Virology

1. Universal transport media (liquid) recommended. No microbiology gel for viral cultures.
2. Flocked swabs (mini-tipped for NP swab) recommended. No foam swabs for viral cultures.
3. Culturette recommended for PCR detection from mucosal surfaces.
4. Reflex tests * instructions can be found on back. Additional charges will be incurred for reflex testing.

** Viral Quant Panel, Eye Fluid (CMV, HSV, VZV)

VIRAL CULTURES
- Viral Culture (Complete ID, respiratory, enteric, herpes group)
- Herpes Group Culture (HSV12, CMV, VZV)
- Tissue - Immune compromised pt (Viral Culture & CMV Rapid Assay)
- Identification of Outside Isolate

VIRAL RAPID ASSAYS (*shell vials*)
- Adenovirus (includes viral culture)
- CMV (includes herpes group culture)

HIV
- HIV Screen* (HIV1 Ag, HIV1/2 Ab) (with confirmation of reactivity) HIVAGAB
- HIV-1 RNA Quantitation HRTABB
- HIV-1 Genotypic Resistance (Call 206 685-8037) HIVGRA
  Provide HIV Copy #_________ Date Done_________ (should be < 2 mos)
- HIV-1 Integrate Resistance (Call 206 685-8037) HIVINTA
- HIV-2 DNA/RNA, Quantitative H2VQNT
- HIV-2 DNA/RNA, Qualitative H2VQNA

HERPES GROUP
- HSV 1 & 2 Antibody by Western blot HSVWB
- HIV SenconversionPanel (paired sera) H2VQNT
- CMV Immune Status CMVYS
- EBV Antibody Panel EBVIEA
- VancoZoster Immune Status VZST
- VancoZosterTiter (paired sera) VZST

MISCELLANEOUS
- MEASLES IMMUNE STATUS RBIS
- Mumps Immune Status MOPS
- QUARANTERON TB QFTB
- RUBELLA IMMUNE STATUS RUBS
CMS MEDICAL NECESSITY INFORMATION

It is our policy to provide health care providers with the ability to order only those lab tests medically necessary for the individual patient and to ensure that the convenience of ordering standard panels and custom profiles does not impact this ability. While we recognize the value of this convenience, indiscriminate use of panels and profiles can lead to ordering tests that are not medically necessary. Therefore, all tests offered in our panels and profiles can be ordered individually as well. If a component test is not listed individually on the request form, it may be written in the “OTHER REQUESTS” box. We encourage you to order individual tests or a less inclusive profile when not all of the tests included in the panel or profile are medically necessary for the individual patient.

Medicare Billing Information

Medicare billing policy prevents us from submitting a Medicare claim for laboratory testing referred to us on hospital inpatients or hospital outpatients. For these samples, we will bill the sending location.

*Reflexive Test Descriptions

CMV with Drug Resistance Testing (UL97 Gene)
   Sample will be tested for CMV. If the CMV, Quant. is positive by PCR, a UL97 resistance is performed. This test can also be ordered without reflexive testing (CMVQN).

HHV6 PCR Quant w/reflex to HHV6 Chromosome Integration
   If the HH6 Quant is positive by PCR, HHV6 Chromosome Integration is performed. This test can also be ordered without reflexive testing (HH6QN).

HIV Screen with Reflexive Confirmation testing
   Reactive HIV Screens (HIV1Ag, HIV-1 and 2 Ab) are confirmed in accordance with the CDC recommended 4th generation algorithm. Possible confirmatory assays include the Geenius HIV-1 and 2 Antibody Supplemental assay, HIV-1 RNA and HIV-2 RNA.

Hepatitis C Antibody
   If Hepatitis C antibody is positive, Hepatitis C RNA by PCR is performed. This test can also be ordered without reflexive testing (HCABX).

Hepatitis B Surface Antigen
   If Hepatitis B surface antigen is positive, Hepatitis B DNA Quantitation is performed. This test can also be ordered without reflexive testing (HBSAGX).