Ventura County Public Health Laboratory

Test Catalog

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Website: http://www.vchca.org/public-health/laboratory
Hours: Monday-Friday 8:00 am-5:00pm
Accreditations:
CLIA# 05D0668137
State of California# 1565
Medicare Provider#
ELAP# 1910
CAP Proficiency#2349401-01
WSLH# 05D0668137

VENTURA COUNTY
PUBLIC HEALTH
A Department of Ventura County Health Care Agency

Table of Contents

1. Specimen Submission Instructions

a. Identification/Labeling
    i. Label specimen container with:
        1. Patient first and last name
        2. Date and time of collection

b. Test Requisition
    i. Required information is as follows:
        1. Patient first and last name (verify that it matches the label on specimen container)
        2. Date of birth
        3. Sex
        4. Collection date and time
        5. Ordering physician and location
        6. Source of specimen

c. Reference Cultures
    i. Please indicate test requested and organism suspected on test requisition.
    ii. Send an actively growing pure culture on solid test-tube media or broth.
    iii. For malaria identification, please place slide in protective slide holder and include pertinent information related to clinical history, travel history, insect bites, etc.
    iv. Ensure that isolates or broth are packaged and transported in compliance with Division 6.2 Infectious Substance Shipping Guide requirements.

d. Transport
    i. Ensure the integrity of specimens before transport such as:
    ii. Specific storage and transport requirements are provided for each test in this catalog.
    iii. Review specimens should be placed in a biohazard zip lock bag and a completed requisition is placed in the outside pocket of the biohazard bag.
    iv. When needed, ensure that the specimens are packaged and transported in compliance with Division 6.2 Infectious Substance Shipping Guide requirements.

e. Quality Assurance
    i. To assure quality testing and meet federal and state regulations, the laboratory must follow unacceptable/rejection criteria for identification. When unsatisfactory specimens are received, an effort is made to contact the submitter by telephone, email, or fax in attempt to reconcile the discrepancy. Unsatisfactory criteria for specimens are as follows:
        1. The information on the label does not match the information on the test requisition
        2. The specimen has been transported at the improper temperature.

3. The specimen has not been transported in the proper medium or container.
4. The quantity of specimen is insufficient for testing.
5. The specimen is leaking.
6. Clotted or grossly hemolyzed blood.
7. The specimen transport time exceeds post collection requirements and the specimen is not preserved.
8. The specimen was received in a fixative which kills any microorganisms present.
9. The specimen is dried up.

2. Specimen Collection Supplies

The Ventura County Public Health Laboratory will provide the following supplies upon request. Call 805-981-5131 to order the following supplies:

Category	Description	Source	Testing Performed
Cellestis Vacuette Blood Collection Tube	A set of 3 (Grey top, Red top, and Purple top)	Blood	QuantiFERON-TB
Universal/Viral Transport Media	Red top transport tube	Throat, NP	Influenza PCR
			Measles PCR
			Enterovirus PCR
Modified Cary Blair	Yellow top containers	Stool	Enteric Pathogens culture
			Salmonella/Shigella culture
			E. coli STEC culture
O&P Collection Kit (LV-PVA and 10% Formalin)	Pink and Blue top containers	Stool	Ova and Parasite screen
GenProbe Aptima Urine Tube	Yellow tube	Urine	Chlamydia/Gonorrhea NAAT, Trichomonas NAAT
GenProbe Aptima Unisex Swab	Purple tube	Cervix- female, Urethra- Male, Throat, Rectal	Chlamydia/Gonorrhea NAAT, Trichomonas NAAT (cervix and urethra only)
GenProbe Aptima Vaginal Swab	Orange tube	Female vaginal canal	Trichomonas only
Urine cup	Blue lid container	Misc. ie. urine, stool, sputum, nail clippings	Measles PCR
			Zika PCR
			AFB
			Norovirus PCR
			Mycobacteriology testing
			Mycology testing

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TEST REQUISITION FORM

Patient Information	Ordering Physician (Required):
MRN#:	Facility/Hospital (Required):
DOB:	Phone #:
☐Male or ☐Female	Fax #:
Patient Name: (Last, First)	Date Collected:
Street Address:	Time Collected:
City/State/Zip:	Collected By:
Brief Clinical History:	

Specimen Source				
☐Blood, Whole	☐Vagina	☐Throat	☐Aspirate	☐Skin (specify location)
☐Serum	☐Cervix	☐Sputum	☐Body Fluid (specify type)	☐Tissue (specify location)
☐Urine	☐Stool	☐Bronchial alveolar lavage	☐Oral Fluid	☐Nails (specify location)
☐Urethra	☐Rectal Swab	☐Nasopharynx	☐CSF	☐Other (specify)

