Florida HEALTH
Bureau of Public Health Laboratories

Test Menu

TOPIC	DESCRIPTION
Test Name	CNS Panel: CSF (Arbovirus IgM ELISA, HSV Type 1/2 PCR & Enterovirus PCR)
Other Name (s)	EIA, real-time PCR, RT-PCR, real-time RT-PCR, nucleic acid amplification testing (NAAT)
Analyte(s)	eastern equine encephalitis (EEE), St. Louis encephalitis (SLE), West Nile (WN), herpes (HSV) type 1/2, and enterovirus (EV)
Test Code	1508, 1506, 1502, 1810, 0840
Lab location	Jacksonville and Tampa locations
Department	Virology
Prior Authorization	Requires prior approval from Regional Epidemiology and notification to the testing lab. Contact local County Health Department to start the process for approval.
Required Forms	Test Requisition Form, DH1847. Medical History needed (i.e., onset date, collection date, travel history, symptoms, and mosquito bite history).
Specimen Sources	CSF
Supplemental Information- Special Specimen Preparation	N/A
Minimum Volume	1-2mL
Storage Conditions	Refrigerate at 2-8°C or frozen at ≤-20°C
Collection Media	Sterile, labeled container
Specimen Labeling	-Specimen must be labeled with at least two unique patient identifiers, Ex: Name and DOB. -The collection date and time if submitting multiple specimens. **-Information on the specimen must match the requisition.**
Packaging and Shipping Instructions and Handling	Specimens must be shipped between (2-8°C) or frozen (≤-20°C) on dry ice. Separate multiple specimens into different bags (preferred).
Test Methodology	Real-time reverse-transcription polymerase chain reaction (RT-PCR) assay or serology (i.e., ELISA)
Turnaround Time	7 - 21 days
Result Indicator	Positive or negative or equivocal and no virus isolated/ detected, or name of virus isolated/detected.
Unsatisfactory Specimen	Insufficient volume. Not maintained at the appropriate temperature. Unlabeled or mislabeled specimens, insufficient quantity for testing, incorrect collection tube/transport media, grossly contaminated specimen, disparity between ID on sample and paperwork, improper collection, storage or transport of specimen, no test requested, test requested is not performed. If required, the absence of patient history. If required, the lack of patient history that is compatible with test requested. Test order cancelled by provider, broken, or leaked in transit, etc.
Interferences and Limitations	PCR Inhibitors
Additional Information & Notes	Date of onset, mosquito exposure, clinical symptoms, and recent travel history is **required.** The testing lab decides on the test to perform upon review of patient history.
Reference Range	Positive or negative or equivocal and no virus isolated/ detected, or name of virus isolated/detected.
Reference Lab	CDC if needed
Reflex testing	None

Note: If this analysis is selected, regardless of the test code entered, the laboratorian will determine which analytes to run based on the current algorithm and the given patient's information.