Louisiana Office of Public Health Laboratories	
Test Name	CIDT Enteric Pathogen Confirmation
PHL Location	Office of Public Health Laboratory Baton Rouge
CPT Code	87045, 87081, 87077, 87046, 87449, 87147x15,
Synonyms	Culture Independent Diagnostic Test Result Confirmation for Enteric Stool Pathogens
Brief Description of Test	Confirmatory test for the identification and serotyping of an isolate obtained from a stool specimen from which an enteric pathogen has been detected by a Culture Independent Diagnostic Test (CIDT)
Possible Results	Escherichia coli 0157:H7, Escherichia coli 0157: non-motile, Escherichia coli non 0157, Salmonella spp., Vibrio spp., Shigella spp., Campylobacter spp., Yersinia spp., Plesiomonas shigelloides Note: Isolates confirmed by culture methods may be reflexed to conventional PCR for molecular characterization.
Reference Range	N/A
Specimen Type	 Stool transported in Cary-Blair transport media: Do not fill commercial Cary-Blair transport vials above indicator line. Overfilling of transport vials results in improper specimen preservation. Cary-Blair/stool aliquot in a sterile vial: minimum volume 3mL
Specimen Container(s):	Sterile screw cap container or Cary-Blair transport media
Minimum volume accepted:	N/A
Collection Instructions	N/A
Storage and Transport Instructions	Specimens should be transported at 20-25°C if received by the laboratory \leq 24 hours post-collection or 2-8°C if received \leq 48 hours post-collection.
Causes for Rejection	 Leaking or broken container. The Lab form 93 is missing required information. No Lab form 93 received with specimen. Mislabeled or unlabeled specimen Specimens received greater than 24 hours post-collection at 20-25°C or greater than 48 hours post-collection at 2-8°C. Cary-Blair/stool aliquot specimens received in a sterile vial with a volume ≤3 mL. Specimens received in overfilled Cary-Blair transport vials.

Limitations of the Procedure	A viable isolate must be present in the stool specimen upon receipt.
Interfering Substances	N/A
References	Manual of Clinical Microbiology 11 th Edition
Additional Information	Use Lab Form 93 and supply the following information: Patient's first and last name Second Unique Identifier Gender Date of birth Date specimen was collected Source of specimen Test requested Submitter's name, address, telephone number, fax number and contact person Pathogen indicated
Release Date	4/2018

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.

LO.FM.GEN.043 V2 3/8/2016