Test(s) Requested			
BACTERIOLOGY	**SEROLOGY**	**VIROLOGY**	**MYCOBACTERIOLOGY**
☐Gonorrhea, culture (CPT code 87081)	☐HIV 1/2 Antibody Screen * (CPT code 86703)	☐Influenza A/B PCR	☐Mycobacterium smear/culture (CPT code 87116/206)
☐Chlamydia/Gonorrhea, NAAT (CPT code 87491/591)	☐HIV 1/2 Confirmatory (CPT code 86701/2)	☐Enterovirus PCR	☐Mycobacterium culture identification (CPT code 87118)
☐Trichomonas, NAAT (CPT code 87661)	☐Measles IgG (CPT code 86765)	☐Norovirus PCR (pre-approved only)	☐Additional Kinyoun Stain (CPT code 87015)
☐Salmonella/Shigella, culture (CPT code 87045/158)	☐Varicella IgG (CPT code 86787)	☐Measles PCR (pre-approved only)	☐Mycobacterium DNA Probe (CPT code 87555)
☐E.coli culture/Shiga-toxin (CPT code 87046/427)	☐Syphilis VDRL Qualitative* (CPT code 86592)	☐Arbovirus PCR (pre-approved only)	☐Additional Probes (CPT code 87550)
☐Yersinia, culture (CPT code 87045)	☐Syphilis VDRL quantitative* (CPT code 86593)	**PARASITOLOGY**	☐Susceptibility Test AFB (CPT code 87190)
☐Vibrio, culture (CPT code 87045)	☐Syphilis FTA Confirmatory (CPT code 86780)	☐Ova and Parasites (CPT code 87177)	☐AFB/PZA (CPT code 87188)
☐Enteric Pathogens, culture (CPT code 87045)	☐ Syphilis TPPA Confirmatory (CPT code 86780)	☐Giardia (CPT code 87269)	**MYCOLOGY**
☐Routine, culture (CPT code 87071)	☐Syphilis Darkfield (CPT code 87164)	☐Cryptosporidium (CPT code 87272)	☐Fungal culture (CPT code 87102/101)
☐Identification, culture (CPT code 87077)	☐QuantiFERON-TB (CPT code 86480)	☐Blood Parasites (CPT code 87169)	☐Fungal identification (CPT code 87107)
☐**Miscellaneous/Referrals** Please specify	☐Zika IgM (pre-approved only)	☐Arthropod identification (CPT code 87168)	☐Yeast culture (CPT code 87106)

*This test is apart of an algorithm that include other tests.

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ELAP #1910

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TEST REQUISITION FORM- WATER QUALITY ASSESSMENT

Client Information	
Company Name (required)	
Street Address (required)	
City/State/Zip (required)	
Person to Notify (required)	
Phone# (required)	Fax# or Email
Sample Information	
Sample Name/Location	Date of Collection
	Time of Collection
Water Source	☐Drinking Water ☐Wastewater ☐Source/Ocean Water
Testing Requested	☐Presence/Absence ☐Multiple Tube Fermentation (10 tube) ☐Heterotrophic Plate Count ☐Multiple Tube Fermentation (circle one: 20 or 25 tube) ☐Quantitray 18 hour ☐Quantitray 24 hour ☐Quantitray Enterococcus
For Lab Use Only	
Date Received	
Time Received	
Temperature upon arrival	
Received By	
Condition of Sample ☐Good ☐Leaking ☐Cracked ☐Discolored ☐Sediment ☐Residue ☐Overfill ☐Other: please describe_____	
Calculated Transit Time ☐ <1 hour ☐<6 hours ☐ <24 hours ☐>24 hours	
Sample Acceptable ☐ Yes ☐No	

Effective 11/2016

Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5-2643.20, and §2800-2812 Reportable Diseases and Conditions*

§ 2500. REPORTING TO THE LOCAL HEALTH AUTHORITY.

- **§ 2500(b)** It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or condition listed below, to report to the local health officer for the juridiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides.
- **§ 2500(c)** The administrator of each health facility, clinic, or other setting where more than one health care provider may know of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local officer.
- **§ 2500(a)(14)** "Health care provider" means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

URGENCY REPORTING REQUIREMENTS [17 CCR §2500(h)(i)]

✆ ! = Report immediately by telephone (designated by a ♦ in regulations).
† = Report immediately by telephone when two or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness (designated by a ● in regulations.)
✆ = Report by telephone within one working day of identification (designated by a + in regulations).
FAX ✆ ✉ = Report by electronic transmission (including FAX), telephone, or mail within one working day of identification (designated by a + in regulations).
= All other diseases/conditions should be reported by electronic transmission (including FAX), telephone, or mail within seven calendar days of identification.

REPORTABLE COMMUNICABLE DISEASES §2500(j)(1)

