |
| Supplemental Information Required | Private citizens interested in clinical testing should contact their healthcare providers. Clinicians should contact their local or state health department for consultation. |
| Supplemental Form | None |
| Performed on Specimens From | Human and Animal |
| Acceptable Sample / Specimen Type for Testing | For serology testing, the accepted specimen types are whole blood (EDTA) or serum. Contact the CDC POC for approval prior to sending any specimens. |
| | Animal specimens or human research specimens may be submitted with approval from CDC POC. |
| Minimum Volume Required | 4 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Human serological specimens stored refrigerated (2-8°C) must be received within 7 days of specimen collection date, and specimens stored frozen (-20°C or below) must be received within 2 months of specimen collection date. Contact the CDC POC for approval prior to sending any specimens. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. Do not ship specimen without prior consultation and approval. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 70 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Serology |
| Turnaround Time | 2 Weeks |

| Interferences & Limitations | Avoid thawing frozen specimens, as freeze-thawing may affect sensitivity of assays. |
|-----------------------------|--|
| Additional Information | Pre-approval is required. Contact CDC's Emergency Operation Center at 770-488- 7100 and request VSPB's on-call epidemiologist to provide the clinical and epidemiological history on the patient. If testing is approved, VSPB will provide an approval number (EPIID) by email along with instructions for next steps. After receiving pre-approval and the EPIID number, the CDC specimen submission form can be submitted using one of two ways: |
| | 1) For submitters that use CSTOR, submit using the CSTOR Web Portal. Please include the EPIID in the Test Order Request's comments field. If the EPIID is not included, the order will be rejected. |
| | 2) For submitters that do not use CSTOR, submit via CDC 50.34 Specimen Submission Form. Enter the EPIID in the "Case ID field" within the "Patient Information" section on CSTOR and/or the CDC 50.34 Specimen Submission Form. Critical specimens will take less than 4 days to turn around. |
| CDC Points of Contact | Trevor Shoemaker (470) 312-0094 spather@cdc.gov Amy Schuh (404) 639-1756 wuc2@cdc.gov Maria Morales Betoulle (404) 718-1655 fof7@cdc.gov |

Version 5.2

Test Order Rabies Antemortem Human Testing CDC-10392

| Synonym(s) | Human Rabies Rule Out Testing |
|--|---|
| CDC Pre-Approval Needed | Rabies Duty Officer (404) 639-1050 Rabies@cdc.gov Lillian Orciari (404) 639-2693 Iao0@cdc.gov |
| Supplemental Information Required | Consultation is required prior to specimen submission. Submitter must submit a complete CDC 50.34 Specimen Submission Form (for each specimen) and Possible Human Rabies -"Patient Information (CDC Form 55.30 (E)) before testing is performed. Include a brief written clinical summary with pertinent medical and exposure history. Information must be documented in written form, discussions during initial phone consultation is not a suitable alternative to a written record. Supplemental form in addition to the CDC Form 50.34 is required for each sample submitted. |
| Supplemental Form | Possible Human Rabies -"Patient Information (CDC Form 55.30 (E)) http://www.cdc.gov/rabies/pdf/rorform.pdf |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Four samples listed below are required to provide an antemortem rule out of rabies. A rule out cannot be provided if all samples are not submitted: serum, CSF, nuchal (skin) biopsy, and saliva. |
| Minimum Volume Required | 0.5 mL (Serum, CSF, saliva, greater than 1 ml preferred). Nuchal skin biopsy must be a full punch (5-6 millimeters) contain at minimum 10 hair follicles. |

| Collection, Storage, and Preservation of Specimen Prior to Shipping | Saliva should be collected prior to mouth cleansing using a sterile eyedropper pipette. Collect saliva sterile container that can be sealed securely. If the saliva is difficult to obtain, please collect an oral swab from the patient prior to mouth cleansing. |
|--|--|
| | A nuchal (skin) biopsy should be a full punch of skin 5 to 6 mm in diameter collected from the posterior region of the neck at the hairline. The biopsy specimen should contain a minimum of 10 hair follicles and be of sufficient depth to include the cutaneous nerves at the base of the follicle. Place the biopsy specimen in sterile container. |
| | Serum and cerebral spinal fluid (CSF) should also be collected. Do not send whole blood. |
| | No preservatives or additional fluids should be added to any specimen type. |
| | It is preferred to store samples frozen (-20°C or lower). Frozen samples should be received at CDC within 21 days of collection. Samples can also be stored refrigerated (2-8°C) and received at CDC within 3 days of collection. Please send samples as soon as possible. |
| | Please see the supplemental link for specific specimen storage and preservation. https://www.cdc.gov/rabies/resources/specimen-submission-guidelines.html |
| Transport Medium | No samples should be put in a transport medium |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| | |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. CDC 50.34 Specimen Submission Form is required for each of the four samples (serum, CSF, skin biopsy, and saliva). Ship all specimens overnight as first AM delivery (before 8:30 AM). Please email the tracking number of the package to the CDC Point of Contact and RabiesLaboratory@cdc.gov. It is preferred to ship samples frozen on dry ice. If dry ice is not available, specimens may be shipped refrigerated with frozen cold packs. Please include several ice packs to ensure samples arrive at the correct temperature. |
|---|---|
| | Upon shipment, submitter should send an email to the CDC POC and RabiesLaboratory@cdc.gov providing the shipping company, the date shipped and the package tracking number. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 89 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Direct Fluorescent Antibody Test (DFA) (Nuchal (skin) biopsy), Real Time Reverse Transcriptase Polymerase Chain Reaction (RT-PCR) on Nuchal (skin) biopsy, RT- PCR on Saliva, IgG and IgM by Indirect Fluorescent Antibody Test (IFA) on Serum and CSF, Viral Neutralizing Antibodies by Rapid Fluorescent Focus Inhibition Test (RFFIT) on Serum and CSF |
| Turnaround Time | 7 Days |
| Interferences & Limitations | Saliva and CSF specimen should be free of blood because blood may interfere with test results due to the inhibitors present in blood. |
| Additional Information | Do not ship specimens without prior consultation and approval. Submitters should contact the Rabies Duty Officer by telephone prior to using email and/or contacting the second CDC POC. |
| | Please include date of collection for CLIA diagnostic samples. |
| | IU/mL cannot be reported for RFFIT results. An end-point titer can be provided. |
| | Critical specimens will take less than 3 days to determine results; if testing needs to be repeated, results may take up to 7 days. |
| | |

CDC Points of Contact Rabies Laboratory (404) 718-1503 rabieslaboratory@cdc.gov Lillian Orciari (404) 639-1065 lao0@cdc.gov Rabies Duty Officer (404) 639-1050 rabies@cdc.gov

Version 3.0

Test Order Rabies Antibody Titer (Animal) CDC-10395

| Synonym(s) | Rabies vaccination status |
|--|---|
| CDC Pre-Approval Needed | Rabies Duty Officer (404) 639-1050 Rabies@cdc.gov Rabies Laboratory (404) 718-1503 rabieslaboratory@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Animal |
| Acceptable Sample / Specimen Type for Testing | Serum |
| Minimum Volume Required | 0.5 to 1.0 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Specimen can be kept refrigerated at 4 °C but prefer frozen at -20 °C |
| Transport Medium | Do not use transport media |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. |
| | Ship all specimens overnight and provide the CDC Point of Contact and RabiesLaboratory@cdc.gov with the tracking number of package. CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 89 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |

| Turnaround Time | 4 Weeks |
|-----------------------------|--|
| Interferences & Limitations | Hemolyzed samples interfere with test results. |
| Additional Information | If the test needs to be repeated results may take up to an additional 7 days. Submitters should contact the Rabies Duty Officer by telephone prior to using email and contacting the second CDC POC. |
| | If you are calling outside of regular business hours, please call the CDC Emergency Operations Center (EOC) (770) 488-7100. |
| CDC Points of Contact | Rabies Duty Officer (404) 639-1050 Rabies@cdc.gov Lillian Orciari (404) 639-1065 Iao0@cdc.gov Rabies Laboratory (404) 718-1503 rabieslaboratory@cdc.gov |

Version 2.1

Test Order Rabies Antibody Titer (Human) CDC-10393

| Synonym(s) | Serology, Immunization status, Rabies titer |
|--|---|
| CDC Pre-Approval Needed | Rabies Duty Officer (404) 639-1050 Rabies@cdc.gov Lillian Orciari (404) 639-1065 Iao0@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum |
| Minimum Volume Required | 0.5 mL; 1 mL preferred |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Samples can be stored refrigerated (2-8°C) for up to 7 days after collection or frozen (-20°C or lower) for up to 1 month. Samples should be received at CDC within 7 days for refrigerated samples and 1 month for frozen samples. Please see the supplemental link for specific specimen storage and preservation. https://www.cdc.gov/rabies/resources/specimen-submission-guidelines.html |
| Transport Medium | Not Applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. It is preferred to ship samples frozen on dry ice. If dry ice is not available, samples within 7 days of collection can also be shipped with frozen cold packs. Please include several cold packs to ensure samples arrive at the correct temperature. Please send samples as soon as possible. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 89 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC |

| Methodology | Rapid Fluorescent Focus Inhibition Test (RFFIT) |
|-----------------------------|--|
| Turnaround Time | 10 Days |
| Interferences & Limitations | Hemolyzed samples interfere with test results |
| Additional Information | Submitters should contact the Rabies Duty Officer by telephone prior to using email and contacting the second CDC POC. If the test needs to be repeated results may take up to an additional 7 days. |
| | Please include date of collection for CLIA diagnostic samples. |
| | IU/mL cannot be reported for RFFIT results. An end-point titer can be provided. |
| | If you are calling outside of regular business hours, please call the CDC Emergency Operations Center (EOC) (770) 488-7100 |
| CDC Points of Contact | Rabies Laboratory 404-718-1503 rabieslaboratory@cdc.gov Lillian Orciari 404-639-1065 lao0@cdc.gov Rabies Duty Officer 404-639-1050 rabies@cdc.gov |

Version 3.4

| Test Order Rabies Confirmatory Testing (Animal) CDC-10394 | |
|--|---|
| Synonym(s) | Rabies Direct Fluorescent Antibody Test (DFA), Rabies Confirmatory DFA, Real Time Reverse Transcriptase Polymerase Chain Reaction (RT-PCR), LN 34 Real-time Assay |
| CDC Pre-Approval Needed | Rabies Duty Officer (404) 639-1050 Rabies@cdc.gov Rabies Laboratory (404) 718-1503 rabieslaboratory@cdc.gov |
| Supplemental Information Required | Consultation is required prior to specimen submission. Submitter must submit a CDC 50.34 Specimen Submission Form for each specimen before testing is performed. Include a brief written clinical summary with pertinent medical and exposure history. Information must be documented in written form, initial phone consultation is not a suitable alternative to a written record. |
| Supplemental Form | None |
| Performed on Specimens From | Animal |
| Acceptable Sample / Specimen Type for Testing | Fresh-frozen brain tissues: a full cross section of brain stem and cerebellum (vermis, right and left lateral lobes). If the cerebellum is unavailable, a cross section of right and left hippocampi may be substituted. Other specimens may be submitted upon consultation with Rabies Duty Officer. |
| Minimum Volume Required | Full cross section of brain stem and cerebellum (vermis, right and left lobes). If the cerebellum is unavailable a cross section of right and left hippocampi may be substituted, but brain stem is required. |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Stored at -80 °C and should be kept on dry ice |
| Transport Medium | Not Applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported |

management of the individual patient.

should NOT be used for diagnosis, treatment, assessment of health or

| | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. | |
|-----------------|--|--|
| | | Ship all specimens overnight First AM (before 8:30AM) and provide the CDC Point of Contact and RabiesLaboratory@cdc.gov with the package tracking number. Frozen specimens should be shipped on dry ice. |
| | | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 89 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Me | ethodology | Direct fluorescent antibody test (DFA), direct rapid immunohistochemistry test (DRIT), real- time reverse transcription polymerase chain reaction (RT-PCR). |
| Turnar | ound Time | 3 Days |
| Interferences & | Limitations | Decomposition of tissues will interfere or limit testing results due to denaturation of viral protein and degradation of nucleic acids. |
| | . (| If for the former have been the set of the s |

| | of what protein and degradation of nucleic acids. |
|------------------------|---|
| Additional Information | If fresh frozen brain tissues (preferred) are unavailable, then formalin-fixed tissues may be tested by immunohistochemistry (IHC) tests if approved by the Rabies Duty Officer. Turnaround time for results from fresh frozen tissue is shorter than from formalin-fixed tissues. Tissues submitted in formalin require additional processing. Please submit processed and paraffin embedded tissue blocks and unstained slides (5 per block) from the required tissues full cross section of the brain stem and representative aliquots of cerebellum, (vermis, right and left lobes) rather than tissues in 10% percent buffered formalin. Ship tissue blocks and unstained slides at ambient temperature, and do not freeze. Submitters should contact the Rabies Duty Officer by telephone prior to using email and contacting the second CDC POC. |
| | If you are calling outside of regular business hours, please call the CDC Emergency Operations Center (EOC) (770) 488-7100. |
| CDC Points of Contact | Rabies Laboratory (404) 718-1503 rabieslaboratory@cdc.gov Lillian Orciari (404) 639-1065 |

(404) 639-1065 Lorciari@cdc.gov Rabies Duty Officer (404) 639-1050 rabies@cdc.gov

Test Order Rabies Field Surveillance CDC-10517

| Synonym(s) | Rabies Field Studies (Domestic and International) |
|--|--|
| CDC Pre-Approval Needed | Rabies Duty Officer (404) 639-2693 Rabies@cdc.gov James A. Ellison (404) 639-2693 JEllison@cdc.gov None |
| Required | |
| Supplemental Form | None |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Fresh-frozen brain tissues: a full cross section of brain stem and cerebellum (vermis, right and left lateral lobes). If the cerebellum is unavailable, a cross section of right and left hippocampi may be substituted. Serum and (cerebrospinal fluid) CSF. Other specimens may be submitted upon consultation with Rabies Duty Officer. |
| Minimum Volume Required | Full cross section of brain stem and cerebellum (vermis, right and left lobes). If the cerebellum is unavailable a cross section of right and left hippocampi may be substituted, but brain stem is required. 0.5 to 1.0 mL for serum and CSF. Other volumes may be considered upon consultation with Rabies Duty Officer. |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Stored at -80 °C and should be kept on dry ice |
| Transport Medium | To be determined |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include Specimen Handling Requirements | Frozen specimens should be shipped on dry ice. |
|---|---|
| Specimen nandling Requirements | Ship all specimens overnight, first AM delivery (before 8:30 AM) and provide the CDC Point of Contact with the tracking number of package. CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 89 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Molecular detection, Serology, Culture, Immunohistochemistry (IHC),, Other |
| Turnaround Time | 4 Weeks |
| Interferences & Limitations | Test is limited by decomposed tissues, due to denaturation of viral proteins and degradation of nucleic acids. |
| Additional Information | This test is for the submission of samples to participate in a rabies surveillance. No results of testing will be reported back to submitters. |
| | If you are calling outside of regular business hours, please call the CDC Emergency Operations Center (EOC) (770) 488-7100. |
| CDC Points of Contact | Rabies Laboratory (404) 718-1503 rabieslaboratory@cdc.gov Lillian Orciari (404) 639-1065 Iao0@cdc.gov Rabies Duty Officer (404) 639-1050 rabies@cdc.gov |

Version 1.2

| Test Order Rabies Postmortem Human Testing CDC-10396 | |
|--|--|
| Synonym(s) | Rabies Direct Fluorescent Antibody Test (DFA), Direct Fluorescent Antibody Test, Real Time Reverse Transcriptase Polymerase Chain Reaction (RT-PCR), LN 34 Real-time Assay, Immunohistochemistry Test, Rabies IHC |
| CDC Pre-Approval Needed | Rabies Duty Officer (404) 639-1050 Rabies@cdc.gov Rabies Laboratory (404) 718-1503 rabieslaboratory@cdc.gov |
| Supplemental Information Required | Consultation is required prior to specimen submission. Submitter must submit a complete CDC 50.34 Specimen Submission Form (for each specimen) and Possible Human Rabies - "Patient Information (CDC Form 55.30 (E)) before testing is performed. Include a brief written clinical summary with pertinent medical and exposure history. Information must be documented in written form, discussions during initial phone consultation is not a suitable alternative to a written record. Supplemental form in addition to the CDC Form 50.34 is required for each sample submitted. |
| Supplemental Form | Possible Human Rabies -"Patient Information (CDC Form 55.30 (E)) http://www.cdc.gov/rabies/pdf/rorform.pdf |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Fresh-frozen brain tissues: full cross section of brain stem and representative aliquots of cerebellum (vermis, right and left lateral lobes). Other specimens may be submitted upon consultation with Rabies Duty Officer. |
| Minimum Volume Required | Fresh-frozen brain tissues: full cross section of brain stem and representative aliquots of cerebellum (vermis, right and left lateral lobes). |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Unfixed tissue should be stored at -80 °C |
| Transport Medium | Not Applicable |
| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include Specimen Handling Requirements | Frozen specimens should be shipped on dry ice. Ship all specimens overnight, first AM delivery (before 8:30 AM) and provide the CDC Point of Contact with the tracking number of package. CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 89 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
|---|---|
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Direct fluorescent antibody test (DFA) for rabies virusantigen, real-time reverse transcription polymerase chain reaction (RT-PCR) |
| Turnaround Time | 7 Days |
| Interferences & Limitations | Tests are limited by decomposed tissues, due to denaturation of viral proteins and degradation of nucleic acids. |
| Additional Information | may be tested by immunohistochemistry (IHC) tests if approved by the Rabies Duty Officer. Turnaround time for results from fresh frozen tissue is shorter than from formalin-fixed tissues. Tissues submitted in formalin require additional processing. Please submit processed and paraffin embedded tissue blocks and unstained slides (5 per block) from the required tissues full cross section of the brain stem and representative aliquots of cerebellum, (vermis, right and left lobes) rather than tissues in 10% percent buffered formalin. Ship tissue blocks and unstained slides at ambient temperature, and do not freeze. Submitters should contact the Rabies Duty Officer by telephone prior to using email and contacting the second CDC POC. |
| | If you are calling outside of regular business hours, please call the CDC Emergency Operations Center (EOC) (770) 488-7100. |
| CDC Points of Contact | Rabies Laboratory (404) 718-1503 rabieslaboratory@cdc.gov Lillian Orciari (404) 639-1065 lao0@cdc.gov Rabies Duty Officer (404) 639-1050 rabies@cdc.gov |

