

Test Menu

TOPIC	DESCRIPTION
Test Name	Enterovirus (EV), Sequencing
Other Name (s)	Coxsackie A virus, Coxsackie B virus, Echovirus, Poliovirus
Analyte(s)	enteroviruses (EV)
Test Code	1806
Lab location	Tampa location
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 and symptoms).
Specimen Sources	Acute Feces; CSF; pericardial fluid; Nasal, throat or bronchial washing; rectal swab or throat swab.
Supplemental Information- Special Specimen Preparation	N/A
Minimum Volume	140 µL (0.14 mL)
Storage Conditions	Refrigerate specimens at 2-8°C or frozen at ≤-20°C.
Collection Media	Dacron swab in viral transport media (VTM). Stool in sterile container, no preservatives.
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	Sanger Sequencing
Turnaround Time	7 - 30 days
Result Indicator	Name of virus detected, or no virus detected
Unsatisfactory Specimen	Swabs with calcium alginate or cotton tips or with wooden shafts. Insufficient volume. Not maintained at the appropriate temperature.
Interferences and Limitations	PCR Inhibitors.
Additional Information & Notes	Intended for public health purposes only and therefore should not be used for the diagnosis, treatment, or assessment of patient health or management
Reference Range	N/A
Reference Lab	CDC if needed
Reflex testing	None