FAX ✆ ✉ Amebiasis
Anaplasmosis
✆ ! Anthrax, human or animal
FAX ✆ ✉ Babesiosis
✆ ! Botulism (Infant, Foodborne, Wound, Other)
Brucellosis, animal (except infections due to *Brucella canis*)
✆ ! Brucellosis, human
FAX ✆ ✉ Campylobacteriosis
Chancroid
FAX ✆ ✉ Chickenpox (Varicella) (outbreaks, hospitalizations and deaths)
Chlamydia trachomatis infections, including lymphogranuloma venereum (LGV)
FAX ✆ ✉ Chikungunya Virus Infection
✆ ! Cholera
✆ ! Ciguatera Fish Poisoning
Coccidioidomycosis
Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)
FAX ✆ ✉ Cryptosporidiosis
Cyclosporiasis
Cysticercosis or taeniasis
✆ ! Dengue Virus Infection
✆ ! Diphtheria
✆ ! Domoic Acid Poisoning (Amnesic Shellfish Poisoning)
Ehrlichiosis
FAX ✆ ✉ Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
✆ ! *Escherichia coli*: shiga toxin producing (STEC) including *E. coli* O157
Flavivirus infection of undetermined species
† FAX ✆ ✉ Foodborne Disease
Giardiasis
Gonococcal Infections
FAX ✆ ✉ *Haemophilus influenzae*, invasive disease, all serotypes (report an incident of less than five years of age)
FAX ✆ ✉ Hantavirus Infections
✆ ! Hemolytic Uremic Syndrome
FAX ✆ ✉ Hepatitis A, acute infection
Hepatitis B (specify acute case or chronic)
Hepatitis C (specify acute case or chronic)
Hepatitis D (Delta) (specify acute case or chronic)
Hepatitis E, acute infection
Human Immunodeficiency Virus (HIV) infection, stage 3 (AIDS)
✆ Human Immunodeficiency Virus (HIV), acute infection
Influenza, deaths in laboratory-confirmed cases for age 0-64 years
✆ ! Influenza, novel strains (human)
Legionellosis
Leprosy (Hansen Disease)
Leptospirosis
FAX ✆ ✉ Listeriosis
Lyme Disease
FAX ✆ ✉ Malaria
✆ ! Measles (Rubeola)
FAX ✆ ✉ Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
✆ ! Meningococcal Infections
Mumps
✆ ! Novel Virus Infection with Pandemic Potential
✆ ! Paralytic Shellfish Poisoning
FAX ✆ ✉ Pertussis (Whooping Cough)
✆ ! Plague, human or animal
FAX ✆ ✉ Poliovirus Infection
FAX ✆ ✉ Psittacosis
FAX ✆ ✉ Q Fever
✆ ! Rabies, human or animal
FAX ✆ ✉ Relapsing Fever
Respiratory Syncytial Virus (only report a death in a patient less than less than five years of age)
Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like Illnesses
Rocky Mountain Spotted Fever
Rubella (German Measles)
Rubella Syndrome, Congenital
FAX ✆ ✉ Salmonellosis (Other than Typhoid Fever)
✆ ! Scombroid Fish Poisoning
✆ ! Shiga toxin (detected in feces)
FAX ✆ ✉ Shigellosis
✆ ! Smallpox (Variola)
FAX ✆ ✉ Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)
FAX ✆ ✉ Syphilis
Tetanus
FAX ✆ ✉ Trichinosis
FAX ✆ ✉ Tuberculosis
Tularemia, animal
✆ ! Tularemia, human
FAX ✆ ✉ Typhoid Fever, Cases and Carriers
FAX ✆ ✉ *Vibrio* Infections
✆ ! Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)
FAX ✆ ✉ West Nile Virus (WNV) Infection
✆ ! Yellow Fever
FAX ✆ ✉ Yersiniosis
✆ ! Zika Virus Infection
✆ ! OCCURRENCE of ANY UNUSUAL DISEASE
✆ ! OUTBREAKS of ANY DISEASE (Including diseases not listed in **§ 2500**). Specify if institutional and/or open community.

HIV REPORTING BY HEALTH CARE PROVIDERS §2641.30-2643.20

Human Immunodeficiency Virus (HIV) infection at all stages is reportable by traceable mail, person-to-person transfer, or electronically within seven calendar days. For complete HIV-specific reporting requirements, see Title 17, CCR, §2641.30-2643.20 and http://www.cdph.ca.gov/programs/aids/Pages/tOAHIVRptgSP.aspx

REPORTABLE NONCOMMUNICABLE DISEASES AND CONDIT IONS §2800–2812 and §2593(b)

Disorders Characterized by Lapses of Consciousness (§2800-2812)

Pesticide-related illness or injury (known or suspected cases)**

Cancer, including benign and borderline brain tumors (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the Cervix) (§2593)***

Effective

Title 17, California Code of Regulations (CCR), Section 2505
REPORTABLE CONDITIONS: NOTIFICATION BY LABORATORIES
(June 2016)

California Code of Regulations, Title 17, Section 2505 requires laboratories to report laboratory testing results suggestive of the following diseases of public health importance to the local health department:

Subsection (e)(1) List	Subsection (e)(2) List
Anthrax, animal *(B. anthracis)*	**Acid-fast bacillus (AFB)**
Anthrax, human *(B. anthracis)*	**Anaplasmosis**
Botulism	**Babesiosis**
Brucellosis, human *(all Brucella spp.)*	***Bordetella pertussis* acute infection, by culture molecular identification**
Burkholderia pseudomallei and B. mallei **(detection or isolation from a clinical specimen)**	***Borrelia burgdorferi* infection**
Influenza, novel strains (human)	**Brucellosis, animal (*Brucella spp. except Brucella canis*)**
Plague, animal	**Campylobacteriosis (*Campylobacter spp.*) (detection or isolation from a clinical specimen)**
Plague, human	**Chancroid (*Haemophilus ducreyi*)**
Smallpox (Variola)	**Chikungunya Virus Infection**
Tularemia, human (*F. tularensis*)	***Chlamydia trachomatis* infections, including lymphogranuloma venereum**
Viral hemorrhagic Fever agents, animal (VHF), (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)	**Coccidioidomycosis**
Viral Hemorrhagic Fever agents, human (VHF), (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)	**Cryptosporidiosis**
	Cyclosporiasis (Cyclospora cayetanensis)
	Dengue virus infection
	Diphtheria
	Ehrlichiosis
	Encephalitis, arboviral
	***Entamoebe histolytica* (Not *E. dispar*)**
	***Escherichia coli*: shiga toxin producing (STEC) including E. *coli* O157**
	Flavivirus infection of undetermined species
	Giardiasis (*Giardia lamblia, intestinalis, or duodenalis*)
	Gonorrhea
	***Haemophilus influenzae*, all types** (detection or isolation from a sterile site in a person less than five years of age)
	Hantavirus Infections
	Hepatitis A, acute infection
	Hepatitis B, acute or chronic infection (specify gender)
	Hepatitis C, acute or chronic infection
	Hepatitis D (Delta), acute or chronic infection
	Hepatitis E, acute infection (detection of hepatitis E virus RNA from a clinical specimen or positive serology)
	Human Immunodeficiency Virus (HIV), acute infection
	Legionellosis *(Legionella spp.) (antigen or culture)*
	Leprosy (Hansen Disease) (*Mycobacterium leprae*)
	Leptospirosis (*Leptospira spp.*)
	Listeriosis *(Listeria)*
	Malaria
	Measles (Rubeola), acute infection
	Mumps (mumps virus), acute infection
	Mycobacterium tuberculosis
	Neisseria meningitidis (sterile site isolate)
	Plague (*Yersinia pestis*), human or animal
	Poliovirus
	Psittacosis (*Chlamydophila psittaci*)
	Q Fever (*Coxiella burnetii*)
	Rabies, animal or human
	Relapsing Fever (*Borrelia spp.*) (identification of *Borrelia spp.* spirochetes on peripheral blood smear)
	***Rickettsia*, any species, acute infection (detection from a clinical specimen or positive serology)**
	Rocky Mountain Spotted Fever (*Richettsia rickettsii*)
	Rubella, acute infection
	***Salmonellosis* (*Salmonella spp.*)**
	Shiga toxin (detected in feces)
	Shigellosis (*Shigella* spp.)
	Syphilis
	Trichinosis (*Trichinella*)
	Tuberculosis
	Tularemia, animal (F. *tularensis*)
	Typhoid
	***Vibrio* species infections**
	West Nile virus infection
	Yellow Fever (yellow fever virus)
	Yersiniosis (*Yersinia spp.*, non-pestis) (isolation from a clinical specimen)
	Zika virus infection

Laboratory findings for these diseases are those that satisfy the most recent communicable disease surveillance case definitions established by the Centers for Disease Control and Prevention (unless otherwise specified in this Section). See also guidance at http://www.cdph.ca.gov/HealthInfo/Documents/LaboratoryReportableDiseasesInstructionsList-e2.pdf.
All laboratory notifications are acquired in confidence. The confidentiality of patient information is always protected.

WHEN TO REPORT (ALL DISEASES EXCEPT HIV ACUTE INFECTION)

These laboratory findings are reportable to the local health officer of the health jurisdiction where the health care provider who first submitted the specimen is located within one (1) hour (List (e)(1) diseases) or within one (1) working day (List (e)(2) diseases) from the time that the laboratory notifies that health care provider or other person authorized to receive the report. If the laboratory that makes the positive finding received the specimen from another laboratory, the laboratory making the positive finding shall notify the local health officer of the jurisdiction in which the health care provider is located within the time specified above from the time the laboratory notifies the referring laboratory that submitted the specimen. If the laboratory is an out-of-state laboratory, the California laboratory that receives a report of such findings shall notify the local health officer in the same way as if the finding had been made by the California laboratory.

HOW TO REPORT (ALL DISEASES EXCEPT HIV ACUTE INFECTION)

Laboratories can report results via electronic laboratory reporting (ELR) to the California Reportable Disease Information Exchange (CalREDIE). Laboratories unable to submit reports electronically must report on paper to the local health department.
Additional information about CalREDIE ELR can be found here:
https://www.cdph.ca.gov/data/informatics/tech/Pages/CalREDIEELR.aspx

Reporting requirements for diseases and agents listed in Subsection (e)(1):

- Make initial report to the local health officer via telephone **within one hour**, and
- Report result(s) to CalREDIE **within one working day** of identification.

Reporting requirements for diseases and agents listed in Subsection (e)(2):

- Report result(s) to CalREDIE **within one working day** of identification.

HIV ACUTE INFECTION REPORTING REQUIREMENTS

In addition to routine reporting requirements set forth in section 2643.10, for acute HIV infection reporting, laboratories shall report all cases within one business day to the local health officer of the jurisdiction in which the patient resides by telephone. If the patient residence is unknown, the laboratory shall notify the health officer of the jurisdiction in which the health care provider is located. If evidence of acute HIV infection is based on presence of HIV p24 antigen, laboratories shall not wait until HIV-1 RNA is detected before reporting to the local health officer.