Test Order Rabies Special Study CDC-10501

| Synonym(s) | None |
|--|---|
| CDC Pre-Approval Needed | Rabies Duty Officer (404) 639-1050 Rabies@cdc.gov Rabies Laboratory (404) 718-1503 rabieslaboratory@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Fresh-frozen brain tissues: a full cross section of brain stem and cerebellum (vermis, right and left lateral lobes). If the cerebellum is unavailable, a cross section of right and left hippocampi may be substituted. Serum and (cerebrospinal fluid) CSF. Other specimens may be submitted upon consultation with Rabies Duty Officer. |
| Minimum Volume Required | Full cross section of brain stem and cerebellum (vermis, right and left lobes). If the cerebellum is unavailable a cross section of right and left hippocampi may be substituted, but brain stem is required. 0.5 to 1.0 mL for serum and CSF. Other volumes may be considered upon consultation with Rabies Duty Officer. |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Stored at -80C and should be kept on dry ice. |
| Transport Medium | To be determined upon consultation with Rabies Duty Officer |
| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
|-----------------------------|--|
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 89 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Direct Fluorescent Antibody Test (DFA) for rabies virus antigen, Direct Rapid Immunohistochemistry test (DRIT), Real Time Reverse Transcriptase Polymerase Chain Reaction (RT-PCR), Virus Isolation, Antigenic Typing, Sequence Analysis |
| Turnaround Time | 6 Weeks |
| Interferences & Limitations | Test is limited by decomposed tissues, due to denaturation of viral proteins and degradation of nucleic acids. |
| Additional Information | Do not ship specimens without prior consultation and approval. Critical specimens will take less than 3 days to turn around. If testing needs to be repeated results may take up to 12 weeks. Submitters should contact the Rabies Duty Officer by telephone prior to using email and contacting the second CDC POC. |
| CDC Points of Contact | Subbian Satheshkumar Panayampalli (404) 639-1594 xdv3@cdc.gov Lillian Orciari (404) 639-1065 Iao0@cdc.gov Rabies Laboratory (404) 718-1503 rabieslaboratory@cdc.gov |

Version 1.3

| | Test Order Rabies Virus Genetic Typing CDC-10397 |
|--|---|
| Synonym(s) | Rabies Antigenic Typing, Rabies Monoclonal Antibody Typing, Rabies MAB Typing, Rabies RT-PCR, Rabies Sequence Analysis, Rabies Variant Typing |
| CDC Pre-Approval Needed | Rabies Duty Officer (404) 639-1050 Rabies@cdc.gov James A. Ellison (404) 639-2693 JEllison@cdc.gov |
| Supplemental Information Required | Please provide the county of origin of the animal in the CDC 50.34 Specimen Submission Form -œEpidemiological Data Section, in Other, specify box |
| Supplemental Form | None |
| Performed on Specimens From | Human and Animal |
| Acceptable Sample / Specimen Type for Testing | Fresh-frozen brain tissues: full cross section of brain stem and cerebellum (vermis, right and left lateral lobes) preferred, or a viral isolate. Other specimens may be submitted upon consultation with Rabies Duty Officer. |
| Minimum Volume Required | Full cross section of brainstem is required. |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Stored at -80 °C and should be kept on dry ice |
| Transport Medium | Not Applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC 50.34 Specimen Submission Form is required for each specimen. Ship all specimens overnight, delivery (before 10:30 AM) and provide the CDC Point of Contact with the tracking number of package. Frozen specimens should be shipped on dry ice. |
| | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 89 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |

| Antigenic Typing, Real Time Reverse Transcriptase Polymerase Chain Reaction (RT-PCR), Sequencing |
|---|
| 12 Weeks |
| Decomposition of tissues will interfere or limit testing results due to denaturation of viral protein and degradation of nucleic acids. |
| Samples for genetic typing may be a single sample, part of a large study or part of annual samples from a state for typing. The amount of testing required will depend on the reason for the testing and tests range from antigenic typing to whole genome sequencing and comparison with regional samples. Urgent samples for typing or molecular epidemiology are tested rapidly. |
| The test(s) used have not been cleared and approved by the FDA, the performance characteristics have established by CDC Rabies Laboratory. The results should NOT be used for diagnosis, treatment, or assessment of patient health or management. Submitters should contact the Rabies Duty Officer by telephone prior to using email and contacting the second CDC POC. |
| If you are calling outside of regular business hours, please call the CDC Emergency Operations Center (EOC) (770) 488-7100. |
| Rabies Laboratory (404) 718-1503 rabieslaboratory@cdc.gov Yu Li (404) 639-2185 lay4@cdc.gov Lillian Orciari (404) 639-1065 lao0@cdc.gov |
| |

Version 1.4

Test Order Real Time RT-PCR Testing for Marburg Virus CDC-10572

| Synonym(s) | None |
|--|--|
| CDC Pre-Approval Needed | Trevor Shoemaker (470) 312-0094 spather@cdc.gov Amy Schuh (404) 639-1756 wuc2@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | For molecular testing the accepted specimen type is whole blood (EDTA). CDC POC contact is required prior to sending any specimens. |
| Minimum Volume Required | 4 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Molecular specimens must be kept refrigerated (2-8°C) for up to 3 days after collection, or frozen (-20°C or below) for up to 2 months after collection. All specimens must be shipped on dry ice. See link to supplemental submission form for specific information on various specimen types. Contact the CDC POC for approval prior to sending any specimens. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Do not ship specimen without prior consultation and approval. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 70 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Polymerase chain reaction (PCR) |

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Turnaround Time 4 Days
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| Interferences & Limitations | Do not collect specimens in heparin, as heparin may cause interference with the molecular tests. Avoid thawing frozen specimens, as freeze-thawing may affect sensitivity of assays. |
|-----------------------------|--|
| Additional Information | Pre-approval is required. Contact VSPB by email (whz2@cdc.gov) or phone (404) 639-1155 to provide the clinical and epidemiological history on the patient. If testing is approved, VSPB will provide an approval number (EPIID) by email along with instructions for next steps. After receiving pre-approval and the EPIID number, the CDC specimen submission form can be submitted using one of two ways: |
| | For submitters that use CSTOR, submit using the CSTOR Web Portal. Please include the EPIID in the Test Order Request's comments field. If the EPIID is not included, the order will be rejected. For submitters that do not use CSTOR, submit via CDC 50.34 Specimen Submission Form. Enter the EPIID in the "Case ID field" within the "Patient Information" section on CSTOR and/or the CDC 50.34 Specimen Submission |
| CDC Points of Contact | Form. Critical specimens will take less than 4 days to turn around. Trevor Shoemaker (470) 312-0094 spather@cdc.gov Amy Schuh (404) 639-1756 wuc2@cdc.gov |

Version 1.0

Test Order Respiratory Panel (SARS-2, Influenza A/B) CDC-10542

| Synonym(s) | SARS-2 and Influenza A/B Respiratory Virus, COVID-19, coronavirus, SARS-CoV-2 |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Nasopharyngeal swabs (NP), throat (oropharyngeal (OP)) swabs, and anterior nares swabs. |
| Minimum Volume Required | 0.2 mL; 0.5 mL preferred |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Only synthetic fiber swabs with thin plastic or wire shafts that have been designed for sampling of the nasopharyngeal mucosa should be used. Respiratory specimens can be stored at 2-8°C for up to 72 hours after collection, using viral transport media. Specimens stored for longer than 72 hours should be stored frozen at \leq -70°C. All specimens submitted to CDC for testing should be frozen at \leq -70°C and shipped on dry ice overnight. Liquid specimen aliquots should be in properly labeled, leak-proof, unbreakable screw cap vials. For more collection details, visit https://www.cdc.gov/covid/hcp/clinical-care/clinical-specimen-guidelines.html |
| Transport Medium | Respiratory specimens should be collected and placed into viral transport media (VTM). |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 66 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |

Methodology Polymerase Chain Reaction (PCR)

Turnaround Time 2 Weeks

| Interferences & Limitations | Use only synthetic fiber swabs with thin plastic or wire shafts that have been designed for sampling the nasopharyngeal mucosa. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and may inhibit molecular tests. |
|-----------------------------|---|
| Additional Information | None |
| CDC Points of Contact | David Lowe (404) 718-6814 nqu9@cdc.gov Marie Kirby (404) 718-7689 pbi0@cdc.gov SARS FluAB Mailbox CDCSARS2FluAB@cdc.gov |

Version 0.0

Test Order Respiratory Virus (Non-Influenza) Special Study CDC-10400

| Synonym(s) | |
|--|---|
| CDC Pre-Approval Needed | Lydia Atherton (404) 718-8368 ibz1@cdc.gov David Lowe (404) 771-1602 nqu9@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human and Animal |
| Acceptable Sample / Specimen Type for Testing | To be determined |
| Minimum Volume Required | To be determined |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | To be determined |
| Transport Medium | To be determined |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Specimens should be shipped frozen, overnight on dry ice. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 84 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | |

| Methodology | |
|-----------------------------|------------------|
| Turnaround Time | |
| Interferences & Limitations | To be determined |

| CDC Points of Contact | Lijuan Wang (404) 639-4384 ynx2@cdc.gov Stacey Gonder (404) 639-8739 urv6@cdc.gov Xiaoyan Lu (404) 639-2745 xal9@cdc.gov Megha Aggarwal (404) 639-3287 tlz5@cdc.gov |
|-----------------------|--|
| Version | 2.6 |

| | Test Order <i>Rickettsia</i> Molecular Detection CDC-10402 |
|--|--|
| Synonym(s) | Rickettsiosis, spotted fever group rickettsiosis, Rocky Mountain spotted fever, Rickettsia parkeri rickettsiosis, African tick bite fever, Pacific coast tick fever, rickettsialpox, typhus group rickettsiosis, flea-borne typhus, epidemic (louse- borne) typhus |
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Required information on the CDC 50.34 Specimen Submission Form: - Test order name (one per submission form) - SPHL point of contact including direct phone number of the person responsible for sample submission and follow-up - Patient full name, sex, birth date - Date of illness onset - Specimen collection date - Specimen source (e.g., serum, whole blood, eschar swab, tissue) - Therapeutic agent and dates (specific antibiotic therapy and initiation date) - State of illness - Relevant clinical summary that includes signs and symptoms compatible with a rickettsial illness, as well as any pertinent comorbidities Requested additional information: - Other laboratory results (e.g., previous serologic or molecular tests, complete blood counts, hepatic transaminase levels or electrolyte values, if available) - Travel history (within 2 weeks of symptom onset), denote with "No" or "Unknown" if no travel occurred or travel history is unknown) - Exposure history, e.g., ticks, fleas, lice, mites, or relevant animal exposures (denote "None" or "Unknown" if no arthropod or animal exposure occurred or is unknown) |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Acute serum: Serum separator tube, or cryo-tubes. |
| | Tissue biopsies, including skin biopsy specimens from the site of rash or eschar. Swab specimen of eschar, using a dry, sterile cotton swab (include eschar scab when available). Samples must be collected within 72 hours of initiation of a tetracycline-class antibiotic, e.g., doxycycline (within 48 hours is preferred), or, if collection has occurred outside of this established time frame, patients must be symptomatic or with a residual eschar scab at the time of collection. |

| Collection, Storage, and Preservation of Specimen Prior to Shipping | Keep specimen refrigerated (2-8°C) if sample will arrive at CDC within 7 days from collection. If the sample requires storage for more than 7 days prior to arriving at CDC, freeze at -20°C or lower up to 2 months (35 days for tissue), or -70°C or lower up to 1 year (for serum, blood, and tissue). For 2-8°C storage, tissue should be placed in a sterile specimen cup with a gauze pad slightly moistened with sterile saline. To freeze tissue, place specimen in a cryogenic container at -20°C or lower. Do not immerse the tissue in saline solution. For eschar swabs, place the specimen in a dry sterile specimen container without any medium. |
|--|---|
| Transport Medium | For tissue, place in sterile specimen cup with gauze pad lightly moistened with sterile saline. Do not immerse the sample in saline. |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Shipping frozen is strongly recommended. Frozen specimens should only be sent with dry-ice by overnight priority mail and received within 60 days of collection. Refrigerated specimens should be sent with refrigerated or frozen cold packs and received within 7 days of collection. Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 78 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and |
| | federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Real-time polymerase chain reaction (PCR), polymerase chain reaction (PCR), sequencing |
| Turnaround Time | 6 Weeks |
| Interferences & Limitations | Molecular detection methods have decreasing sensitivity after resolution of the febrile (acute) stage of illness. Hemolysis of whole blood can interfere with results. Other shipping media is not recommended and will be subject to rejection. Multiple freeze-thaw cycles and sample storage above refrigerated temperatures (2-8°C) can interfere with nucleic acid extraction. |

Additional Information Routine diagnostic samples should be sent to your state public health laboratory (SPHL) or a commercial laboratory if the test is available commercially. The Rickettsial Zoonoses Branch (RZB) Reference Diagnostic Laboratory assists state public health laboratories by providing specialized testing for rickettsial agents. Molecular testing for other pathogens including Anaplasma, Coxiella, Orientia, and Ehrlichia spp. may be included following clinical review in RZB. Results are reported directly to SPHLs. Additional RZB specimen and shipping information can be found at the following address: https://www.cdc.gov/ncezid/dvbd/specimensub/rickettsial-shipping.html CDC Points of Contact Yan Zeng (404) 639-5177 RZBrefdxlab@cdc.gov Arlyn N Gleaton (404) 639-4904 iwv7@cdc.gov

Version 2.3

Test Order Rickettsia Serology Spotted Fever Group (RMSF) Serology CDC-10403

| Synonym(s) | Spotted fever group rickettsiosis, Rocky Mountain spotted fever, Rickettsia |
|--|--|
| | parkeri rickettsiosis, Pacific coast tick fever, African tick bite fever, rickettsialpox |
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Required information on the CDC 50.34 Specimen Submission Form: Test order name (one per submission form) SPHL point of contact including direct phone number of the person responsible for sample submission and follow-up Patient full name, sex, birth date Date of illness onset Specimen collection date Specimen source (e.g., serum, whole blood, eschar swab, tissue) Therapeutic agent and dates (specific antibiotic therapy and initiation date) State of illness Relevant clinical summary that includes signs and symptoms compatible with a rickettsial illness, as well as any pertinent comorbidities Requested additional information: Other laboratory results (e.g., previous serologic or molecular tests, complete blood counts, hepatic transaminase levels or electrolyte values, if available) Travel history (within 2 weeks of symptom onset), denote with "No" or "Unknown" if no travel occurred or travel history is unknown) Exposure history, e.g., ticks, fleas, lice, mites, or relevant animal exposures (denote "None" or "Unknown" if no arthropod or animal exposure occurred or is unknown) |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Acute-phase serum (taken within 14 days of illness onset or while symptomatic) paired with convalescent-phase serum (taken 2-10 weeks after initial sample); or single acute-phase or convalescent serum. |
| Minimum Volume Required | 1.0 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Keep specimen refrigerated (2-8°C) if sample will arrive at CDC within 7 days from collection. If the sample requires storage for more than 7 days, freeze at - 20°C or lower up to 2 months, or -70°C or lower up to 1 year. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the |

test requisition.

