

eau of Public th Laboratories	Test Menu
ТОРІС	DESCRIPTION
Test Name	Human adenovirus (HAdV) Typing, PCR
Other Name (s)	Real-time PCR, nucleic acid amplification testing (NAAT).
Analyte(s)	human adenovirus (HAdV) types 3, 4, 7, 11, 14, 16, and 21
Test Code	9071-9077
Lab location	Jacksonville and Tampa locations
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	Upper or lower respiratory swabs; nasal aspirate/wash; bronchoalveolar lavage; tracheal aspirate; sputum; autopsy samples
Supplemental Information- Special Specimen Preparation	N/A
Minimum Volume	1mL
Storage Conditions	Refridgerate between 2-8°C or frozen at ≤-20°C.
Collection Media	Dacron swab in viral transport media (VTM) or universal transport media (UTM) Sterile 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 polymerase chain reaction (PCR) assay
Turnaround Time	Variable, for surveillance purposes
Result Indicator	Name of virus detected, or no virus detected
Unsatisfactory Specimen	Swabs with calcium alginate or cotton tips or with wooden shafts. 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	N/A
Additional Information & Notes	N/A
Reference Range	N/A
Reference Lab	CDC if needed
Reflex testing	None