ADDITIONAL REPORTING REQUIREMENTS

ANTHRAX, BOTULISM, BRUCELLOSIS, GLANDERS, INFLUENZA, NOVEL STRAINS, MELIOIDOSIS, PLAGUE, SMALLPOX, TULAREMIA, and VIRAL HEMORRHAGIC FEVERS

Whenever a laboratory **receives a specimen** for the laboratory diagnosis of a suspected human case of one of these diseases, such laboratory shall **communicate immediately by telephone** with the Microbial Diseases Laboratory (or, for Influenza, novel strains, Smallpox or Viral Hemorrhagic Fevers, with the Viral and Rickettsial Disease Laboratory) of the Department of Public Health for instruction. See also guidance at http://www.cdph.ca.gov/HealthInfo/Documents/LabReportingInstructionsList-e1SelectAgents.doc.pdf

TUBERCULOSIS (Section 2505 Subsections (f) and (g))

Any laboratory that isolates *Mycobacterium tuberculosis* from a patient specimen must submit a culture to the local public health laboratory for the local health jurisdiction in which the health care provider's office is located as soon as available from the primary isolate on which a diagnosis of tuberculosis was established.
The information listed under "HOW TO REPORT" above must be submitted with the culture.

Unless drug susceptibility testing has been performed by the clinical laboratory on a strain obtained from the same patient within the previous three months or the health care provider who submitted the specimen for laboratory examination informs the laboratory that such drug susceptibility testing has been performed by another laboratory on a culture obtained from that patient within the previous three months, the clinical laboratory must do the following:

- Perform or refer for drug susceptibility testing on at least one isolate from each patient from whom *Mycobacterium tuberculosis* was isolated,
- Report the results of drug susceptibility testing to the local health officer of the city or county where the submitting physician's office is located within **one (1) working day** from the time the health care provider or other authorized person who submitted the specimen is notified, and

- If the drug susceptibility testing determines the culture to be resistant to at least isoniazid and rifampin, in addition, submit one culture or subculture from each patient from whom multidrug-resistant *Mycobacterium tuberculosis* was isolated to the local public health laboratory (as described above).

Whenever a clinical laboratory finds that a specimen from a patient with known or suspected tuberculosis tests positive for acid fast bacillus (AFB) staining and the patient has not had a culture which identifies that acid fast organism within the past 30 days, the clinical laboratory shall culture and identify the acid fast bacteria or refer a subculture to another laboratory for those purposes.

MALARIA (Section 2505 Subsection (h))

Any clinical laboratory that makes a finding of malaria parasites in the blood film of a patient shall immediately submit one or more such blood film slides for confirmation to the local public health laboratory for the local health jurisdiction where the health care provider is located. When requested, all blood films will be returned to the submitter.

SALMONELLA (Section 2612)

California Code of Regulations, Title 17, Section 2612 requires that a culture of the organisms on which a diagnosis of salmonellosis is established must be submitted to the local public health laboratory and then to the State's Microbial Diseases Laboratory for definitive identification.

Additional Specimens or Isolates to be Submitted to Public Health (Section 2505 Subsection (m)(1) and (m)(2) Lists)

The following specimens or isolates must be submitted as soon as available to the local or state public health laboratory:

(m)(1) Specimens:

- HIV-1/2 antigen or antibody reactive sera or plasma submitted as part of a diagnostic HIV test algorithm, as defined in section 2641.57 (see (n) for additional reporting requirements)
- Malaria positive blood film slides (see (h) for additional reporting requirements)
- Measles immunoglobulin M (IgM)-positive sera
- Shiga toxin-positive fecal broths
- Zika virus immunoglobulin M (IgM)-positive sera

(m)(2) Isolates:

- Drug resistant *Neisseria gonorrhoeae* isolates (cephalosporin or azithromycin only)
- *Listeria monocytogenes* isolates
- *Mycobacterium tuberculosis* isolates (see (f) for additional reporting requirements)
- *Neisseria meningitides* isolates from sterile sites
- *Salmonella* isolates (see section 2612 for additional reporting requirements)
- Shiga toxin-producing *Escherichia coli* (STEC) isolates, including O157 and non-O157 strains

Additional Reporting Instructions for (m)(2) Isolates (Section 2505 Subsection (m)(3)):

If there is a laboratory test result indicating infection with any one of the pathogens listed in (m)(2), including identification of Shiga toxin in a clinical specimen, then the laboratory must attempt to obtain a bacterial culture isolate for submission to the public health laboratory in accordance with (m)(2). The laboratory shall take steps necessary to obtain an isolate, including requesting that additional specimens be collected and sending specimens to a laboratory able to carry out bacterial culture as soon as possible.

Additional Reporting Instructions for HIV-1/2 Specimens (Section 2500 Subsection (n)):

A laboratory which receives a specimen that is reactive for HIV-1/2 antigen or antibody shall communicate with the Department's Viral and Rickettsial Disease Laboratory for instructions on the specimen submission process. A laboratory shall also submit the Clinical Laboratory Improvement Amendments number.

7. Suspect Bioterrorism Agent Guidelines

Whenever a laboratory receives a specimen for suspect organisms such as: *Bacillus anthracis*, *Clostridium botulinum*, Brucella species, *Burkholderia pseudomallei*, *Burkholderia mallei*, *Yersinia pestis*, Variola, *Francisella tularensis*, and viruses cause Viral Hemmorahgic Fever, please call Ventura County Public Health Lab for consultation at 805-981-5131.