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Shipping frozen is strongly recommended. Frozen specimens should only be sent with dry-ice by overnight priority mail and received within 60 days of collection. Refrigerated specimens should be sent with refrigerated or frozen cold packs and received within 7 days of collection. |
|---|--|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 78 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |

| Methodology | Indirect immunofluorescence antibody assay (IFA) |
|-----------------------------|---|
| Turnaround Time | 6 Weeks |
| Interferences & Limitations | Multiple freeze thaw cycles can interfere with antigen binding. A detectable antibody response is often not detected during the first week of illness. Confirmation of a rickettsial disease can only be established by demonstrating a four-fold or greater increase in antibody titer which requires evaluation of paired serum samples collected during acute and convalescent phases of the illness. |
| Additional Information | Routine diagnostic samples should be sent to your state public health laboratory (SPHL) or a commercial laboratory if the test is available commercially. |
| | The Rickettsial Zoonoses Branch (RZB) Reference Diagnostic Laboratory assists state public health laboratories by providing specialized testing for rickettsial agents. Serological testing for other pathogens including typhus group <i>Rickettsia</i> , <i>Anaplasma</i> , <i>Coxiella</i> , <i>Orientia</i> , and <i>Ehrlichia</i> spp. may be included following clinical review in RZB. Results are reported directly to SPHLs. |
| | Additional RZB specimen and shipping information can be found at the following address: https://www.cdc.gov/ncezid/dvbd/specimensub/rickettsial-shipping.html |

CDC Points of Contact Yan Zeng (404) 639-5177 RZBrefdxlab@cdc.gov Arlyn N Gleaton (404) 639-4904 iwv7@cdc.gov

Version 3.2

Test Order Rickettsia Serology Typhus Group Serology CDC-10404

| Synonym(s) | |
|--|---|
| CDC Pre-Approval Needed | typhus |
| Supplemental Information Required | Required information on the CDC 50.34 Specimen Submission Form: - Test order name (one per submission form) - SPHL point of contact including direct phone number of the person responsible for sample submission and follow-up - Patient full name, sex, birth date - Date of illness onset - Specimen collection date - Specimen source (e.g., serum, whole blood, eschar swab, tissue) - Therapeutic agent and dates (specific antibiotic therapy and initiation date) - State of illness - Relevant clinical summary that includes signs and symptoms compatible with a rickettsial illness, as well as any pertinent comorbidities Requested additional information: - Other laboratory results (e.g., previous serologic or molecular tests, complete blood counts, hepatic transaminase levels or electrolyte values, if available) - Travel history (within 2 weeks of symptom onset), denote with "No" or "Unknown" if no travel occurred or travel history is unknown) - Exposure history, e.g., ticks, fleas, lice, mites, or relevant animal exposures (denote "None" or "Unknown" if no arthropod or animal exposure occurred or is unknown) |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Acute-phase serum (taken within 14 days of illness onset or while symptomatic) paired with convalescent-phase serum (taken 2-10 weeks after initial sample); or single acute-phase or convalescent serum. |
| Minimum Volume Required | 1.0 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Keep refrigerated temperature (2-8°C) if sample will arrive at CDC within 7 days from collection. If the sample requires storage for more than 7 days, freeze at - 20°C or lower up to 2 months, or -70°C or lower up to 1 year. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Shipping frozen is strongly recommended. Frozen specimens should only be sent with dry-ice by overnight priority mail and received within 60 days of collection. Refrigerated specimens should be sent with refrigerated or frozen cold packs and received within 7 days of collection. |
|---|--|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 78 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |

| Methodology | Indirect immunofluorescence antibody assay (IFA) |
|-----------------------------|--|
| Turnaround Time | 6 Weeks |
| Interferences & Limitations | Multiple freeze thaw cycles can interfere with antigen binding. A detectable antibody response is often not detected during the first week of illness. Confirmation of a rickettsial disease can only be established by demonstrating a four-fold or greater increase in antibody titer which requires evaluation of paired serum samples collected during acute and convalescent phases of the illness. |
| Additional Information | Routine diagnostic samples should be sent to your state public health laboratory (SPHL) or a commercial laboratory if the test is available commercially. |
| | The Rickettsial Zoonoses Branch (RZB) Reference Diagnostic Laboratory assists state public health laboratories by providing specialized testing for rickettsial agents. Serological testing for other pathogens including spotted fever group <i>Rickettsia, Anaplasma, Coxiella, Orientia,</i> and <i>Ehrlichia</i> spp. may be included following clinical review in RZB. Results are reported directly to SPHLs. |
| | Additional RZB specimen and shipping information can be found at the following address: https://www.cdc.gov/ncezid/dvbd/specimensub/rickettsial-shipping.html |
| CDC Points of Contact | Yan Zeng (404) 639-5177 RZBrefdxlab@cdc.gov Arlyn N Gleaton (404) 639-4904 iwv7@cdc.gov |

| Test Order Rickettsial Diseases and Q Fever Special Study CDC-10405 | |
|--|--|
| Synonym(s) | Rickettsiosis, Rocky Mountain spotted fever, spotted fever group rickettsiosis, Rickettsia parkeri rickettsiosis, Pacific Coast tick fever, African tick bite fever, rickettsialpox, typhus group rickettsiosis, flea-borne typhus, epidemic (louse- borne) typhus, human granulocytic anaplasmosis, human monocytic ehrlichiosis, scrub typhus, Q fever |
| CDC Pre-Approval Needed | Christopher Paddock (404) 639-1309 cdp9@cdc.gov Yan Zeng (404) 639-5177 RZBrefdxlab@cdc.gov |
| Supplemental Information Required | As determined during pre-approval consultation. |
| Supplemental Form | None |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | As determined during pre-approval consultation. |
| Minimum Volume Required | As determined during pre-approval consultation. |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | As determined during pre-approval consultation. |
| Transport Medium | As determined during pre-approval consultation. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Shipping frozen is strongly recommended. Frozen specimens should only be sent with dry-ice by overnight priority mail and received within 60 days of collection. Refrigerated specimens should be sent with refrigerated or frozen cold packs and received within 7 days of collection. |
|---|---|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 78 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |

| Methodology | Cell culture isolation, polymerase chain reaction (PCR) assay, real-time PCR assay (RT-PCR), nucleotide sequencing, serology |
|-----------------------------|--|
| Turnaround Time | |
| Interferences & Limitations | As determined during pre-approval consultation. |
| Additional Information | As determined during pre-approval consultation. |
| CDC Points of Contact | Yan Zeng (404) 639-5177 RZBrefdxlab@cdc.gov Arlyn N Gleaton (404) 639-4904 iwv7@cdc.gov |

Version 3.1

Test Order Rift Valley Fever (RVF) Testing CDC-10406

| Synonym(s) | RVF |
|--|--|
| CDC Pre-Approval Needed | Trevor Shoemaker (470) 312-0094 spather@cdc.gov Amy Schuh (404) 639-1756 wuc2@cdc.gov |
| Supplemental Information Required | Private citizens interested in clinical testing should contact their healthcare providers. Clinicians should contact their local or state health department for consultation. |
| Supplemental Form | None |
| Performed on Specimens From | Human and Animal |
| Acceptable Sample / Specimen Type for Testing | For human serological testing, serum and whole blood (EDTA) are acceptable. For human PCR testing, whole blood (EDTA) is acceptable. Contact the CDC POC for approval prior to sending any specimens. Animal specimens or human research specimens may be submitted with approval from CDC POC. |
| Minimum Volume Required | 4 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Human serological specimens stored refrigerated (2-8°C) must be received within 7 days of specimen collection date, and specimens stored frozen (-20°C or below) must be received within 2 months of specimen collection date. Human specimens for PCR testing stored refrigerated (2- 8°C) must be received within 3 days of specimen collection, and specimens stored frozen (-20°C or below) must be received within 2 months of specimen collection date. Contact the CDC POC for approval prior to sending any specimens. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. For molecular and serology testing, specimens should be shipped frozen on dry ice. Do not ship specimen without prior consultation and approval. |
|---|--|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 70 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Serology, Polymerase Chain Reaction (PCR) |
| Turnaround Time | 2 Weeks |
| Interferences & Limitations | Avoid thawing frozen specimens, as freeze-thawing may affect sensitivity of assays. |
| Additional Information | Pre-approval is required. Contact CDC's Emergency Operation Center at 770-488- 7100 and request VSPB's on-call epidemiologist to provide the clinical and epidemiological history on the patient. If testing is approved, VSPB will provide an approval number (EPIID) by email along with instructions for next steps. After receiving pre-approval and the EPIID number, the CDC specimen submission form can be submitted using one of two ways: |
| | 1) For submitters that use CSTOR, submit using the CSTOR Web Portal. Please include the EPIID in the Test Order Request's comments field. If the EPIID is not included, the order will be rejected. |
| | 2) For submitters that do not use CSTOR, submit via CDC 50.34 Specimen Submission Form. Enter the EPIID in the "Case ID field" within the "Patient Information" section on CSTOR and/or the CDC 50.34 Specimen Submission Form. Critical specimens will take less than 4 days to turn around. |
| CDC Points of Contact | Trevor Shoemaker (470) 312-0094 spather@cdc.gov Amy Schuh (404) 639-1756 wuc2@cdc.gov Maria Morales Betoulle (404) 718-1655 fof7@cdc.gov |

Version 4.3

Test Order Rotavirus Genotyping CDC-10409

| | Rotavirus Real Time RT-PCR, Rotavirus RT-PCR, Rotavirus Sequencing |
|--|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Contact laboratory for supplemental forms. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Human stool, human rectal swabs |
| Minimum Volume Required | 0.5 g or 0.5 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Specimen should be kept either frozen at -20 °C or colder or refrigerated at 4 °C. Specimen tubes or cups must be packed inside of a leak proof secondary container. The secondary container needs to be packed inside an approved class B specimen shipping container (i.e. Fisher scientific cat# 22-130-431). |
| Transport Medium | Not applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. The Rotavirus Surveillance and Molecular Epidemiology lab at CDC will accept and test samples received from State public health labs only. Hospitals and care facilities should send outbreak/sporadic rotavirus positive samples to State public health labs, which can then ship the samples to CDC for rotavirus genotyping. Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 187 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |

| Methodology | RT-PCR, Sequencing |
|-----------------------------|--------------------|
| Turnaround Time | 8 Weeks |
| Interferences & Limitations | None |
| | |

| Additional Information | Sample labels and requisition forms (CDC 50.34 Specimen Submission Form or Global File Accessioning Template (GFAT)) should not include any Personal Identifiable Information (PII) such as patient's name, date of birth, age etc. Samples must be submitted with only sample ID number on the labels and on the requisition forms. Samples received with PII information on the labels and on the requisition forms will be rejected. |
|------------------------|---|
| | The rotavirus genotyping results should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. The results are intended for public health/surveillance purposes only and must not be communicated to the patient, their care provider, or placed in the patients' medical record. |
| CDC Points of Contact | Rashi Gautam (404) 639-1628 ijs0@cdc.gov Slavica Rustempasic (404) 639-0443 hsr7@cdc.gov |

Version 2.0

Test Order Rubella Avidity CDC-10249

| Synonym(s) | German measles, three day measles |
|--|--|
| CDC Pre-Approval Needed | Ludmila Perelygina (404) 639-4812 ifw0@cdc.gov Brian Wakeman (404) 639-6403 mrq9@cdc.gov |
| Supplemental Information Required | Provide the following information on the CDC 50.34 Specimen Submission Form: date of onset, date of specimen collection, date(s) of MMR vaccination, and any recent travel history. Provide information on pregnancy status if applicable. Provide any preliminary results available. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum separated from whole blood by centrifugation The following conditions may result in the specimen being rejected for testing: Specimen is hemolyzed, lipemic, or bacterially contaminated. Specimen is not frozen upon receipt at CDC. |
| Minimum Volume Required | 0.1 mL; 0.5-1 mL preferred |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Optimum time-point for collection is 5 days after onset of symptoms (fever and rash). For suspected congenital rubella syndrome (CRS), collect sample as soon after birth as possible. If paired sera are to be collected, the second sample should be collected 14 to 21 days after the acute specimen was collected. |
| | Collect blood into a serum separation tube (serum-separation tube (STT), red- top, or tiger top. Do not add anticoagulants or preservatives. Do not freeze whole blood prior to separating serum. Aseptically transfer serum to a sterile tube after centrifugation and prior to shipping, preferably into a tube that has an externally threaded cap with an o-ring seal. Serum samples should not be stored at room temperature (15-25°C) for longer than 8 hours after collection. Refrigerate serum (2-8°C) within 8 hours of collection and store for up to 48 hours. If the samples will be stored for more than 48 hours, freeze specimens (-20°C or lower). Serum specimens can be stored frozen (-20°C or lower) prior to shipping for a maximum of two months. Avoid multiple freeze/thaw cycles which may cause loss of antibody activity and give erroneous results. |
| Transport Medium | Not applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. All serum specimens should be frozen prior to shipping to CDC and should be shipped frozen on dry ice overnight. |
|---|--|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 81 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | IgG antibody detected by Enzyme Immunoassay (EIA), IgM antibody detected by EIA, IgG avidity is determined by a laboratory-developed assay using EIA |
| Turnaround Time | 10 Days |
| Interferences & Limitations | If a serum collected less than 5 days after onset is negative, a second sample is necessary to confirm/rule out rubella. The rubella IgG avidity assay has not been cleared or approved by the FDA. The performance characteristics have been established by the Viral Vaccine Preventable Diseases Branch. |
| Additional Information | For additional information on serology assays, see https://www.cdc.gov/rubella/lab/lab-testing-procedures.html and refer to the serology section. |
| | For additional details on sample collection, storage, and transport, see https://www.cdc.gov/rubella/lab/specimen-collection-shipment.html. |
| CDC Points of Contact | Ludmila Perelygina (404) 639-4812 ifw0@cdc.gov LiJuan Hao (404) 639-1767 Idn1@cdc.gov |

Version 4.3

Test Order Rubella Detection CDC-10242

| Synonym(s) | German measles, three day measles |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Provide the following information on the CDC 50.34 Specimen Submission Form: date of onset, date of specimen collection, date(s) of MMR vaccination, and any recent travel history. Provide information on pregnancy status if applicable. Provide any preliminary results available. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Nasopharyngeal swabs are preferred specimen types. Other acceptable specimen types include: throat swabs and urine. |
| Minimum Volume Required | Urine: 1 mL, not to exceed 50 mL. Throat and nasopharyngeal swabs: 1-3 mL of viral transport medium. |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Throat and nasopharyngeal swabs: detection is most successful when samples are collected the first day of rash through 3 days following rash onset. Detection may be successful as late as 7 days post rash onset. Samples collected from suspected congenital rubella syndrome (CRS) cases, the collection window is from birth to 3 months of age for nasopharyngeal swab, throat swab, and urine specimens. |
| | Nasopharyngeal swabs and throat swabs should be collected with commercial swab products designed for the collection of throat/nasopharyngeal specimens or flocked polyester fiber swabs. Cotton swabs are not acceptable. Swabs should be placed in 2 mL of standard viral transport medium (VTM) and should not be allowed to dry out. Ream the swab around the rim of the tube to retain cells and fluid in the tube. The swab should be broken off and left in the tube. Immediately after collection, throat and nasopharyngeal swab specimens can be refrigerated at 2-8°C for up to 72 hours. After 72 hours, these specimens should be frozen at -20°C or lower. Prior to being shipped to CDC, throat and nasopharyngeal swab specimens should be frozen at -20°C or lower and shipped overnight to CDC on dry ice. Throat and nasopharyngeal swab specimens should arrive at CDC within 30 days of being frozen -20°C or lower. |
| | Urine: Up to 50 ml of urine should be collected in a sterile, leakproof container. Urine specimens should be stored refrigerated (2-8°C) immediately after collection and shipped to CDC overnight on cold packs. Urine specimens must arrive at CDC within 7 days after specimen collection. Urine cannot be frozen. |
| Transport Medium | Viral transport medium (VTM) for nasopharyngeal or throat swabs. Swabs should be immersed in 1-3 mL of viral transport medium. Transport medium is not required for urine. |
| Specimen Labeling | Test is subject to CLIA regulations and requires two patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as a medical record number) on the specimen container and on the test requisition. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Frozen throat and nasopharyngeal swabs specimens should be shipped on dry ice overnight. Refrigerated urine specimens should be shipped with refrigerated or frozen cold packs overnight. |
|---|---|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 81 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Laboratory developed real-time reverse-transcription polymerase chain reaction (RT-PCR) assay |
| Turnaround Time | 10 Days |
| Interferences & Limitations | A negative result should not be used to rule out rubella infection as many variables can affect specimen quality. The real-time assay has not been cleared or approved by the FDA. The performance characteristics have been established by Viral Vaccine Preventable Diseases Branch (VVPDB) |
| Additional Information | For additional information on rubella RNA detection, see https://www.cdc.gov/rubella/lab/lab-testing-procedures.html and refer to the RNA Detection section. |
| CDC Points of Contact | Ludmila Perelygina (404) 639-4812 ifw0@cdc.gov LiJuan Hao (404) 639-1767 Idn1@cdc.gov |

