| | | L | ouisian | a Oi | ffice of Public H | lealth Laboratories | | | |
|---------------------------------|---|------|---------|----------------|---|---|--|--|--|
| Test Name | Trioplex Real Time rt-PCR | | | | | | | | |
| PHL Location | Office of Public Health Laboratory Baton Rouge | | | | | | | | |
| CPT Code | 87798 x 3 | | | | | | | | |
| Synonyms | Zika, Chik, Dengue | | | | | | | | |
| Brief Description of Test | Prior authorization required. Contact Infectious Disease Epidemiology at 800-256-2748. The Trioplex Real-Time RT-PCR assay is used on the ABI 7500 Fast Dx Real-Time PCR Instrument. This assay tests for the presence of Zika, Chikungunya and Dengue virus. | | | | | | | | |
| | Trioplex rRT-PCR Interpretation and Reporting Instructions for Whole Blood, Serum and CSF Specimens | | | | | | | | |
| Possible Results | - | DENV | - | RP + | Interpretation | Reporting No Zika, dengue, or chikungunya RNA detected by rRT-PCR | Actions Report results to CDC. No further testing required. Note: If date of onset of symptoms is in doubt or if patient is asymptomatic, serological testing may be recommended. D for a CDD to identify the testing t | | |
| | - | - | - | - | Inconclusive | Specimen inconclusive for the presence of Zika, dengue, and chikungunya RNA by rRT- PCR. An inconclusive result may occur in the case of an | Refer to CDC algorithm.* Repeat extraction and rRT-PCR. If unable to resolve inconclusive result for a serum specimen, request collection of additional serum from the patient. | | |
| | | + | - | +/- | Positive for DENV, but negative for ZIKV and CHIKV. | inadequate specimen. Dengue RNA detected by rRT- PCR. No Zika or chikungunya RNA detected. | Report inconclusive results to CDC. | | |
| | | - | + | +/- | Positive for CHIKV, but negative for ZIKV and DENV. | Chikungunya RNA detected by rRT-PCR. No dengue or Zika RNA detected. | | | |
| | + | - | - | +/- | Positive for ZIKV, but negative for DENV and CHIKV. | gative for DENV No dengue or chikungunya Report results to RNA detected. Forward specimen | | | |
| | - | + | + | +/- | Positive for DENV and CHIKV, but negative for ZIKV. | Dengue and chikungunya RNA detected by rRT-PCR. No Zika RNA detected. | Refer to CDC algorithm.* | | |
| | + | + | - | +/- | Positive for ZIKV and DENV, but negative for CHIKV | Zika and dengue RNA detected by rRT-PCR. No chikungunya RNA detected. | | | |
| | + | - | + | +/- | Positive for ZIKV and CHIKV, but negative for DENV | Zika and chikungunya RNA detected by rRT-PCR. No dengue RNA detected. | | | |
| | + | + | + | +/- | Positive for ZIKV, DENV, and CHIKV | Zika, dengue, and chikungunya RNA detected by rRT-PCR. | | | |
| | | | | | | | | | |

