

Laboratories	Test Menu
ΤΟΡΙϹ	DESCRIPTION
Test Name	Arbovirus Plaque Reduction Neutralization Test (PRNT)
Other Name (s)	Arbovirus SN
Analyte(s)	eastern equine encephalitis (EEE), St. Louis encephalitis (SLE), dengue
	(DEN), West Nile (WN), and Zika (ZIK)
Test Code	1520, 1522, 1524, 1536
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 for process of 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	Single or Paired sera*.
Supplemental Information- Special Specimen	*Paired Sera Collection:
Preparation	1. First specimen (acute) collected in red top tube 1-3 days after onset of illness. Separate serum and store refrigerated until second specimen is
	collected.
	2. Second specimen (convalescent) collected in red top tube 10-14 days
	after first specimen.
	3. Ship sera together in the most expedient manner possible.
Minimum Volume	0.5 mL
Storage Conditions	Refrigerate specimens at 2-8°C or frozen at ≤-20°C
Collection Media	Vacutainer (red stopper) or serum-separator tube (tiger/red - topped tube)
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	PRNT
Turnaround Time	7 - 21 days
Result Indicator	Titer and interpretation or negative
Unsatisfactory Specimen	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	None
Additional Information & Notes	Date of onset, mosquito exposure, clinical symptoms, and recent travel
	history is required.
Reference Range	N/A
Reference Lab	CDC if needed
Reflex testing	None
	Hone

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 patient's medical history.