BACTERIOLOGY

TEST NAME	CPT CODE	DESCRIPTION	TEST METHOD	ACCEPTABLE SPECIMENS	COLLECTION	TRANSPORT CONDITIONS	REFERENCE RANGE	TAT (business days)
Gonorrhea, culture	87081	Screening for isolation and identification of N. Gonorrhoeae	Culture	Endocervical for female, Urethra for male, throat, rectal	Collect specimen with dacron swab and inocculate on GC-Lect plate. Add CO2 tablet into well and seal plate in ziplock bag.	RT for 2 days	Negative	3 days
Chlamydia/Gonorrhea NAAT	87491 87591	Automated qualitative nucleic acid amplification for the primary diagnosis of Chlamydia and/or Gonorrhea	NAAT by Hologic Aptima Assay	Endocervical Female	1) Remove excess mucus from the cervix and surrounding mucosa using white shaft swab and discard swab. 2) Insert the specimen collection swab (blue shaft swab) into the endocervical canal. 3) Carefully withdraw the swab and avoid any contact with the vaginal mucosa. 4) Place swab in transport tube and carefully break the swab shaft against the side of tube at the score line. Discard top portion of shaft. 5) Tightly screw cap on tube. 6) Label appropriately.	2-30^{o}C	Negative	3 days
				Urethra Male	1) Patient should not urinate at least 1 hour prior to sample collection. 2) Insert specimen collection swab (blue shaft swab) 2-4 cm into urethra. Gently rotate the swab clockwise for 2-3 seconds. 3) Withdraw swab carefully. 4) Place swab in transport tube and carefully break the swab shaft against the side of tube at the score line. Discard top portion of shaft. 5) Tightly screw cap on tube. 6) Label appropriately.	2-30^{o}C	Negative	3 days
				Urine	1) Patient should not urinate for at least 1 hour prior to sample collection. 2) Patient collects specimen in a labeled urine cup by collecting 20-30 ml of the first-catch urine. 3) Transfer 2 ml (between the 2 black lines) of urine into the urine specimen transport tube using a disposable pipette. 5) Tightly screw cap on tube. 6) Label appropriately.	2-30^{o}C	Negative	3 days

				Throat	1) Instruct patient to tilt head back, breathe deeply, open mouth wide and say "ah", this serves to lift the uvula and aids in reducing the gag reflex. 2) Use tongue depressor to gently depress the tongue and look for areas of inflammation and/or exudate. 3) Carefully but firmly rub the specimen collection swab (blue shaft swab) over areas of pus or inflammation, tonsils and/or posterior pharynx. Avoid touching the swab to the tongue, teeth, roof of mouth or inside cheeks. 4) Place swab in transport tube and carefully break the swab shaft against the side of tube at the score line. Discard top portion of shaft. 5) Tightly screw cap on tube. 6) Label appropriately.	2-30^{o}C	Negative	3 days
				Rectal	1) Insert the specimen collection swab (blue shaft swab) 3-5 cm into the rectum. Rotate against the rectal wall at least three times. Note: Swabs that are grossly contaminated with feces should be discarded and the collection repeated. 4) Place swab in transport tube and carefully break the swab shaft against the side of tube at the score line. Discard top portion of shaft. 5) Tightly screw cap on tube. 6) Label appropriately.	2-30^{o}C	Negative	3 days
Trichomonas NAAT	87661	Automated qualitative nucleic acid amplification for the primary diagnosis of Trichomonas	NAAT by Hologic Aptima Assay	Cervix Female	Same collection instructions as Chlamydia/Gonorrhea, NAAT for Cervix source	2-30^{o}C	Negative	3 days
				Urine	Same collection instructions as Chlamydia/Gonorrhea, NAAT	2-30^{o}C	Negative	3 days
Salmonella/Shigella, culture/identification	87045 87158 87077	Identification and confirmation of Salmonella/Shigella using conventional biochemical and serological techniques	Culture	Isolate	Inoculate isolate on slanted tubed media	25^{o}C	Negative	4-7 days
				Stool	Transfer enough stool that displaces media and reaches the line of the modified Cary-Blair transport tube.	25^{o}C for 1 days, 4^{o}C for 4 days	Negative	4-7 days

				Urine	Collect in urine cup or BD urine transport kit tube	Urine cup must be at 4°C and be processed within 4 hours. BD tubes at 25°C for up to 4 days and can be transported within 96 hours.	No Salmonella/ Shigella isolated.	4-7 days
E. coli culture/Shiga-toxin	87046 87427	Identification and confirmation of *E. coli* using conventional biochemical and serological techniques	Culture	Stool or Positive Broth	Transfer enough stool that displaces media and reaches the line of the modified Cary-Blair transport tube.	25°C for 1 days 4°C for 4 days	No shiga toxin producing *E. coli* isolated.	4 days
Enteric pathogens, culture	87045	Isolation and identification and confirmation of enteric pathogens such as: *Salmonella sp.*, *Shigella sp.*, *E.coli*, *Yersinia sp.* *Campylobacter sp.*, *Vibrio sp.*	Culture	Stool	Transfer enough stool that displaces media and reaches the line of the modified Cary-Blair transport tube.	25°C for 1 days 4°C for 4 days	No enteric pathogens isolated	4-7 days
Routine, culture	87071	Isolation and identification of aerobic organisms found using convention aerobic culture techniques.	Culture	Various	Dependent on specimen source. Contact lab for more information.	2-30°C	Normal flora isolated.	4-7 days
Identification, culture	87077	Identification of aerobic organisms found using convention aerobic culture techniques.	Culture	Isolate	Pure culture isolate on slanted nutrient or blood agar.	2-30°C	Varies	4-7 days