Version 3.4

Test Order Rubella Genotyping CDC-10550

| Synonym(s) | German measles, three day measles |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Provide the following information on the CDC 50.34 Specimen Submission Form: date of onset, date of specimen collection, date(s) of MMR vaccination, and any recent travel history. Provide information on pregnancy status if applicable. Provide any preliminary results available. |
| Supplemental Form | |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Nasopharyngeal swabs are preferred sample types. Other acceptable specimen types include: throat swabs and urine. |
| Minimum Volume Required | Urine: 1 mL, not to exceed 50 mL. Throat and nasopharyngeal swabs: 1-3 mL of viral transport medium. |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Throat and nasopharyngeal swabs: detection is most successful when samples are collected the first day of rash through 3 days following rash onset. Detection may be successful as late as 7 days post rash onset. Samples collected from suspected congenital rubella syndrome (CRS) cases, the collection window is from birth to 3 months of age for nasopharyngeal swab, throat swab, and urine specimens. |
| | Throat and nasopharyngeal swabs should be stored immediately in 1-3 mL of viral transport medium and should not be allowed to dry out. Synthetic swabs ar recommended. Throat and nasopharyngeal swab specimens should be stored refrigerated (2-8°C) immediately after collection and should preferably be frozen (-20°C or lower) within 1 hour after collection. If laboratories do not have immediate access to a freezer and storage frozen (-20°C or lower) is not feasible within 1 hour of collection, these specimens may be stored for up to 72 hours refrigerated (2-8°C) before freezing. Prior to being shipped to CDC, throat and nasopharyngeal swab specimens should be frozen (-20°C or lower) and shipped overnight to CDC on dry ice. Throat and nasopharyngeal swab specimens should be frozen at -70°C or -20°C or lower. |
| | Urine: Urine should be collected in a sterile, leakproof container. Urine specimen should be stored refrigerated (2-8°C) immediately after collection and shipped to CDC overnight on refrigerated or frozen cold packs. Urine specimens must arrive at CDC within 7 days after specimen collection. Urine cannot be frozen. |
| Transport Medium | Viral transport medium (VTM) for nasopharyngeal or throat swabs. Swabs should be immersed in 1-3 mL of viral transport medium. Transport medium is not required for urine. |

| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
|---|---|
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Frozen throat and nasopharyngeal swabs specimens should be shipped on dry ice overnight. Refrigerated urine specimens should be shipped with refrigerated or frozen cold packs overnight. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 81 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |

| Methodology | Laboratory developed RT-PCR assays for genotyping and Sanger nucleic acid sequencing |
|-----------------------------|---|
| Turnaround Time | 2 Weeks |
| Interferences & Limitations | The genotyping assays have not cleared or approved by the FDA. The performance characteristics have not been fully established by VVPDB. The results are intended for public health purposes only and must not be communicated to the patient, their care provider, or placed in the patients medical record. These results should not be used for diagnosis, treatment, or assessment of patient health or management. |
| Additional Information | For additional information on rubella genotyping assays, see https://www.cdc.gov/rubella/lab/lab-testing-procedures.html and refer to the RNA Detection and Genetic Analysis sections. For additional detail on sample collection, storage, and shipment, see https://www.cdc.gov/rubella/lab/specimen-collection-shipment.html |
| CDC Points of Contact | Ludmila Perelygina (404) 639-4812 ifw0@cdc.gov LiJuan Hao (404) 639-1767 idn1@cdc.gov |

Test Order Rubella Serology CDC-10246

| Synonym(s) | German measles, three day measles |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Provide the following information on the CDC 50.34 Specimen Submission Form: date of onset, date of specimen collection, date(s) of MMR vaccination, and any recent travel history. Provide information on pregnancy status if applicable. Provide any preliminary results available. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum separated from whole blood by centrifugation. |
| | The following conditions may result in the specimen being rejected for testing:Specimen is hemolyzed, lipemic, or bacterially contaminated.Specimen is not frozen upon receipt at CDC. |
| Minimum Volume Required | 0.1 mL; 0.5-1 mL preferred |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Optimum time-point for collection is 5 days after onset of symptoms (fever and rash). For suspected congenital rubella syndrome (CRS), collect sample as soon after birth as possible. If paired sera are to be collected, the second sample should be collected 14 to 21 days after the acute specimen was collected. Collect blood into a serum separation tube (serum-separation tube (STT), red-top, or tiger top. Do not add anticoagulants or preservatives. Do not freeze whole blood prior to separating serum. Aseptically transfer serum to a sterile tube after centrifugation and prior to shipping, preferably into a tube that has an externally threaded cap with an o-ring seal. Serum samples should not be stored at room temperature (15-25°C) for longer than 8 hours after collection. Refrigerate serum (2-8°C) within 8 hours of collection and store for up to 48 hours. If the samples |
| | will be stored for more than 48 hours, freeze specimens (-20°C or lower). Serum specimens can be stored frozen (-20°C or lower) prior to shipping for a maximum of two months. Avoid multiple freeze/thaw cycles which may cause loss of antibody activity and give erroneous results. |
| Transport Medium | Not applicable |
| Specimen Labeling | Test is subject to CLIA regulations and requires two patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as a medical record number) on the specimen container and on the test requisition. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. All serum specimens should be frozen prior to shipping to CDC and should be shipped frozen on dry ice overnight. |
|---|---|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 81 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and |
| | federal regulations. |
| Methodology | IgG antibody detected by Enzyme Immunoassay (EIA), IgM antibody detected by EIA |
| Turnaround Time | 10 Days |
| Interferences & Limitations | If a serum collected less than 5 days after onset is negative, a second sample is necessary to confirm/rule out rubella. |
| Additional Information | For additional information on serology assays, see https://www.cdc.gov/rubella/lab/lab-testing-procedures.html and refer to the serology section. For additional details on sample collection, storage, and transport, see https://www.cdc.gov/rubella/lab/specimen-collection- shipment.html |
| CDC Points of Contact | Ludmila Perelygina (404) 639-4812 ifw0@cdc.gov LiJuan Hao (404) 639-1767 Idn1@cdc.gov |

Version 2.3

Test Order Rubella Special Studies CDC-10562

| Synonym(s) | None |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Nasopharyngeal swabs, throat swabs, nasal swabs, urine sediment, serum, tissue biopsies |
| Minimum Volume Required | Throat, nasal, or nasopharyngeal swabs, urine sediment: 1 mL; 3 mL preferred. |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Throat, nasal, and nasopharyngeal swabs should be stored immediately in 1-3 mL of viral transport medium and should not be allowed to dry out. Synthetic swabs are recommended. Urine sediment should be collected in a sterile tube by centrifugation and resuspended in 1-3 ml VTM. Tissue biopsy should be placed into sterile container without transport media. Serum should be separated from whole blood by centrifugation. Serum, nasopharyngeal swabs, throat swabs, nasal swabs, tissue biopsies, and urine sediment specimens should be stored refrigerated (2-8°C) immediately after collection and should preferably be frozen (-20°C or lower) within 1 hour after collection. Prior to being shipped to CDC, serum, throat, nasal, and nasopharyngeal swabs, tissue biopsies, and urine sediment specimens should be stored refrigerated to CDC or lower) within 1 hour after frozen (-20°C or lower) for up to 6 months and shipped overnight to CDC on dry ice. |
| Transport Medium | Viral transport medium (VTM) for nasopharyngeal, nasal, throat swabs, or urine sediment. Swabs should be immersed in 1-3 mL of viral transport medium. Transport medium is not required for serum and tissue biopsies. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Frozen specimens should be shipped on dry ice overnight. |
|-----------------------------|---|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 81 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | IgG antibody detected by enzyme immunoassay (EIA), IgM antibody detected by EIA, laboratory developed real-time reverse-transcription polymerase chain reaction (RT-PCR) assays |
| Turnaround Time | 8 Weeks |
| Interferences & Limitations | None |
| Additional Information | None |
| CDC Points of Contact | Ludmila Perelygina (404) 639-4812 ifw0@cdc.gov LiJuan Hao (404) 639-1767 idn1@cdc.gov |
| | |

Version 1.0

Test Order Salmonella Identification and Serotyping CDC-10110

| Synonym(s) | Salmonella Typing |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Complete one CDC 50.34 Specimen Submission Form per specimen and provide any avilable specimen information. Provide any preliminary results including serotype and PNUSA Number in the "Previous laboratory results" section of the CDC 50.34 Specimen Submission Form. Specify type of subtyping requested in 'Previous Laboratory Results' on back of CDC 50.34 Specimen Submission Form. Epidemiologic metadata and PulseNet cluster code are requested if available. |
| Supplemental Form | None |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | This test order is currently not accepting any specimens until further notice. |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store isolates at refrigerated (2-8°C) to room temperature (15-25°C). Isolates held for more than a month should be frozen (-20°C or lower). There are no time constraints on storing frozen isolates. |
| Transport Medium | If isolates are shipped at room temperature or refrigerated, inoculate on nutrient agar or other similar non-selective agar (trypticase soy agar, heart infusion agar, etc.); if isolates are shipped frozen, suspend bacterial growth in trypticase soy broth (TSB) supplemented with 20% glycerol. |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship slants refrigerated with refrigerated or frozen cold packs, or room temperature with room-temperature cold packs. Ship glycerol stocks frozen with dry ice. There are no time constraints for submitting sequence data. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 27 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. |

| Methodology | Phenotypic or Genetic Identification and Subtyping, including Serotyping |
|-----------------------------|--|
| Turnaround Time | 13 Weeks |
| Interferences & Limitations | Virulence and serotype modification genes encoded by mobile genetic elements (bacteriophages, plasmids and pathogenicity islands) may be spontaneously lost during transit and storage. Conditions that induce a stress response in the bacterium can affect the stability of virulence factors and may affect the expression of O and H antigens. |
| Additional Information | The original isolate should be retained by the submitter for the duration of testing at CDC. Turnaround times for routine isolates may be extended during major foodborne outbreak activities or due to limited availability of resources. |
| CDC Points of Contact | · · · · · · · · · · · · · · · · · · · |

Version 2.2

Test Order Salmonella serotype Typhi (only) Serology CDC-10453

| Synonym(s) | Enteric serology, Typhi serology |
|--|---|
| CDC Pre-Approval Needed | Nancy Strockbine (404) 639-4186 nas6@cdc.gov Zuzana Kucerova 404-718-4143 zik0@cdc.gov |
| Supplemental Information Required | Provide the following information on the CDC 50.34 Submission Form: date of specimen collection and date of illness onset or if patient is a suspect chronic carrier. Also indicate if patient received or is currently on antibiotics. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Preferred specimen type is paired patient serum collected during acute (within 1 week of symptom onset) and convalescent (at least 4 weeks post symptom onset) stages of illness. |
| | Plasma is not acceptable for this test. Do not pool specimens. Include a CDC 50.34 Specimen Submission Form for each specimen submitted. |
| Minimum Volume Required | 0.2 mL required, more preferred if available |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Serum can be stored refrigerated (2-8 °C) for up to one month, or frozen (below - 20 °C). Avoid repeat freeze/thaw cycles. |
| Transport Medium | Serum should be transferred to clean sterile tube for storage and shipment. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include Specimen Handling Requirements | Serum can be shipped in a leak-proof container on gel ice-packs, frozen specimens should be shipped on dry ice. |
|---|---|
| | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 129 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Various methods depending on consultation include Indirect Hemagglutination, Enzyme-Linked Immunoassay (ELISA) |
| Turnaround Time | 20 Weeks |
| Interferences & Limitations | Specimen should be stored and shipped either refrigerated (2-8 °C) or frozen (below -20 °C), as repeat freeze/thaw cycles can lower test sensitivity. |
| | Hemolysis present in serum specimens can interfere with this test. |
| Additional Information | The test(s) used have not been cleared and approved by the FDA or the performance characteristics have not been fully established by CDC. The results should NOT be used for diagnosis, treatment, or assessment of patient health or management. |
| | When submitting multiple specimens for one patient, include a separate CDC 50.34 Specimen Submission Form for each specimen submitted. |
| CDC Points of Contact | Nancy Strockbine (404) 639-4186 nas6@cdc.gov Zuzana Kucerova (404) 718-4143 zik0@cdc.gov |

Test Order Salmonella Study CDC-10109

| Synonym(s) | |
|--|---|
| CDC Pre-Approval Needed | (404) 718-4789 koe7@cdc.gov Blake Dinsmore (404) 639-5126 ftb4@cdc.gov |
| Supplemental Information Required | Complete one CDC 50.34 Specimen Submission Form per specimen and provide any avilable specimen information. Provide any preliminary results including serotype and PNUSA Number in the "Previous laboratory results" section of the CDC 50.34 Specimen Submission Form. Include any relevant tetsing worksheets with the submission as well. For submissions of data_sequence, the specimen identifier should be the PNUSA number. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | As directed by study protocol |
| Minimum Volume Required | Minimum volume for microbrial isolates is not applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store isolates at refrigerated (2-8°C) to room temperature (15-25°C). Isolates held for more than a month should be frozen (-20°C or lower). |
| Transport Medium | Ship isolates on nutrient agar or non-selective similar agar (trypticase soy agar, heart infusion agar, etc.) |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| 11 5 | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship slants at refrigerated with refrigerated or frozen cold packs or room temperature with room-temperature cold packs. Ship glycerol stocks frozen with dry ice. There are no time constraints |
|------|--|
| | for submitting sequence data. |

Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 27 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number]

All samples must be shipped in accordance with all applicable local, state and federal regulations.

| Methodology | Refer to study protocol for specific requirements |
|-----------------------------|--|
| Turnaround Time | |
| Interferences & Limitations | Virulence and serotype modification genes encoded by mobile genetic elements (bacteriophages, plasmids and pathogenicity islands) may be spontaneously lost during transit and storage. Conditions that induce a stress response in the bacterium can affect the stability of virulence factors and may affect the expression of O and H antigens. |
| Additional Information | Refer to study protocol for specific requirements. |
| CDC Points of Contact | Charlotte Lane (404) 718-4789 koe7@cdc.gov Blake Dinsmore (404) 668-9648 ftb4@cdc.gov |

Version 3.2

Test Order Salmonella Subtyping CDC-10108

| Synonym(s) | Salmonella Typing |
|--|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Complete one CDC 50.34 Specimen Submission Form per specimen and provide any avilable specimen information. Provide any preliminary results including serotype and PNUSA Number in the "Previous laboratory results" section of the CDC 50.34 Specimen Submission Form. |
| Supplemental Form | None |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | As directed by study protocol |
| Minimum Volume Required | Minimum volume for microbrial isolates is not applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store isolates at refrigerated (2-8°C) to room temperature (15-25°C). Isolates held for more than a month should be frozen (-20°C or lower). |
| Transport Medium | Ship isolates on nutrient agar or non-selective similar agar (trypticase soy agar, heart infusion agar, etc.) |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship slants at refrigerated with refrigerated or frozen cold packs or room temperature with room-temperature cold packs. Ship glycerol stocks frozen with dry ice. There are no time constraints for submitting sequence data. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 27 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Phenotypic or Genetic Identification and Subtyping, including Serotyping, Antimicrobial Susceptibility Testing (AST) |
| | |

| Interferences & Limitations | Virulence and serotype modification genes encoded by mobile genetic elements (bacteriophages, plasmids and pathogenicity islands) may be spontaneously lost during transit and storage. Conditions that induce a stress response in the bacterium can affect the stability of virulence factors and may affect the expression of O and H antigens. |
|-----------------------------|--|
| Additional Information | CDC 50.34 Specimen Submission Form. Epidemiologic metadata and PulseNet cluster code are requested if available. |
| | Turnaround times for routine isolates may be extended during major foodborne outbreak activities or due to limited availability of resources. |
| CDC Points of Contact | Charlotte Lane (404) 718-4789 koe7@cdc.gov Blake Dinsmore (404) 668-9648 ftb4@cdc.gov |

Version 1.7

Test Order SARS-CoV-2 Surveillance Sequencing CDC-10551

| Synonym(s) | next generation sequencing, coronavirus, COVID, SARS2 |
|--|---|
| CDC Pre-Approval Needed | Clint Paden (404) 639-4959 fep2@cdc.gov Lydia Atherton (404) 718-8368 ibz1@cdc.gov |
| Supplemental Information Required | Please do not include any PII in the sample submission. Previous real-time PCR results are required. Contact CDC POCs for submission form. |
| Supplemental Form | Supplemental form is required for specimen submission. Contact CDC POC for the Supplemental Specimen Metadata Form |
| Performed on Specimens From | Human and Animal |
| Acceptable Sample / Specimen Type for Testing | Upper respiratory specimens, such as nasopharyngeal swabs, oropharyngeal swabs or anterior nasal swabs, nasal wash/aspirate, and virus isolates. Clinical specimens should be collected according to CDC interim guidance: https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical- specimens.html |
| Minimum Volume Required | 0.2 mL; 0.5 mL preferred |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Respiratory specimens can be stored at 2-8°C for up to 72 hours after collection, using the appropriate transport medium. Specimens stored for longer than 72 hours should be stored frozen at \leq -70°C. All specimens submitted to CDC for testing should be frozen at \leq -70°C and shipped on dry ice overnight. Liquid specimen aliquots should be in properly labeled, leak-proof, unbreakable screw cap vials. |
| Transport Medium | Respiratory specimens should be collected and placed into appropriate transport media, such as viral transport media (VTM), universal transport media (UTM), or sterile saline. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Please e-mail SARSseq@cdc.gov to notify the CDC POC of the shipment. |
|-----------------------------|--|
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB / STATT Unit 66 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Next generation sequencing on various platforms |
| Turnaround Time | 6 Weeks |
| Interferences & Limitations | The ability to generate whole genome sequences relies primarily on specimen quality and the viral load. |
| Additional Information | None |
| CDC Points of Contact | (404) 639-1372 sot1@cdc.gov Lydia Atherton (404) 718-8368 ibz1@cdc.gov Xiaoyan Lu (404) 639-2745 xal9@cdc.gov Adam Retchless (404) 639-3862 |
| | ymw8@cdc.gov |
| Version | 3.5 |