| | ZIKV | RP | Interpretation | Reporting | Actions | | | | |
|---|---|---|---|---|---|--|--|--|--|
| | | + | Negative | No Zika RNA detected by rRT- PCR. | Report results to CDC. Refer to CDC algorithm.* | | | | |
| | - | - | Inconclusive | Specimen inconclusive for the presence of Zika RNA by rRT- PCR. An inconclusive result may occur in the case of an inadequate specimen. | Repeat extraction and rRT-PCR. If repeat testing does not resolve inconclusive result, do not test further. Report results to CDC. | | | | |
| | + | +/- | Positive | Zika RNA detected by rRT- PCR | Report results to CDC. Forward specimen to CDC. Refer to CDC algorithm.* | | | | |
| ference Range N | Negative | | | | | | | | |
| pecimen Type | For Zika, chikungunya and dengue testing: Serum (collected in a serum separator tube) Whole blood (EDTA) Cerebrosipinal fluid (CSF) For Zika testing only: Urine Amniotic fluid NOTE: Serum is the preferred diagnostic specimen. Whole blood (EDTA), CSF, urine and amniotic fluid may only be tested alongside a patient-matched serum specimen. | | | | | | | | |
| Spacing | Blood Serum Collection Tube, EDTA tube and/or Screw-cap aliquot tube | | | | | | | | |
| Specimen Container(s): | | | | EDTA tube and/or Screw-cap | aliquot tube | | | | |
| Container(s): Minimum volume | Request 600 μL | | | 2D1A tube and/or Screw-cap | aliquot tube | | | | |
| Container(s): Minimum volume accepted: | Request 800 μL | minim | um | eparator Tubes (SST), EDTA | - | | | | |
| Container(s): Minimum volume accepted: S | Request 300 µL Specime Label sp | minim en Con pecime | um tainer – Serum Se n with Patient Na | | tube or Screw Cap Aliquot | | | | |
| Container(s): Minimum volume accepted: S L n Collection Instructions | Request 300 µL Specime Label sp nedical Comple horoug | minim en Con pecime record te a La hly con te of c | um tainer – Serum Se n with Patient Na number. DOB is b Form 96 to acco npleted with patie ollection, time of | eparator Tubes (SST), EDTA me and a 2 nd unique identifier not considered unique. ompany each sample. Lab sul ent's first and last name, 2 nd pa | tube or Screw Cap Aliquot | | | | |
| Container(s):HMinimum volume accepted:R33Collection InstructionsC | Request 300 µL : Specime Label sp nedical Comple horough birth, da | minim en Con pecime record te a La hly con te of c numbe | um tainer – Serum Se n with Patient Na number. DOB is b Form 96 to acco npleted with patie ollection, time of r. | eparator Tubes (SST), EDTA me and a 2 nd unique identifier not considered unique. ompany each sample. Lab sul ent's first and last name, 2 nd pa | tube or Screw Cap Aliquot such as a chart number or bmission form must be atient identifier, gender, date of submitter's name, address, and | | | | |
| Container(s): Here Minimum R volume 3 accepted: S L N Collection H Instructions C T T | Request 300 µL Specime Label sp nedical Comple horough birth, da contact The sam | minim en Con becime record te a La hly con tte of c numbe ne two rt spec | um tainer – Serum Se n with Patient Na number. DOB is b Form 96 to acco npleted with patie ollection, time of r. unique identifiers | eparator Tubes (SST), EDTA me and a 2 nd unique identifier not considered unique. ompany each sample. Lab sul ent's first and last name, 2 nd pa collection, test requested, and | tube or Screw Cap Aliquot • such as a chart number or bmission form must be atient identifier, gender, date of l submitter's name, address, and | | | | |

| Causes for Rejection | Unspun Short Draw/Overfill Received outside acceptable transport conditions Incorrect source Expired collection tubes Whole blood (EDTA), CSF, urine and amniotic fluid received without a patient-matched serum specimen | | | | | | |
|---|---|--|--|--|--|--|--|
| Limitations of the Procedure | This assay was approved via an Emergency Use Authorization. This assay is very dependent on the timing of specimen collection. Specimens collected within 7 days of illness onset will yield the best results. | | | | | | |
| Interfering Substances | N/A | | | | | | |
| References | Package Insert: CDC Trioplex Real Time RT-PCR Assay Trioplex FDA Letter of Authorization – March 17, 2016 | | | | | | |
| Additional Information | Fact Sheets for Providers can be located at: <u>http://www.fda.gov/downloads/MedicalDevices/Safety/EmergencySituations/UCM491588.pdf</u> Fact Sheets for Patients can be located at: <u>http://www.fda.gov/downloads/MedicalDevices/Safety/EmergencySituations/UCM491590.pdf</u> Fact Sheets for Pregnant Women can be located at: <u>http://www.fda.gov/downloads/MedicalDevices/Safety/EmergencySituations/UCM491591.pdf</u> | | | | | | |
| Release Date | 06/09/2018 | | | | | | |
| Warning: If you have printed a copy of this information please be advised that the Louisiana Office of Public Health Laboratories website and methods are updated on a regular basis. Please check the on-line version of this document to ensure you are relying on the most recent release. | | | | | | | |

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