SEROLOGY

TEST NAME	CPT CODE	DESCRIPTION	TEST METHOD	ACCEPTABLE SPECIMENS	COLLECTION	TRANSPORT CONDITIONS	REFERENCE RANGE	TAT
HIV 1/2 Antibody Screen	86703	Enzyme Immunoassay for qualitative detection of HIV p24 antigen and HIV 1/2 antibodies	GS HIV Combo Ag/AB EIA, Bio-Rad	Serum	2 ml of serum collected in a serum separator tube.	25°C for 48 hours, 4°C for 7 days, -80°C for 30 days	Negative	3 days
HIV Confirmatory	86701 86702	Enzyme Immunoassay for the differentiation and confirmation of HIV-1 and HIV-2 antibodies	Multispot HIV1/2 Rapid Test	Serum	2 ml of serum collected in a serum separator tube.	25°C for 48 hours, 4°C for 7 days, -80°C for 30 days	Negative	3 days
Measles IgG	86765	Enzyme Immunoassay for qualitative detection of Measles IgG.	Measles IgG EIA, BioRad	Serum	2 ml of serum collected in a serum separator tube.	25°C for 8 hours, 4°C for 48 hours, -80°C for 30 days	Negative	3 days
Varicella IgG	86787	Enzyme Immunoassay for qualitative detection of VZV IgG.	VZV IgG EIA, BioRad	Serum	2 ml of serum collected in a serum separator tube.	25°C for 8 hours, 4°C for 48 hours, -80°C for 30 days	Negative	3 days
Syphilis IgG	86780	Enzyme Immunoassay for qualitative detection of Syphilis IgG.	Capita Syphilis IgG, Trinity	Serum, Plasma	2 ml of serum collected in a serum separator tube.	25°C for 72 hours, 4°C for 48 hours, -80°C for 30 days	Negative	3 days
Syphilis VDRL, Qualitative	86592	Non-treponemal assay screening for primary diagnosis of Syphilis	ASI	Serum, CSF	2 ml of serum collected in a serum separator tube.	25°C for 72 hours, 4°C for 5 days, -80°C for 30 days	Non Reactive	3 days
Syphilis VDRL, Quantitative	86593	Non-treponemal titer assay for primary diagnosis of syphilis	ASI	Serum, CSF	2 ml of serum collected in a serum separator tube.	25°C for 72 hours, 4°C for 5 days, -80°C for 30 days	Non Reactive	3 days

Syphilis FTA Confirmatory	86780	Treponemal assay for the confirmation of syphilis by IFA	Zeus IFA	Serum	2 ml of serum collected in a serum separator tube.	25°C for 72 hours, 4°C for 5 days, -80°C for 30 days	Negative	3 days
Syphilis TPPA Confirmatory	86780	Treponemal assay for the confirmation of syphilis by passive agglutination.	Fujirebio	Serum	2 ml of serum collected in a serum separator tube.	25°C for 8 hours, 4°C for 5 days, -80°C for 30 days	Negative	3 days
Syphilis Darkfield	87164	Microscopy used to demonstrate the presence of T. pallidum in lesions or aspirates in early-stage syphilis.	Microscopy	Serous fluid from genital lesion	1) Clean surface of lesion with saline. 2) Gently remove any crust and discard. 3) Abrade superficially until slight bleeding occurs and wipe away the first few drops of blood. 4) Apply gentle pressure at lesion base touching clear exudate in ulcer base with glass slide. 5) Place coverslip on top and transport to lab immediately.	25°C, must be analyzed within 20 minutes of collection.	Negative	1 day
QuantiFERON-TB	86480	Interferon Gamma Release Assay that indirectly tests for M. tuberculosis exposure.	Qiagen	Serum	Collect in the 3 Cellestis Vacuette tubes (gray, red, purple). Shake tubes 10 times after collection. Tubes must be incubated at 37C within 16 hours of collection and incubated for 16-24 hours at 37C.	If incubated at 37°C for 16-24 hours ship at 4°C to lab within 3 days. If specimens have not been incubated, ship at 25°C within 16 hours of collection.	Negative	3 days
Zika IgM	86790	Enzyme Immunoassay for qualitative detection of Zika antibodies. Testing approved by Communicable Disease Department only.	InBios	Serum	2 ml of serum collected in a serum separator tube. Must be collected within 2-12 weeks of illness onset.	25°C for 8 hours, 4°C for 48 hours, -80°C for 30 days	Negative	1-2 weeks