Test Order Schistosomiasis Serology CDC-10466

| Synonym(s) | Schistosoma mansoni, Schistosoma haematobium, Schistosoma japonicum; Bilharzia, parasite |
|--------------------------------------|--|
| CDC Pre-Approval Needed | Parasitology Lab Mailbox (404) 718-4175 parasiteslab@cdc.gov Xiaojuan Tan (404) 718-3434 xit0@cdc.gov |
| Supplemental Information Required | This test is confirmation only. Requirement for specimen acceptance and testing include: 1) appropriate exposure/travel history in addition to 2) previous laboratory tests and/or other clinical indications (e.g. clinical symptoms radiographic, bladder findings) consistent with schistosomiasis Both pieces of information need to be included during pre-approval and on the CDC 50.34 Specimen Submission Form. |

| Supplemental Form | None |
|--|---|
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum |
| Minimum Volume Required | 0.2 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Serum for serology testing should be collected, centrifuged and transferred to leak proof tubes. Serum can be stored at refrigerated temperature (2-8°C) for up to 7 days prior to freezing or stored frozen (-20°C or lower) for up to 8 weeks. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |

| | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Sera specimens should be shipped frozen on dry ice. Specimens not received under these conditions will be rejected for testing, and a new specimen must be submitted. |
|-----------------------------|---|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 57 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | FAST-ELISA, Immunoblot, Western Blot, MAMA, HAMA, JAMA, Antibody Detection |
| Turnaround Time | 3 Weeks |
| Interferences & Limitations | Known interfering substances: hemolysis, hyperlipemia or other causes of turbidity may cause erroneous results. |
| Additional Information | Please send one CDC 50.34 Specimen Submission Form and one separate sample tube for each test requested. |
| CDC Points of Contact | Xiaojuan Tan (404) 718-3434 xit0@cdc.gov Malaria Hotline (770) 488-7788 ncicdpdmalaria@cdc.gov Parasitology Lab Mailbox (404) 718-4175 parasiteslab@cdc.gov |

Version 5.8

Test Order Shiga Toxin-producing *E. coli* Isolation from Enrichment Broth CDC-10105

| Synonym(s) | Escherichia, STEC, E. coli, enrichment broth |
|--|---|
| CDC Pre-Approval Needed | Haley McKeel (404) 639-1612 hvw0@cdc.gov Nancy Strockbine (404) 639-4186 nas6@cdc.gov |
| Supplemental Information Required | Complete one CDC 50.34 Specimen Submission Form per specimen and provide the following specimen information: "Specimen source (type)" and "Transport medium/Specimen preservative." Provide any preliminary results in the "Previous laboratory results" section of the CDC 50.34 Specimen Submission Form. |
| Supplemental Form | None |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Submit only broths that are positive for Shiga toxins (Stx1/Stx2) or the genes encoding these toxins and produce growth on subculture. Consult with CDC POC before sending other specimen types or fecal specimens in enrichment broth that are $Stx+/stx+$ but no growth of STEC on subculture. |
| Minimum Volume Required | 5 mL (broth) |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Refrigerate specimen at 2-8 °C. |
| Transport Medium | Gram Negative Broth (GN), MacConkey Broth, MacConkey Sorbitol Broth, or similar enrichment broth |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include | CDC does not accept routine shipments on weekends or holidays. Please make |
|-------------------------------------|---|
| Specimen Handling Requirements | sure packages arrive Monday – Friday. Ship with ice-packs. Shiga toxin-positive |
| | broths should be shipped as Category A Infectious Substances. |

Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB / STATT Unit 7 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number]

All samples must be shipped in accordance with all applicable local, state and federal regulations.

| Methodology | Isolation, Phenotypic or Genetic Identification and Subtyping, including Serotyping and Virulence Profiling |
|-----------------------------|---|
| Turnaround Time | 20 Weeks |
| Interferences & Limitations | Virulence and serotype modification genes encoded by mobile genetic elements (bacteriophages, plasmids and pathogenicity islands) may be spontaneously lost during transit and storage. Conditions that induce a stress response in the bacterium can affect the stability of virulence factors and may affect the expression of O and H antigens. |
| Additional Information | A final report will be issued for broths that are not confirmed as positive by PCR for STEC or from broths that are confirmed as positive by PCR but from which an STEC isolate can not be obtained. Identification, serotyping, and virulence profiling will be performed on recovered STEC isolates, and a final report will be issued when all testing is complete. Consult with Dr. Nancy Strockbine if a preliminary report is needed. |
| CDC Points of Contact | Nancy Strockbine (404) 639-4186 nas6@cdc.gov Haley McKeel (404) 639-1612 hvw0@cdc.gov Devon Stoneburg (404) 639-2251 euo4@cdc.gov |

Version 2.2

Test Order

Simian Immunodeficiency Virus (SIV) and SIV/Human Immunodeficiency Virus (SHIV) Recombinant Virus Testing CDC-10534

| | 000 10004 |
|--|---|
| Synonym(s) | SIV, SHIV (SIV/HIV recombinants) |
| CDC Pre-Approval Needed | Bill Switzer (404) 639-0219 bis3@cdc.gov Hao Zheng (404) 639-2421 hxz2@cdc.gov |
| Supplemental Information Required | All submitted specimens should be accompanied by a completed and printed CDC 50.34 Specimen Submission Form. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Whole blood specimens may be collected in ethylenediaminetetraacetic acid (EDTA) purple top tubes. |
| Minimum Volume Required | 10 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Specimens should be stored at 2-8°C prior to shipping and shipped at 2-8°C using ice packs. Specimens must be received within 48 hours from time of collection.Specimen stability is affected by elevated temperature. Whole blood should not be frozen. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 227 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | real-time Polymerase Chain Reaction (PCR) |
| | |

Turnaround Time 3 Weeks

| Interferences & Limitations | Collections in heparin coated tubes are unacceptable due to heparin interference with nucleic acid amplification. Specimen will be rejected if improperly labeled or unlabeled, or with discrepant documentation, insufficient volume, without documentation, unacceptable preservatives, and specimen that have leaked in transit or otherwise shown evidence of contamination. |
|-----------------------------|--|
| Additional Information | None |
| CDC Points of Contact | Bill Switzer (404) 639-0219 bis3@cdc.gov HaoQiang Zheng (404) 639-2421 hxz2@cdc.gov |

Version 0.0

Test Order Special Bacteriology Pathogen Study CDC-10147

| Synonym(s) | |
|--|--|
| CDC Pre-Approval Needed | John McQuiston (404) 639-0270 zje8@cdc.gov Melissa Bell (404) 639-1348 jqv7@cdc.gov |
| Supplemental Information Required | Please complete all sections on the CDC 50.34 Specimen Submission Form. Please notify laboratory point of contact listed below of shipment if this is a critical care specimen. |
| Supplemental Form | None |
| Performed on Specimens From | Human and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | To be determined after consultation with point of contact listed below. |
| Minimum Volume Required | To be determined after consultation with point of contact listed below. |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | To be determined after consultation with point of contact listed below. |
| Transport Medium | To be determined after consultation with point of contact listed below. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessmet of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | Ship at room temperature. CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 17 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state, and federal regulations. |
| Methodology | To be determined after consultation with point of contact listed below. |
| Turnaround Time | |
| Interferences & Limitations | To be determined after consultation with point of contact listed below. |
| Additional Information | To be determined after consultation with point of contact listed below. |

CDC Points of Contact John McQuiston (404) 639-0270 zje8@cdc.gov Melissa Bell (404) 639-1348 jqv7@cdc.gov

Version 2.1

Test Order Staphylococcal Toxic Shock Syndrome Toxin - Identification (ID) CDC-10426

| Synonym(s) | Staph Toxin, Toxic Shock Syndrome (TSS), Panton-Valentine leukocidin (PVL), Toxic Shock Syndrome Toxin-1 (TSST-1) |
|--------------------------------------|---|
| CDC Pre-Approval Needed | Stephen LaVoie (404) 718-4747 qea5@cdc.gov Davina Campbell (404) 639-4185 xew9@cdc.gov |
| Supplemental Information Required | The CDC 50.34 Specimen Submission Form must include the State Public Health Department contact information as well as the date the submitted culture was inoculated onto transport media. |

| Supplemental Form | None |
|--|---|
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Pure culture isolates of Staphyloccoccus aureus. |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store pure culture isolates at room temperature (15-25 °C) for up to 7 days or at refrigerated temperature (2-8 °C) up to 14 days. |
| | Isolates being stored more than 14 days should be frozen (-20 °C or lower). Ship isolates as soon as possible to ensure viability. |
| Transport Medium | Transport pure culture isolates at room temperature (15-25 °C) or refrigerated (2-8 °C) on trypticase soy agar (TSA); heart or brain-heart infusion agar (HIA or BHIA); blood agar or chocolate agar. |
| | Transport frozen (-20 °C or lower) submissions in trypticase soy broth (TSB) plus 15% glycerol. |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |

Shipping Instructions which Include Specimen Handling Requirements Sure packages arrive Monday – Friday. Ship pure culture isolates overnight at room temperature, refrigerated, or frozen. Room-temperature samples should be shipped with room-temperature cold packs. Refrigerated samples should be shipped with refrigerated or frozen cold packs. Frozen samples should be shipped frozen with dry ice.

> Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 13 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number]

All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number.

| Methodology | Real-time polymerase chain reaction (PCR) |
|-----------------------------|---|
| Turnaround Time | 4 Weeks |
| Interferences & Limitations | Pure culture isolates must be viable for testing. |
| Additional Information | Contact the CDC POC for approval prior to submitting any specimen. If a Healthcare facility will be submitting samples directly to CDC they must receive prior approval from the State Health Department. If submitting pure culture isolate(s) for testing, the original culture/isolate/inoculum should be maintained by the submitter until results are reported, indicating that CDC testing is completed. |
| CDC Points of Contact | Stephen LaVoie (404) 718-4747 qea5@cdc.gov Davina Campbell (404) 639-4185 xew9@cdc.gov |

Version 3.4

Test Order Staphylococcus and Micrococcus - Identification (ID) CDC-10226

| Synonym(s) | Staph, Micrococcus, Kocuria Identification |
|--|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | The CDC 50.34 Specimen Submission Form or Global File Accessioning Template (GFAT) must include the State Public Health Department contact information, as well as the date the submitted culture was inoculated onto transport media. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Pure culture isolates of suspected <i>Staphylococcus</i> spp., <i>Micrococcus</i> spp., <i>Kocuria</i> spp. and other aerobic, catalase-positive, Gram-positive cocci species |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store pure culture isolates at room temperature (15-25 °C) for up to 7 days or at refrigerated temperature (2-8 °C) up to 14 days. |
| | Isolates being stored more than 14 days should be frozen (-20 °C or lower). Ship isolates as soon as possible to ensure viability. |
| Transport Medium | Transport pure culture isolates at room temperature (15-25 °C) or refrigerated (2- 8 °C) on trypticase soy agar (TSA); heart or brain-heart infusion agar (HIA or BHIA); blood agar or chocolate agar. |
| | Transport frozen (-20 °C or lower) submissions in trypticase soy broth (TSB) plus 15% glycerol. |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship pure culture isolates overnight at room temperature, refrigerated, or frozen. Room temperature samples should be shipped with room temperature cold packs. Refrigerated samples should be shipped with refrigerated or frozen cold packs. Frozen samples should be shipped frozen with dry ice. |
|---|--|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 13 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |

| Methodology | 16S ribosomal ribonucleic acid (rRNA) gene sequencing, matrix assisted laser desorption ionization-time of flight (MALDI-TOF), additional phenotypic testing |
|-----------------------------|---|
| Turnaround Time | 4 Weeks |
| Interferences & Limitations | Pure culture isolates must be viable for testing. |
| Additional Information | If a Healthcare facility will be submitting samples directly to CDC they must receive prior approval from the State Health Department. If submitting pure culture isolate(s) for testing, the original culture/isolate/inoculum should be maintained by the submitter until results are reported, indicating that CDC testing is completed. |
| CDC Points of Contact | Stephen LaVoie (404) 718-4747 qea5@cdc.gov Davina Campbell (404) 639-4185 xew9@cdc.gov |

Version 2.4

Test Order Staphylococcus aureus Detection - Foodborne Outbreak CDC-10113

| Synonym(s) | S. aureus, Staphylococcal enterotoxins, SEs |
|--|---|
| CDC Pre-Approval Needed | Haley McKeel (404) 639-1612 hvw0@cdc.gov Nancy Strockbine (404) 639-4186 nas6@cdc.gov |
| Supplemental Information Required | Only specimens from foodborne outbreaks accepted. Consult with CDC POC before sending samples. Include a CDC 50.34 Specimen Submission Form with each sample. For food or environmental samples (including derived isolates), provide the following information: specimen collected date, material submitted, specimen source (type), and if applicable, transport medium/specimen preservative and any preliminary results available. For human specimens (including derived isolates), provide the following information: date of onset, fatal, specimen collected date, material submitted, specimen source (type), and if applicable, transport medium/specimen preservative and any preliminary results available. |
| Supplemental Form | |
| Performed on Specimens From | Human and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Only implicated food (preferred sample type), vomitus and stool specimens (collected within 48 hours of illness onset), and their derived isolates are acceptable. Consult with CDC POC prior to sending specimens. |
| Minimum Volume Required | 25 g (food) and 10 g (stool, vomitus) |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Collect stool and vomitus while patient is symptomatic (within 48 hours after illness onset). Separate foods into individual containers or bags. Refrigerate samples promptly after collection and maintain at 2-8 °C. Ship samples within two weeks from collection date. Food or stool stored longer than two weeks are not acceptable. If samples cannot be shipped within 2 weeks, promptly freeze upon collection at <-20 °C and ship frozen. |
| Transport Medium | Transport medium not applicable with food. Ship stool raw or in transport medium (e.g. Cary-Blair, Enteric Transport Medium). Ship isolates on non-selective agar. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include | CDC does not accept routine shipments on weekends or holidays. Please make |
|-------------------------------------|--|
| Specimen Handling Requirements | sure packages arrive Monday – Friday. Ship refrigerated specimens with ice packs |
| | and ship frozen specimens on dry ice. |

Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB / STATT Unit 129 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number]

All samples must be shipped in accordance with all applicable local, state and federal regulations.

| Methodology | Toxin Detection (Food only), Culture (Food, Vomitus and Stool), Polymerase Chain Reaction (Isolates) |
|-----------------------------|---|
| Turnaround Time | 13 Weeks |
| Interferences & Limitations | Incorrect storage and/or spoilage of food may affect results. Reduced toxin detection and/or culture occurs in food older than two weeks. Stools collected 48 hours after illness onset and/or after patient recovery are not suitable for testing as they may not contain detectable organism. |
| Additional Information | Direct toxin detection requires food (toxin testing is not performed on stool). The test methods(s) used have not been cleared and approved by the FDA or the performance characteristics have not been fully established by CDC. The results should NOT be used for diagnosis, treatment, or assessment of patient health or management. |
| CDC Points of Contact | Haley McKeel (404) 639-1612 hvw0@cdc.gov Nancy Strockbine (404) 639-4186 nas6@cdc.gov |

Version 1.6

Test Order Streptococcus (Beta Hemolytic Strep) Typing CDC-10216

| Synonym(s) | GAS typing, GBS typing, other beta hemolytic strep, Group A Strep, Group B Strep |
|--|---|
| CDC Pre-Approval Needed | Lesley McGee (404) 639-0455 Imcgee@cdc.gov Sopio Chochua (404) 639-4401 schochua@cdc.gov |
| Supplemental Information Required | Supplemental form required for pre-approval: Other Streptococci and Catalase-Negative, Gram-Positive Cocci Testing Request Form. |
| | All submissions must be accompanied by a CDC 50.34 Specimen Submission Form or Global File Accessioning Template (GFAT) which must include the State Public Health Department contact information, specific antibacterial agent(s) of interest, any previous results and testing method, and the date the submitted culture was inoculated onto transport media. |
| | Research or surveillance specimens should NOT have Personally identifiable information (PII) entered on the 50.34 and must have a specimen ID. Any specimen received without specimen ID entered in 50.34 form and on the specimen label will not be processed for testing. |
| Supplemental Form | Other Streptococci and Catalase-Negative, Gram-Positive Cocci Testing Request Form. https://www.cdc.gov/streplab/testing-request/index.html |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Isolates of Genus <i>Streptococcus</i> ; contact the CDC POC for approval prior to sending other specimen types. |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Pure bacterial isolates should be stored on an appropriate transport medium (see below). Specimens can be stored at room temperature (15-25°C) if shipped within 24 hours and/or kept refrigerated (2-8°C) if shipped in less than 72 hours. Otherwise, specimens should be stored frozen (-20°C or lower) in a glycerol transport medium. Contact the CDC POC for approval prior to sending other specimen types. |
| Transport Medium | Pure culture isolates should be transported on an appropriate agar medium (e.g. blood or chocolate), or as a frozen glycerol culture (e.g. Tryptic Soy Broth with 15% glycerol, or skim milk, tryptone, glucose, and glycerin (STGG) media). For other specimen/sample types contact the CDC POC for appropriate guidance/relevant information. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| | |

Shipping Instructions which Include Specimen Handling Requirements sure packages arrive Monday – Friday. Room-temperature samples should be shipped with room-temperature cold packs and refrigerated samples should be shipped with refrigerated or frozen cold packs. Frozen samples should be shipped frozen with dry ice.

> Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 21 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number]

All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number.

| Methodology | Phenotypic Biochemical and Serological Testing; Molecular Testing |
|-----------------------------|---|
| Turnaround Time | 8 Weeks |
| Interferences & Limitations | No significant interferences or limitations are currently known. |
| Additional Information | See Frequently Asked Questions. https://www.cdc.gov/streplab/testing-request/index.html |
| CDC Points of Contact | Lesley McGee (404) 639-0455 Imcgee@cdc.gov Sopio Chochua (404) 639-4401 schochua@cdc.gov |

Version 1.5

| Test Order Streptococcus (Catalase-Negative, Gram-Positive Coccus) Identification CDC-10213 | |
|--|--|
| Synonym(s) | Streptococci, viridans streptococci , Enterococcus, Abiotrophia, Aerococcus, Alloiococcus, Dolosicoccus, Dolosigranulum, Facklamia, Gemella, Globicatella, Granulicatella, Helcococcus, Ignavigranulum, Lactococcus, Leuconostoc, Pediococcus, Tetragenococcus, Globiticatella, Vagococcus, and Weissella |
| CDC Pre-Approval Needed | Lesley McGee (404) 639-0455 Imcgee@cdc.gov Patricia Shewmaker (404) 639-4826 PSHEWMAKER@cdc.gov |
| Supplemental Information Required | Complete the Other Streptococci and Catalase-Negative, Gram-Positive Cocci Testing Request Form for preapproval. Fill in all fields applicable to your isolate and provide any preliminary test results available. |
| | All submissions must be accompanied by a CDC 50.34 Specimen Submission Form or Global File Accessioning Template (GFAT) which must include the State Public Health Department contact information, specific antibacterial agent(s) of interest, any previous results and testing method, and the date the submitted culture was inoculated onto transport media. |
| | Research or surveillance specimens should NOT have Personally identifiable information (PII) entered on the CDC 50.34 and must have a specimen ID. Any specimens received without specimen IDs entered in CDC 50.34 form and on the specimen label or it will not be processed for testing. |
| | This testing is for research or surveillance specimens and is NOT performed on diagnostic specimens. Refer to CDC test order CDC-10145 Bacterial Identification of Unknown Isolate (Not Strict Anaerobe) for diagnostic specimen testing. |
| Supplemental Form | Other Streptococci and Catalase-Negative, Gram-Positive Cocci Testing Request Form. https://www.cdc.gov/streplab/testing-request/index.html |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Isolates of <i>Streptococcus</i> and related genera (catalase-negative, Gram-positive cocci) |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Pure bacterial isolates should be stored on an appropriate transport medium (see below). Specimens can be stored at room temperature (15-25°C) if shipped within 24 hours and/or kept refrigerated (2-8°C) if shipped in less than 72 hours. Otherwise, specimens should be stored frozen (-20°C or lower) in a glycerol transport medium. |
| Transport Medium | Pure culture isolates should be transported on an appropriate agar medium (e.g. blood or chocolate), or as a frozen glycerol culture (e.g. Tryptic Soy Broth with 15% glycerol, or skim milk, tryptone, glucose, and glycerin (STGG) media). |

| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
|---|---|
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Room-temperature samples should be shipped with room-temperature cold packs and refrigerated samples should be shipped with refrigerated or frozen cold packs. Frozen samples should be shipped frozen with dry ice. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 21 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |

| Methodology | Phenotypic Biochemical and Serological Testing, Molecular Testing |
|-----------------------------|--|
| Turnaround Time | 8 Weeks |
| Interferences & Limitations | No significant interferences or limitations are currently known. |
| Additional Information | See Frequently Asked Questions. https://www.cdc.gov/streplab/testing- request/index.html |
| CDC Points of Contact | Lesley McGee (404) 639-0455 Imcgee@cdc.gov Patricia Shewmaker (404) 639-4826 PSHEWMAKER@cdc.gov |

Version 3.3

Test Order Streptococcus ABCs Surveillance Study CDC-10218

| Synonym(s) | |
|--|--|
| CDC Pre-Approval Needed | Lesley McGee (404) 639-0455 LMCGEE@cdc.gov Sopio Chochua (404) 639-4401 schochua@cdc.gov |
| Supplemental Information Required | See supplemental form: ACTIVE BACTERIAL CORE SURVEILLANCE (ABCS) CASE REPORT |
| Supplemental Form | ACTIVE BACTERIAL CORE SURVEILLANCE (ABCS) CASE REPORT. https://www.cdc.gov/abcs/methodology/data-collect-forms.html |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Sterile site pure isolates of Group A <i>Streptococcus</i> (GAS), Group B <i>Streptococcus</i> (GBS) and <i>S. pneumoniae</i> that meet the ABCs inclusion criteria |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Pure bacterial isolates should be stored on an appropriate transport medium (see below). Specimens can be stored at room temperature (15-25°C) if shipped within 24 hours and/or kept refrigerated (2-8°C) if shipped in less than 72 hours. Otherwise, specimens should be stored frozen (-20°C or lower) in a glycerol transport medium. |
| Transport Medium | Pure culture isolates should be transported on an appropriate agar medium (e.g. blood or chocolate), or as a frozen glycerol culture (e.g. Tryptic Soy Broth with 15% glycerol, or skim milk, tryptone, glucose, and glycerin (STGG) media). |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. There results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

Shipping Instructions which Include Specimen Handling Requirements sure packages arrive Monday – Friday. Room-temperature specimens should be shipped with room-temperature cold packs and refrigerated samples should be shipped with refrigerated or frozen cold packs. Frozen stored specimens should be shipped on dry ice.

> Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 21-ABC 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number]

All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number.

| Methodology | Phenotypic Biochemical and Serological Testing, Molecular Testing |
|-----------------------------|---|
| Turnaround Time | 16 Weeks |
| Interferences & Limitations | No significant interferences or limitations are currently known. |
| Additional Information | See Active Bacterial Core surveillance (ABCs) website. https://www.cdc.gov/abcs/index.html |
| CDC Points of Contact | Lesley McGee (404) 639-0455 LMCGEE@cdc.gov Sopio Chochua (404) 639-4401 schochua@cdc.gov |
| | |

Version 2.2

Test Order Streptococcus Identification and Antimicrobial Susceptibility Testing CDC-10214

| Synonym(s) | Streptococci, viridans streptococci, <i>Streptococcus pneumoniae</i> , <i>Streptococcus pyogenes</i> , <i>Streptococcus agalactiae</i> , AST, Sensitivity, MIC testing |
|--------------------------------------|--|
| CDC Pre-Approval Needed | Lesley McGee (404) 639-0455 Imcgee@cdc.gov Patricia Shewmaker (404) 639-4826 PSHEWMAKER@cdc.gov |
| Supplemental Information Required | Complete the Other Streptococci and Catalase-Negative, Gram-Positive Cocci Testing Request Form for preapproval. Fill in all fields applicable to your isolate and provide any preliminary test results available. All submissions must be accompanied by a CDC 50.34 Specimen Submission Form or Global File Accessioning Template (GFAT) which must include the State Public Health Department contact information, specific antibacterial agent(s) of interest, any previous results and testing method, and the date the submitted culture was inoculated onto transport media. |
| | Research or surveillance specimens should NOT have Personally identifiable information (PII) entered on the CDC 50.34 and must have a specimen ID. Any specimens received without specimen IDs entered in CDC 50.34 form and on the specimen label or it will not be processed for testing. This testing is for research or surveillance specimens and is NOT performed on diagnostic specimens. Refer to CDC test order CDC-10222 Antimicrobial Susceptibility Testing (AST) for testing for diagnostic specimen testing. |

| Supplemental Form | Other Streptococci and Catalase-Negative, Gram-Positive Cocci Testing Request Form. https://www.cdc.gov/streplab/testing-request/index.html |
|--|--|
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Isolates of Genus Streptococcus. |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Pure bacterial isolates should be stored on an appropriate transport medium (see below). Specimens can be stored at room temperature (15-25°C) if shipped within 24 hours and/or kept refrigerated (2-8°C) if shipped in less than 72 hours. Otherwise, specimens should be stored frozen (-20°C or lower) in a glycerol transport medium. |
| Transport Medium | Pure culture isolates should be transported on an appropriate agar medium (e.g. blood or chocolate), or as a frozen glycerol culture (e.g. Tryptic Soy Broth with 15% glycerol, or skim milk, tryptone, glucose, and glycerin (STGG) media). |

| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
|---|--|
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Room-temperature samples should be shipped with room-temperature cold packs and refrigerated samples should be shipped with refrigerated or frozen cold packs. Frozen samples should be shipped frozen with dry ice. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 21 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |

| Methodology | Phenotypic Biochemical and Serological Testing, Molecular Testing |
|-----------------------------|--|
| Turnaround Time | 8 Weeks |
| Interferences & Limitations | No significant interferences or limitations are currently known. |
| Additional Information | See Frequently Asked Questions. https://www.cdc.gov/streplab/testing- request/index.html |
| | Please include senders test results and presumed identificaiton. |
| CDC Points of Contact | Lesley McGee (404) 639-0455 Imcgee@cdc.gov Patricia Shewmaker (404) 639-4826 PSHEWMAKER@cdc.gov |

Version 4.3

Test Order Streptococcus pneumoniae Typing CDC-10215

| Synonym(s) | Pneumococcus Serotyping |
|--|--|
| CDC Pre-Approval Needed | Lesley McGee (404) 639-0455 Imcgee@cdc.gov Sopio Chochua (404) 639-4401 schochua@cdc.gov |
| Supplemental Information Required | Supplemental form required for pre-approval: Streptococcus pneumoniae Testing Request Form. If you have questions, contact the CDC POC. |
| | All submissions must be accompanied by a CDC 50.34 Specimen Submission Form or Global File Accessioning Template (GFAT) which must include the State Public Health Department contact information, specific antibacterial agent(s) of interest, any previous results and testing method, and the date the submitted culture was inoculated onto transport media. |
| | Research or surveillance specimens should NOT have Personally identifiable information (PII) entered on the 50.34 and must have a specimen ID. Any specimen received without specimen ID entered in 50.34 form and on the specimen label will not be processed for testing. |
| Supplemental Form | Streptococcus pneumoniae Testing Request Form. https://www.cdc.gov/streplab/testing-request/index.html |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | <i>Streptococcus pneumoniae</i> bacterial isolates; contact the CDC POC for approval prior to sending other specimen types. |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Pure bacterial isolates should be stored on an appropriate transport medium (se below). Specimens can be stored at room temperature (15-25°C) if shipped within 24 hours and/or kept refrigerated (2-8°C) if shipped in less than 72 hours. Otherwise, specimens should be stored frozen (-20°C or lower) in a glycerol transport medium. For other specimen/sample types contact the CDC POC for appropriate guidance/relevant information. |
| Transport Medium | Pure culture isolates should be transported on an appropriate agar medium (e.g. blood or chocolate), or as a frozen glycerol culture (e.g. Tryptic Soy Broth with 15% glycerol, or skim milk, tryptone, glucose, and glycerin (STGG) media). For other specimen/sample types contact the CDC POC for appropriate guidance/relevant information. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| | |

Shipping Instructions which Include Specimen Handling Requirements sure packages arrive Monday – Friday. Room-temperature samples should be shipped with room-temperature cold packs and refrigerated samples should be shipped with refrigerated or frozen cold packs. Frozen samples should be shipped frozen with dry ice.

> Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 21 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number]

All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number.

| Methodology | Phenotypic Biochemical and Serological Testing; Molecular Testing |
|-----------------------------|---|
| Turnaround Time | 8 Weeks |
| Interferences & Limitations | No significant interferences or limitations are currently known. |
| Additional Information | See Frequently Asked Questions. https://www.cdc.gov/streplab/testing- request/index.html |
| CDC Points of Contact | Lesley McGee (404) 639-0455 Imcgee@cdc.gov Sopio Chochua (404) 639-4401 schochua@cdc.gov |

Version 1.6

Test Order Streptococcus Study CDC-10217

| Synonym(s) | |
|--|--|
| CDC Pre-Approval Needed | Lesley McGee (404) 639-0455 Imcgee@cdc.gov Sopio Chochua (404) 639-4401 schochua@cdc.gov |
| Supplemental Information Required | Supplemental form required for pre-approval: Other Streptococci and Catalase-Negative, Gram-Positive Cocci Testing Request Form. |
| | All submissions must be accompanied by a CDC 50.34 Specimen Submission Form or Global File Accessioning Template (GFAT) which must include the State Public Health Department contact information, specific antibacterial agent(s) of interest, any previous results and testing method, and the date the submitted culture was inoculated onto transport media. Research or surveillance specimens should NOT have Personally identifiable information (PII) entered on the 50.34 and must have a specimen ID. The specimens received without specimen IDs entered in 50.34 form and on the specimen label will not be processed for testing. |
| Supplemental Form | Other Streptococci and Catalase-Negative, Gram-Positive Cocci Testing Request Form. https://www.cdc.gov/streplab/testing-request/index.html |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Isolates of Genus <i>Streptococcus</i> ; contact the CDC POC for approval prior to sending other specimen types. |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Pure bacterial isolates should be stored on an appropriate transport medium (see below). Specimens can be stored at room temperature (15-25°C) if shipped within 24 hours and/or kept refrigerated (2-8°C) if shipped in less than 72 hours. Otherwise, specimens should be stored frozen (-20°C or lower) in a glycerol transport medium. Contact the CDC POC for approval prior to sending other specimen types. |
| Transport Medium | Pure culture isolates should be transported on an appropriate agar medium (e.g. blood or chocolate), or as a frozen glycerol culture (e.g. Tryptic Soy Broth with 15% glycerol, or skim milk, tryptone, glucose, and glycerin (STGG) media). For other specimen/sample types contact the CDC POC for appropriate guidance/relevant information. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

Shipping Instructions which Include Specimen Handling Requirements sure packages arrive Monday – Friday. Room-temperature samples should be shipped with room-temperature cold packs and refrigerated samples should be shipped with refrigerated or frozen cold packs. Frozen samples should be shipped frozen with dry ice.

> Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 21 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number]

All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number.

| Methodology | Phenotypic Biochemical and Serological Testing; Molecular Testing |
|-----------------------------|---|
| Turnaround Time | 8 Weeks |
| Interferences & Limitations | No significant interferences or limitations are currently known. |
| Additional Information | See Frequently Asked Questions. https://www.cdc.gov/streplab/testing- request/index.html |
| CDC Points of Contact | Lesley McGee (404) 639-0455 Imcgee@cdc.gov Sopio Chochua (404) 639-4401 schochua@cdc.gov |
| | |

Version 2.3

Test Order Strongyloidiasis Serology CDC-10467

| Synonym(s) | Strongyloidiasis, Strongyloides stercoralis, parasite |
|--|---|
| CDC Pre-Approval Needed | Parasitology Lab Mailbox (404) 718-4175 parasiteslab@cdc.gov Xiaojuan Tan (404) 718-3434 xit0@cdc.gov |
| Supplemental Information Required | CDC 50.34 Specimen Submission Form must include travel history and other relevant risk factors; clinical symptoms, treatment and relevant lab results. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum |
| Minimum Volume Required | 0.2 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Serum for serology testing should be collected, centrifuged and transferred to leak proof tubes. Serum can be stored at refrigerated temperature (2-8°C) for up to 7 days prior to freezing or stored frozen (-20°C or lower) for up to 8 weeks. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Sera specimens should be shipped frozen on dry ice. Specimens not received under these conditions will be rejected for testing, and a new specimen must be submitted. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 57 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | EIA, ELISA, Antibody Detection |
| Turnaround Time | 3 Weeks |
| Interferences & Limitations | Cross reactions with antibodies against other worms and parasites cannot be excluded. |

| Additional Information | Please send one CDC 50.34 Specimen Submission Form and one separate sample tube for each test requested. |
|------------------------|--|
| CDC Points of Contact | Xiaojuan Tan (404) 718-3434 xit0@cdc.gov Parasitology Lab Mailbox (404) 718-4175 parasiteslab@cdc.gov |

Version 4.7

Test Order Toxocariasis Serology CDC-10468

| Synonym(s) | Larva migrans, Toxocariasis, Toxocara canis, Toxocara cati, parasite |
|--|---|
| CDC Pre-Approval Needed | Parasitology Lab Mailbox (404) 718-4175 parasiteslab@cdc.gov Xiaojuan Tan (404) 718-3434 xit0@cdc.gov |
| Supplemental Information Required | CDC 50.34 Specimen Submission Form must include travel history and other relevant risk factors; clinical symptoms, treatment and relevant lab results. |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum, vitreous fluid |
| Minimum Volume Required | 0.2 mL |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Serum and vitreous fluid or serology testing should be collected, centrifuged, and transferred to leak proof tubes. Serum and vitreous fluid can be stored at refrigerated temperature (2-8°C) for up to 7 days prior to freezing or stored frozen (-20°C or lower) for up to 8 weeks. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Sera or vitreous fluid specimens should be shipped frozen on dry ice. Specimens not received under these conditions will be rejected for testing, and a new specimen must be submitted. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 57 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | EIA, ELISA, Antibody Detection |
| Turnaround Time | 3 Weeks |
| Interferences & Limitations | This assay detects infections caused by both <i>T. canis</i> and <i>T.cati</i> but cannot differentiate between the two. |

| Additional Information | Please send one CDC 50.34 Specimen Submission Form and one separate sample tube for each test requested. |
|------------------------|--|
| CDC Points of Contact | Xiaojuan Tan (404) 718-3434 xit0@cdc.gov Parasitology Lab Mailbox (404) 718-4175 parasiteslab@cdc.gov |

Version 6.9

Test Order Transmission Electron Microscopy (EM) Evaluation for Possible Infectious Etiologies CDC-10559

| | 000 10000 |
|--------------------------------------|--|
| Synonym(s) | Transmission electron microscopy (TEM), electron microscopy (EM), thin section, negative stain, autopsy, necropsy, biopsy, glutaraldehyde-fixed tissues, paraformaldehyde-fixed tissues, pathology |
| CDC Pre-Approval Needed | Infectious Diseases Pathology Mailbox (404) 639-3132 pathology@cdc.gov Hannah Bullock (404) 718-6434 ocr3@cdc.gov |
| Supplemental Information Required | Please include the following information with each submission: Omission of information on the CDC 50.34 Specimen Submission Form will lead to a delay in accessioning and testing, and potential rejection of specimen submission. Please include the following: Test order code Test order name Patient full name Patient full name Patient birth date Date of death (if applicable) Patient ID (e.g., medical record number or autopsy number) Specimen ID (e.g., surgical pathology accession number) State public health laboratory (PHL) point of contact Original submitter contact information One electronically completed copy of the CDC 50.34 Specimen Submission Form per case is sufficient, unless specimens are being submitted from multiple specimen collection dates in one package. |
| | Requested additional information: • A cover letter or copies of recent pertinent clinical notes outlining a brief clinical history, including relevant demographic/epidemiologic information • A copy of: (a) the autopsy report (preliminary or final), or (b) surgical pathology report • Copies of pertinent laboratory results (microbiology, hematology, serology, culture, and/or biochemical) • Relevant clinical, gross pathology, or microscopic pathology images, as available • A key listing the tissues submitted for evaluation |
| Supplemental Form | |
| Performed on Specimens From | Human and Animal |
| 1 | |

| Acceptable Sample / Specimen Type for Testing | Glutaraldehyde-fixed biopsy, autopsy, or necropsy tissues from any organ or site are acceptable. However, tissue specimens should be submitted from the site(s) of the patient's disease process. Thin section EM: glutaraldehyde-fixed wet tissues, epoxy-embedded tissues, and ultrathin sections from epoxy-embedded tissues are acceptable. Negative stain EM: paraformaldehyde-fixed cell culture supernatants and body fluids (e.g., cerebral spinal fluid, saliva, urine, stool samples, and crusts to be evaluated for rash illness) are acceptable. Specimens may be rejected if specimen integrity is found to be compromised. |
|--|--|
| Minimum Volume Required | Not applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Wet tissue specimens: Gross in at approximately 1-3 mm^3 and fix in phosphate-buffered 2-4% glutaraldehyde (2.5% preferred). After fixation (preferably the next day but less than 2 weeks), tissues should be transferred to a container filled to the top with 0.1M phosphate buffer. Store refrigerated (2-8°C); do not freeze. |
| | Epoxy-embedded tissues: • store at room temperature (15-25°C). |
| | Specimens for negative stain analysis (cell culture supernatants and body fluids): Fix in phosphate-buffered 5% paraformaldehyde (preferred) at a 1:1 specimen to fixative ratio for a final concentration of 2.5% paraformaldehyde. Store refrigerated (2-8°C); do not freeze. |
| | Ship to CDC within 3 weeks of collection. |
| Transport Medium | Glutaraldehyde-fixed tissues: hold in 0.1M phosphate buffer. |
| | Epoxy embedded tissues: no transport medium required. |
| | Specimens for negative stain analysis (cell culture supernatants and body fluids): hold in phosphate-buffered 2.5% paraformaldehyde. |
| Specimen Labeling | This test order can accommodate diagnostic and non-diagnostic specimens. Testing subject to CLIA regulations requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. For urgent cases, immediately contact IDPB (pathology@cdc.gov). Glutaraldehyde-fixed tissues can be shipped refrigerated in leak proof containers with refrigerated or frozen cold packs; do not freeze. Epoxy-embedded tissues can be shipped at room temperature with room-temperature cold packs. Specimens for negative stain analysis (cell culture supernatants and body fluids) can be shipped refrigerated in leak proof containers with refrigerated or frozen cold packs; do not freeze. |
|---|---|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 109 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | Electron Microscopy (EM) |
| Turnaround Time | 8 Weeks |
| Interferences & Limitations | Prolonged glutaraldehyde fixation (greater than 2 weeks) may result in decreased morphological appearance. When indicated, 0.5-micron sections from the epoxy- embedded blocks (prepared after trimming or ultra-thin sectioning) will be reviewed by the pathologist to ensure that appropriate areas have been selected. |
| Additional Information | CDC Pre-Approval Needed: Contact Pre-approval POC Infectious Diseases Pathology Branch Mailbox More specific guidelines regarding tissue sampling and submission can be found on the IDPB website: http://www.cdc.gov/ncezid/dhcpp/idpb/specimen-submission/index.html Turnaround Time is case-dependent: Human surgical biopsy cases it is 6-8 weeks Complex cases, routine human autopsy cases, and animal cases it is 12 weeks. |
| CDC Points of Contact | Infectious Diseases Pathology Mailbox (404) 639-3132 pathology@cdc.gov Hannah Bullock (404) 718-6434 ocr3@cdc.gov Roosecelis Martines (404) 639-3886 xgn7@cdc.gov |

Test Order *Trichomonas* Susceptibility CDC-10239

| Synonym(s) | Trichomonas, trich, parasite |
|--|---|
| CDC Pre-Approval Needed | Parasitology Lab Mailbox (404) 718-4175 parasiteslab@cdc.gov Peter Augostini (404) 718-4142 pfa9@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Properly inoculated InPouchTV as described in the instructions for use |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Specimens must be received within 48 hours of collection from patient. Store inoculated InPouchTV at 18-37°C. Do not collect and send specimens on a Friday or the day before a federal holiday. |
| Transport Medium | InPouch TV (Commercial product). See Additional Information for instructions how to obtain a testing kit prior to specimen collection. |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ensure the InPouch is properly closed. Ship overnight and pack with ambient temperature cold packs. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 52 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. |

| Methodology | Antimicrobial susceptibility |
|-----------------------------|--|
| Turnaround Time | 7 Weeks |
| Interferences & Limitations | No significant interferences or limitations are currently known. |

Additional Information Contact CDC POC to request a testing kit that will include a shipping container and InPouch TV culture media device required for specimen submission. CDC does not pay for return shipment of the inoculated InPouch TV. For clinical guidance with the management of recurrent or persistent trichomoniasis, please contact TVconsultation@cdc.gov.

Shipping Instructions: Specimens must arrive to CDC at 18-25°C within 48 hours of collection. Specimens not meeting these conditions will not be accepted for testing and new specimen will be required.

CDC Points of Contact Parasitic Inquiries (404) 718-4745 parasites@cdc.gov Evan Secor (404) 718-4141 was4@cdc.gov Pete Augostini (678) 860-6128 pfa9@cdc.gov

Version 5.6

| Test Order |
|---|
| Trypanosoma cruzi Molecular Detection - Insects |
| CDC-10493 |

| Synonym(s) | Chagas, American Trypanosomiasis, trypanosome, parasite, triatomine, kissing bug, <i>T. cruzi</i> |
|--|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Provide detailed information of the human exposure to the insect and where the insect was found (kitchen, bed, porch, etc.) in the Comments field of the CDC 50.34 Specimen Submission Form. |
| Supplemental Form | None |
| Performed on Specimens From | Animal |
| Acceptable Sample / Specimen Type for Testing | Triatomine insect |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store specimen dry or in 70% ethanol at ambient temperature. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | Insects should be shipped in a crush-proof container in a box or shipping tube. Padded envelopes are not accpetable. Ship at ambient temperature. |
| | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 222 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Conventional Polymerase Chain Reaction (PCR) and Sanger sequencing |
| Turnaround Time | 3 Weeks |
| Interferences & Limitations | No significant interferences or limitations are currently known. |
| Additional Information | None |

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

Version 2.0

Test Order Varicella Zoster Virus (VZV) Serology CDC-10255

| | CDC-10233 |
|--|--|
| Synonym(s) | Chicken pox, shingles |
| CDC Pre-Approval Needed | Brian Wakeman (404) 639-6403 mrq9@cdc.gov Ludmila Perelygina (404) 639-4812 ifw0@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum and Cerebrospinal Fluid (CSF) |
| Minimum Volume Required | 0.1 mL; 0.5 mL preferred (serum, cerebrospinal fluid (CSF)) |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Collect whole venous peripheral blood in serum separator vacutainer tube. Allow specimen to clot at room temperature ($15-25^{\circ}$ C) for at least 30 minutes. After the clot has formed, tube can be centrifuged 1100 - 1300 x g for 10 minutes. The clot must pass to the bottom of the tube, leaving the serum on top of the separator plug. The serum can then be aliquoted aseptically into an o-ring seal freezing tube using a pipette. |
| | Serum should be refrigerated (2-8°C) within 8 hours of collection. Serum should not be stored at ambient temperatures (15-25°C) for longer than 8 hours after collection. If serum will be stored refrigerated (2-8°C) for longer than 48 hours, specimens should be frozen (-20°C or lower). Serum submitted for testing at CDC should be frozen (-20°C or lower) prior to shipping and shipped within 8 weeks of collection on dry ice by overnight shipment. |
| | Cerebrospinal fluid (CSF) specimens should be collected under sterile conditions and placed in a leak proof container. CSF specimens may be stored in glass or plastic vials. Vials must be tightly sealed to prevent sample desiccation. CSF should be frozen (-20°C or lower) after collection. If needed, specimens can be stored at 2-8°C for up to 72 hours before being frozen (-20°C or lower). CSF submitted for testing at CDC should be frozen (-20°C or lower) prior to shipping and shipped within 8 weeks of collection on dry ice by overnight shipment. |
| Transport Medium | Not applicable |

| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
|---|--|
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Serum and cerebrospinal fluid (CSF) specimens should be shipped frozen on dry ice overnight. Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 80 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |
| Methodology | CDC developed Enzyme Immunoassay (EIA) for detection of IgG antibodies specific to the glycoproteins of varicella-zoster virus. |

| Turnaround Time | 7 Days |
|-----------------------------|---|
| Interferences & Limitations | Potential interference from other members of the herpesvirus family including HSV-1 or HSV-2 may exist. Specimen stability beyond parameters of storage and shipment listed were not evaluated and are therefore unknown. |
| | The following conditions may result in the specimen being rejected for testing: •Specimen is hemolyzed, lipemic, or bacterially contaminated. •Specimen is not frozen upon receipt at CDC. |
| Additional Information | None |
| CDC Points of Contact | Brian Wakeman (404) 639-6403 mrq9@cdc.gov Ludmila Perelygina (404) 639-4812 ifw0@cdc.gov |

Test Order Varicella Zoster Virus Detection (Wild-type vs. Vaccine) CDC-10254

| Synonym(s) | Chicken pox, shingles |
|--|--|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | This test order is currently not accepting any specimens until further notice. |
| Minimum Volume Required | Swabs of skin lesions (papule, macule, or vesicles) in viral transport medium (VTM): 0.5 - 1 mL |
| | Cerebrospinal fluid (CSF): 0.5 mL, 1 mL preferred |

| Collection, Storage, and Preservation of Specimen Prior to Shipping | For the collection of scab specimens, unroof the scab and place it directly into a breakage resistant tube. Scabs should be kept dry and stored at room temperature (15-25°C) after collection. Scabs should be shipped to CDC overnight at room temperature (15-25°C) within three weeks of specimen collection. To collect swabs of skin lesions (papule, macule, or vesicles), use a sterile needle to unroof the top of the skin lesion and use a sterile synthetic swab, e.g. polyester swab, to vigorously swab the base of the lesion, applying enough pressure to collect epithelial cells. Swabs of skin lesions may be placed directly into a storage tube or can be placed in viral transport medium (VTM). Swabs of skin lesions without VTM should be kept dry and stored at room temperature (15-25°C) after collection. Swabs of skin lesions without VTM should be shipped to CDC overnight at room temperature (15-25°C) within three weeks of specimen collection. Refrigerate (2-8°C) swabs of skin lesions in VTM within 1 hour of collection. If swabs of skin lesions in VTM will be stored for longer than 72 hours, they should be frozen (-20°C or lower). Swabs of skin lesions in VTM submitted for testing at CDC should be frozen at -20°C or lower prior to shipping and shipped on dry ice overnight. These specimens can be stored at -20°C or lower for a maximum of 6 weeks prior to shipping. |
|--|---|
| Transport Medium | Swabs of skin lesions (papule, macule, or vesicles) can be placed in viral transport medium (VTM). |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |

Shipping Instructions which Include Specimen Handling Requirements UCC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Scabs and swabs of skin lesions without viral transport medium (VTM) should be shipped overnight at room temperature with room-temperature cold packs. Swabs of skin lesions in VTM and cerebrospinal fluid (CSF) specimens should be shipped frozen on dry ice overnight.

> Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 80 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number]

All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number.

| Methodology | Polymerase Chain Reaction (PCR) |
|-----------------------------|---|
| Turnaround Time | 7 Days |
| Interferences & Limitations | There are no known interferences and limitations. |
| Additional Information | None |
| CDC Points of Contact | Brian Wakeman (404) 639-6403 mrq9@cdc.gov Ludmila Perelygina (404) 639-4812 ifw0@cdc.gov |

Version 3.6

Test Order Vibrio cholerae Identification and Subtyping CDC-10119

| Synonym(s) | Cholera |
|--|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Complete one CDC 50.34 Specimen Submission Form per specimen and provide the following specimen information: "Specimen source (type)" and "Transport medium/Specimen preservative." Provide any preliminary results in the "Previous laboratory results" section of the CDC 50.34 Specimen Submission Form. For submissions of sequence data (e.g data_sequence specimen type) the specimen identifier should be the PNUSA number. |
| Supplemental Form | None |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | This test order is currently not accepting any specimens until further notice. |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store isolates at room temperature (15-25°C). Isolates held for more than a month should be frozen (-20°C or lower). |
| Transport Medium | If isolates are shipped at room temperature, inoculate on nutrient agar or other similar non-selective agar (trypticase soy agar, heart infusion agar, etc.); if isolates are shipped frozen, suspend bacterial growth in trypticase soy broth (TSB) supplemented with 20% glycerol. |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship slants at room temperature with room-temperature cold packs. Ship glycerol stocks frozen with dry ice. There are no time constraints for submitting sequence data. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 08 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Phenotypic or Genetic Identification and Subtyping, including Serotyping and Virulence Profiling, Antimicrobial Susceptibility Testing (AST) |

| Turnaround Time | 13 Weeks |
|-----------------------------|---|
| Interferences & Limitations | <i>Vibrio vulnificus</i> isolates that are kept at refrigeration temperatures (2-8°C) may lose viability. |
| Additional Information | The original isolate should be retained by the submitter for the duration of testing at CDC. |
| | Turnaround times for routine isolates may be extended during major foodborne outbreak activities or due to limited availability of resources. |
| CDC Points of Contact | Christine Lee (404) 498-2295 pfx6@cdc.gov Monica Im (404) 718-1446 ixi9@cdc.gov |

Version 3.4

Test Order Vibrio Subtyping CDC-10122

| Synonym(s) | |
|--|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Complete one CDC 50.34 Specimen Submission Form per specimen and provide the following specimen information: "Specimen source (type)" and "Transport medium/Specimen preservative." Provide any preliminary results in the "Previous laboratory results" section of the CDC 50.34 Specimen Submission Form. For submissions of sequence data (e.g data_sequence specimen type) the specimen identifier should be the PNUSA number. Specify type of subtyping requested in 'Previous Laboratory Results' on back of CDC 50.34 Specimen Submission Form. Epidemiologic metadata and PulseNet cluster code are requested if available. |
| Supplemental Form | None |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Isolates |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store isolates at room temperature (15-25°C). Isolates held for more than a month should be frozen (-20°C or lower). |
| Transport Medium | If isolates are shipped at room temperature, inoculate on nutrient agar or other similar non-selective agar (trypticase soy agar, heart infusion agar, etc.); if isolates are shipped frozen, suspend bacterial growth in trypticase soy broth (TSB) supplemented with 20% glycerol. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship slants at room temperature with room-temperature cold packs. Ship glycerol stocks frozen with dry ice. There are no time constraints for submitting sequence data. |
|---|---|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 08 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations. |

| Genetic Subtyping, Antimicrobial Susceptibility Testing (AST) |
|---|
| |
| 10 Weeks |
| <i>Vibrio vulnificus</i> isolates that are kept at refrigeration temperatures (2-8 $^{\circ}$ C) may lose viability. |
| Turnaround times for routine isolates may be extended during major foodborne outbreak activities or due to limited availability of resources. |
| Christine Lee (404) 498-2295 pfx6@cdc.gov Monica Im (404) 718-1446 ixi9@cdc.gov |
| |

