

Louisiana Office of Public Health Laboratories	
Test Name	Confirmation or Further Identification of a Pure Isolate of <i>Neisseria meningitidis</i>
PHL Location	Office of Public Health Laboratory Baton Rouge
CPT Code	87077, 87147 x 10
Synonyms	Meningitis
Brief Description of Test	Confirmatory test for <i>Neisseria meningitidis</i> and the determination of the serotype (A,B, C, X, Y, Z, Z' and W135) for epidemiological purposes to track outbreaks.
Possible Results	<i>Neisseria meningitidis</i> confirmation and serotype is the final result for the specimen. <i>Note: Isolates confirmed by culture methods are reflexed to conventional PCR for molecular characterization.</i>
Reference Range	N/A
Specimen Type	Pure viable isolate of <i>Neisseria meningitidis</i> from sterile sites only. Prior authorization from the OPH Infectious Disease Epidemiology Program is required for <i>Neisseria meningitidis</i> isolated from non-sterile body site to be accepted for testing.
Specimen Container(s):	Agar slant in screw cap tube that will support growth of the organism. Specimens must be labeled with two patient identifiers which match the identifiers on the lab submission form. Chocolate agar slant preferred agar.
Minimum volume accepted:	N/A
Collection Instructions	N/A
Storage and Transport Instructions	Specimen should be maintained at ambient temperatures or refrigerated temperatures (2°C to 37°C) to protect viability. Do not freeze or ship frozen. The specimen should be received in the State Lab as soon as possible after the original collection date to allow for prompt epidemiological investigation.
Causes for Rejection	<ul style="list-style-type: none"> • Leaking or broken container. • The Lab form 93 is missing required information. • No Lab form 93 received with specimen. • Mislabeled or Unlabeled specimen • Specimen temperature unacceptable upon receipt

Limitations of the Procedure	Culture submitted must be pure and viable.
Interfering Substances	N/A
References	Manual of Clinical Microbiology 10 th Edition
Additional Information	<p>Use Lab Form 93 and supply the following information:</p> <ul style="list-style-type: none"> • 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
Release Date	4/2018
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