Test Order Vibrio, Aeromonas, and Related Organisms Identification CDC-10120

| Synonym(s) | Vibrionaceae, Grimontia, Photobacterium |
|--|---|
| CDC Pre-Approval Needed | None |
| Supplemental Information Required | Complete one CDC 50.34 Specimen Submission Form per specimen and provide the following specimen information: "Specimen source (type)" and "Transport medium/Specimen preservative." Provide any preliminary results in the "Previous laboratory results" section of the CDC 50.34 Specimen Submission Form. For submissions of sequence data (e.g data_sequence specimen type) the specimen identifier should be the PNUSA number. |
| Supplemental Form | None |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | This Test Order is currently not accepting any specimens until further notice. |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store isolates at room temperature (15-25°C). Isolates held for more than a month should be frozen (-20°C or lower). |
| Transport Medium | If isolates are shipped at room temperature, inoculate on nutrient agar or other similar non-selective agar (trypticase soy agar, heart infusion agar, etc.); if isolates are shipped frozen, suspend bacterial growth in trypticase soy broth (TSB) supplemented with 20% glycerol. |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship slants at room temperature with room-temperature cold packs. Ship glycerol stocks frozen with dry ice. There are no time constraints for submitting sequence data. |
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 08 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] All samples must be shipped in accordance with all applicable local, state and federal regulations |
| Methodology | federal regulations. Phenotypic or Genetic Identification |

| Interferences & Limitations | <i>Vibrio vulnificus</i> isolates that are kept at refrigeration temperatures (2-8 °C) may lose viability. |
|-----------------------------|---|
| Additional Information | The original isolate should be retained by the submitter for the duration of testing at CDC. |
| | Turnaround times for routine isolates may be extended during major foodborne outbreak activities or due to limited availability of resources. |
| CDC Points of Contact | Christine Lee (404) 498-2295 pfx6@cdc.gov Monica Im (404) 718-1446 ixi9@cdc.gov |

Test Order Vibrio, Aeromonas, and Related Organisms Study CDC-10121

| Synonym(s) | Vibrionaceae, Grimontia, Photobacterium |
|--|---|
| CDC Pre-Approval Needed | Christine Lee (404) 498-2295 pfx6@cdc.gov Monica Im (404) 718-1446 ixi9@cdc.gov |
| Supplemental Information Required | Complete one CDC 50.34 Specimen Submission Form per specimen and provide the following specimen information: "Specimen source (type)" and "Transport medium/Specimen preservative." Provide any preliminary results in the "Previous laboratory results" section of the CDC 50.34 Specimen Submission Form. For submissions of sequence data (e.g data_sequence specimen type) the specimen identifier should be the PNUSA number. |
| Supplemental Form | None |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Isolates, Sequence Data |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store isolates at room temperature (15-25°C). Isolates held for more than a month should be frozen (-20°C or lower). |
| Transport Medium | If isolates are shipped at room temperature, inoculate on nutrient agar or other similar non-selective agar (trypicase soy agar, heart infusion agar, etc.); if isolates are shipped frozen, suspend bacterial growth in trypicase soy broth (TSB) supplemented with 20% glycerol. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

Shipping Instructions which Include CDC does not accept routine shipments on weekends or holidays. Please make Specimen Handling Requirements sure packages arrive Monday – Friday. Ship slants at room temperature with room-temperature cold packs. Ship glycerol stocks frozen with dry ice. There are no time constraints for submitting sequence data.

> Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 08 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number]

All samples must be shipped in accordance with all applicable local, state and federal regulations.

| Methodology | Phenotypic or genetic identification and subtyping including serotyping. |
|-----------------------------|--|
| Turnaround Time | |
| Interferences & Limitations | <i>Vibrio vulnificus</i> isolates that are kept at refrigeration temperatures (2-8 °C) may lose viability. |
| Additional Information | Refer to study protocol for specific requirements. |
| CDC Points of Contact | Christine Lee (404) 498-2295 pfx6@cdc.gov Monica Im (404) 718-1446 ixi9@cdc.gov |

Version 2.3

Test Order Waterborne Parasite Special Study CDC-10527

| Synonym(s) | None |
|--|--|
| CDC Pre-Approval Needed | Hunter Seabolt (404) 718-4163 ngr8@cdc.gov Mia Mattioli (404) 718-5643 kuk9@cdc.gov |
| Supplemental Information Required | None |
| Supplemental Form | None |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | To be determined |
| Minimum Volume Required | To be determined |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | To be determined |
| Transport Medium | To be determined |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | Ship fixed/preserved specimens at room temperature. Ship unpreserved specimens on wet ice (cold pack) if stored refrigerated or frozen (on dry ice) if stored frozen. |
| | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 53 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | To be determined |
| Turnaround Time | 3 Weeks |
| Interferences & Limitations | None |

CDC Points of Contact Hunter Seabolt (404) 718-4163 ngr8@cdc.gov Mia Mattioli (404) 718-5643 kuk9@cdc.gov

Test Order Yersinia (non-Y. pestis) and Other Enterobacterales Special Study CDC-10555

| Synonym(s) | None |
|--|---|
| CDC Pre-Approval Needed | Christine Lee (404) 498-2295 pfx6@cdc.gov Monica Im (404) 718-1446 ixi9@cdc.gov |
| Supplemental Information Required | Complete one CDC 50.34 Specimen Submission Form per specimen and provide the following specimen information: "Specimen source (type)" and "Transport medium/Specimen preservative." Provide any preliminary results in the "Previous laboratory results" section of the CDC 50.34 Specimen Submission Form. For submissions of sequence data (e.g data_sequence specimen type) the specimen identifier should be the PNUSA number. |
| Supplemental Form | None |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Isolates, Sequence Data |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store isolates at refrigerated (2-8°C) to room temperature (15-25 °C). Isolates held for more than a month should be frozen (-20°C or lower). |
| Transport Medium | If isolates are shipped at room temperature or refrigerated, inoculate on nutrient agar or other similar non-selective agar (trypticase soy agar, heart infusion agar, etc.); if isolates are shipped frozen, suspend bacterial growth in trypticase soy broth (TSB) supplemented with 20% glycerol. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship slants refrigerated with refrigerated or frozen cold packs or room temperature with room-temperature cold packs. Ship glycerol stocks frozen with dry ice. There are no time constraints for submitting sequence data. |
|--|
| Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 16 1600 Clifton Road. NE |

1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number]

All samples must be shipped in accordance with all applicable local, state and federal regulations.

| Methodology | Yersinia serotyping and biotyping, Phenotypic or Genetic Subtyping |
|-----------------------------|--|
| Turnaround Time | 10 Weeks |
| Interferences & Limitations | Repeat freeze/thaw cycles can lower test sensitivity. |
| Additional Information | Turnaround times for special study isolates may be extended during major foodborne outbreak activities or due to limited availability of resources. |
| CDC Points of Contact | Christine Lee (404) 498-2295 pfx6@cdc.gov Monica Im (404) 718-1446 ixi9@cdc.gov |

| Yersinia (non-Y. | Test Order <i>pestis</i>) and Other <i>Enterobacterales</i> Subtyping CDC-10124 |
|--|---|
| Synonym(s) | Budviciaceae, Enterobacteriaceae, Erwiniaceae, Hafniaceae, Morganellaceae, Pectobacteriaceae, Yersiniaceae, Budvicia, Buttiauxella, Citrobacter, Cronobacter, Enterobacter, Erwinia, Hafnia, Klebsiella, Kluyvera, Morganella, Pantoea, Proteus, Providencia, Rahnella, Raoultella, Serratia, Yersinia, Yokenella |
| CDC Pre-Approval Needed | Christine Lee (404) 498-2295 pfx6@cdc.gov Monica Im (404) 718-1446 ixi9@cdc.gov |
| Supplemental Information Required | Complete one CDC 50.34 Specimen Submission Form per specimen and provide the following specimen information: "Specimen source (type)" and "Transport medium/Specimen preservative." Provide any preliminary results in the "Previous laboratory results" section of the CDC 50.34 Specimen Submission Form. For submissions of sequence data (e.g data_sequence specimen type) the specimen identifier should be the PNUSA number. Specify type of subtyping requested in 'Previous Laboratory Results' on back of CDC 50.34 Specimen Submission Form. Epidemiologic metadata and PulseNet cluster code are requested if available. |
| Supplemental Form | None |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Pure culture isolates of <i>Yersinia</i> (non- <i>Y. pestis</i>) and <i>Enterobacterales</i> ; Sequence Data |
| Minimum Volume Required | Not Applicable |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Store isolates at refrigerated (2-8°C) to room temperature (15-25°C). Isolates held for more than a month should be frozen (-20°C or lower). |
| Transport Medium | If isolates are shipped at room temperature (15-25°C) or refrigerated (2-8°C), inoculate on nutrient agar or other similar non-selective agar (trypticase soy agar, heart infusion agar, etc.). If isolates are shipped frozen (-20°C or lower), suspend bacterial growth in trypticase soy broth (TSB) supplemented with 20% glycerol. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

Shipping Instructions which Include CDC does not accept routine shipments on weekends or holidays. Please make Specimen Handling Requirements sure packages arrive Monday – Friday. Ship slants refrigerated with refrigerated or frozen cold packs or room temperature with room-temperature cold packs. Ship glycerol stocks frozen with dry ice. There are no time constraints for submitting sequence data.

> Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention RDSB/STATT Unit 16 1600 Clifton Road, NE Atlanta, GA 30329 [Insert CDC Point of Contact's Telephone Number]

All samples must be shipped in accordance with all applicable local, state and federal regulations.

| Methodology | Phenotypic or Genetic Subtyping, including Yersinia serotyping and biotyping |
|-----------------------------|---|
| Turnaround Time | 10 Weeks |
| Interferences & Limitations | Repeat freeze/thaw cycles can lower test sensitivity. |
| Additional Information | Turnaround times for routine isolates may be extended during major foodborne outbreak activities or due to limited availability of resources. |
| CDC Points of Contact | Christine Lee (404) 498-2295 pfx6@cdc.gov Monica Im (404) 718-1446 ixi9@cdc.gov |

Version 2.4

Test Order Yersinia pestis Culture and Identification CDC-10418

| Synonym(s) | Plague |
|-------------------------|--|
| CDC Pre-Approval Needed | Jeannine Petersen (970) 266-3524 nzp0@cdc.gov Elizabeth Dietrich (970) 494-6618 wul2@cdc.gov |
| •• | A CDC 50.34 Specimen Submission Form or Global File Accessioning Template (GFAT) is required. Specimen ID on submission form must match specimen label.For transfer of a select agent, a completed Request to Transfer Select Agents and Toxins (APHIS/CDC FORM 2) is required. |
| Supplemental Form | For transfer of a select agent: Request to Transfer Select Agents and Toxins (APHIS/CDC FORM 2) <u>https://www.selectagents.gov/forms.html</u> |

| Performed on Specimens From | Human |
|--|---|
| Acceptable Sample / Specimen Type for Testing | Bacterial isolates |
| Minimum Volume Required | Contact the CDC POC for appropriate guidance/relevant information. |
| - | Isolates can be refrigerated (2-8°C) or kept at room temperature (15-25°C). Isolates should be maintained to ensure viability. |
| Transport Medium | Isolates should be transported on TSA or blood agar slants. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship refrigerated specimens with refrigerated or frozen cold packs. Ship room temperature specimens with room- temperature cold packs. |
|---|--|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention Bacterial Diagnostic and Reference Laboratory 3156 Rampart Rd Fort Collins, CO 80521 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. Upon shipment, submitter should send an email to the CDC POC providing shipping company, shipped date and package tracking number. |

| Methodology | Phenotypic and genotypic methods |
|-----------------------------|---|
| Turnaround Time | 3 Weeks |
| Interferences & Limitations | No significant interferences or limitations are currently known. |
| Additional Information | None |
| CDC Points of Contact | Jeannine Petersen (970) 266-3524 nzp0@cdc.gov Elizabeth Dietrich (970) 494-6618 wul2@cdc.gov |

Version 0.0

Test Order Yersinia pestis Serology CDC-10419

| Synonym(s) | Plague |
|--|--|
| CDC Pre-Approval Needed | Jeannine Petersen (970) 266-3524 nzp0@cdc.gov Elizabeth Dietrich (970) 494-6618 wul2@cdc.gov |
| Supplemental Information Required | Required information on the CDC 50.34 Specimen Submission Form: • Test order name (one per submission form) • Patient full name, sex, birth date • Date of onset (of symptoms) • Specimen collected date • Specimen source (type) • Submitting agency address, contact name, phone number and email address for each submitter • Brief clinical summary (if available) |
| Supplemental Form | None |
| Performed on Specimens From | Human |
| Acceptable Sample / Specimen Type for Testing | Serum |
| Minimum Volume Required | 0.5 mL (serum) |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Separate and aliquot serum prior to storage and transport. Specimens may be held at refrigerated temperature (2-8°C) for up to 4 days post- collection. Specimens may be held frozen (-20°C or lower) for up to 45 days post- collection or may be held frozen (-70°C or lower) for up to 9 months post- collection. Specimens must not exceed 2 freeze/thaw cycles. |
| Transport Medium | Not Applicable |
| Specimen Labeling | Test subject to CLIA regulations and requires two primary patient identifiers (e.g., patient first and last name, date of birth, unique patient identifier from time of collection, such as medical record number) on the specimen container and on the test requisition. |

| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday – Friday. Ship refrigerated specimens with refrigerated or frozen cold packs and frozen specimens on dry ice. |
|---|---|
| | Ship To: [Insert CDC Point of Contact] Centers for Disease Control and Prevention Bacterial Diagnostic and Reference Laboratory 3156 Rampart Rd Fort Collins, CO 80521 [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and |

| Methodology | Passive Hemagglutination, Passive Hemagglutination Inhibition |
|-----------------------------|--|
| Turnaround Time | 2 Weeks |
| Interferences & Limitations | Samples with hemolysis, increased lipemia or microbial growth may interfere with test results. |
| Additional Information | None |

federal regulations.

| Additional Information | None |
|------------------------|---|
| CDC Points of Contact | Jeannine Petersen (970) 266-3524 nzp0@cdc.gov Elizabeth Dietrich (970) 494-6618 wul2@cdc.gov |
| | |

Version 0.0

Test Order Yersinia pestis Special Study CDC-10420

| Synonym(s) | |
|--|---|
| CDC Pre-Approval Needed | Jeannine Petersen (970) 266-3524 nzp0@cdc.gov Elizabeth Dietrich (970) 494-6618 wul2@cdc.gov |
| Supplemental Information Required | A CDC 50.34 Specimen Submission Form or Global File Accessioning Template (GFAT) is required. Specimen ID on submission form must match specimen label. |
| Supplemental Form | None |
| Performed on Specimens From | Human, Animal and Food/Environmental/Medical Devices/Biologics |
| Acceptable Sample / Specimen Type for Testing | Contact the CDC POC for appropriate guidance/relevant information. |
| Minimum Volume Required | Contact the CDC POC for appropriate guidance/relevant information. |
| Collection, Storage, and Preservation of Specimen Prior to Shipping | Contact the CDC POC for appropriate guidance/relevant information. |
| Transport Medium | Contact the CDC POC for appropriate guidance/relevant information. |
| Specimen Labeling | Research or surveillance specimens may be labeled according to protocol. Labels should not include personally identifiable information. The results reported should NOT be used for diagnosis, treatment, assessment of health or management of the individual patient. |
| Shipping Instructions which Include Specimen Handling Requirements | CDC does not accept routine shipments on weekends or holidays. Please make sure packages arrive Monday - Friday. |
| | Ship to: |
| | [Insert CDC Point of Contact] |
| | Centers for Disease Control and Prevention Bacterial Diagnostic and Reference Laboratory |
| | 3156 Rampart Road |
| | Fort Collins, CO 80521 |
| | [Insert CDC Point of Contact's Telephone Number] |
| | All samples must be shipped in accordance with all applicable local, state and federal regulations. |
| Methodology | Contact the CDC POC for appropriate guidance/relevant information. |
| Turnaround Time | |
| Interferences & Limitations | Contact the CDC POC for appropriate guidance/relevant information. |
| Additional Information | Contact the CDC POC for appropriate guidance/relevant information. |

CDC Points of Contact Jeannine Petersen (970) 266-3524 nzp0@cdc.gov Elizabeth Dietrich (970) 494-6618 wul2@cdc.gov

Version 0.0