VIROLOGY

TEST NAME	CPT CODE	DESCRIPTION	TEST METHOD	ACCEPTABLE SPECIMENS	COLLECTION	TRANSPORT CONDITIONS	REFERENCE RANGE	TAT
Influenza A/B PCR	87502	Detection of Influenza A and B. Typing of Influenza A: H1, H3, H1N1, H5, H7. Typing of Influenza B: Yamagata, Victoria.	Real-Time PCR	NP/throat swab	UTM or VTM transport vial with swabs	4°C	Negative for Influenza A/B	5 days
Enterovirus PCR	NA	Screen for Enterovirus RNA. Positive specimens are sent out for the determination of the D68 strain.	Real-Time PCR	NP/throat swab	UTM or VTM transport vial with swabs	4°C	Negative	1 week
Norovirus PCR	NA	Primary diagnosis for Norovirus infection. Testing approved by Communicable Disease Department only.	Real-Time PCR	Stool	Sterile urine cup	4°C	Negative	24 hours
Measles PCR	NA	For primary diagnosis of Measles infection. Testing approved by Communicable Disease Department only.	Real-Time PCR	NP/throat swab	UTM or VTM transport vial for swabs	4°C	Negative by PCR	24 hours
				Urine	Approximately 30-50 ml in sterile urine cup.			
Zika PCR	NA	For acute screening of Zika infection. Testing approved by Communicable Disease Department only.	Real-Time PCR	Urine	Sterile urine cup. Must be collected within the first 21 days of illness onset.	4°C	Negative	1 week
				Serum	5 ml of serum must be collected within 7 days of illness onset.			

PARISITOLOGY

TEST NAME	CPT CODE	DESCRIPTION	TEST METHOD	ACCEPTABLE SPECIMENS	COLLECTION	TRANSPORT CONDITIONS	REFERENCE RANGE	TAT
Ova and Parasites	87177	Screening procedure for the presence of ova and parasites	Wet mount and Trichrome staining	Stool	Collect 3 stools specimens in 2-3 day intervals in the O&P collection kit (1 vial with 10% formalin and 1 vial with PVA). Collect stool up to fill line on the vial and mix thoroughly.	25°C	No ova and parasites observed.	1 week
Giardia	87269	Direct Fluorescent Antibody test	DFA Merifluor				Negative by FA	1 week
Cryptosporidium	87272							1 week
Blood Parasites	87169	Parasites are detected by microscopic examination	Giemsa stain	Blood in EDTA or prepared thick and thin smears	Preferably draw blood between chills in successive draws at 6, 12, and 24 hours. Blood drawn at any time acceptable. Thick and thin smears must be made within 1 hour after blood drawn.	25°C Blood sent within 1 hour. Slides sent as soon as possible.	Negative	24 hours
Arthropod identification	87168	Microscopic examination	Microscopy	Arthropod	Collect in container with lid. If alive, collect in container with wet towel. If dead, place in container and fix with 79-90% alcohol.	If alive, transport at 4°C. If dead, transport at 25°C	Negative	1 week
				Skin scraping	Scrape skin with mineral oil and transfer material onto glass slide and place coverslip on top. Place slide in a slide holder	25°C	Negative	1 week

MYCOBACTERIOLOGY

TEST NAME	CPT CODE	DESCRIPTION	TEST METHOD	ACCEPTABLE SPECIMENS	COLLECTION	TRANSPORT CONDITIONS	REFERENCE RANGE	TAT
Mycobacterium Smear/Culture	87116 87206	Acid Fast Smear and identification based on biochemicals and DNA probes.	Concentration, fluorochrome smear, and culture	Body fluids	Abdominal (peritoneal, paracentesis, dialysis, bile): Collection 10-15 mL aseptically into sterile tube. Pericardial, Synovial: Collect 3-5 mL aseptically into sterile leak-proof tube.	4°C	Negative/ no growth	Smear is 24 hours. Negative culture is 8 weeks.
				CSF	Exudates: Collect 3-5 mL aseptically into sterile leak-proof tube.	4°C		
				Gastric Lavage fluid	Collect 5-10 mL, adjusted to neutral pH into sterile leak-proof screw-cap tube. Specimen must be neutralized with 100 mg sodium carbonate if specimen is not processed within 4 hours.	4°C		
				Sputum	Collect three consecutive early morning expectorated or induced sputums, 10-15 mL of respiratory secretion into sterile container.	4°C		
				Stool (HIV patients only)	Collect into a sterile wax free container without fixative or preservative	4°C		
				Urine	Wash the external genitalia then immediately collect 30-50 mL of a single early morning midstream urine sample into a sterile container.	4°C		
				Tissue, abscess contents, aspirated puts, and wounds	Aspirate as much material as possible aseptically into a sterile container. Tissues must not be immersed in saline or other liquid or wrapped in gauze. For cutaneous ulcers, biopsy material should be collected from the periphery of the lesion. Minute biopsy material may be moistened with a small amount of sterile saline. **Swabs are not recommended.**			
				Isolate	Inoculate isolate on LJ or 7H11 and send according to Infectious Substance Shipping Guidelines.	25°C		
Mycobacterium culture identification	87118	Identification and confirmation of isolate of the *Mycobacterium sp.*	Culture	Isolate	Inoculate isolate on LJ or 7H11 and send according to Infectious Substance Shipping Guidelines.	25°C	Negative	8 weeks

Mycobacterium tuberculosis complex DNA probe	87555	Identification of the *Mycobacterium tuberculosis* complex.	Culture/ Molecular	Isolate	Inoculate isolate on LJ or 7H11 and send according to 6.2 Infectious Substance Shipping Guidelines.	25°C	Isolate negative by DNA probe for Mtbc.	8 weeks
Mycobacterium, additional select DNA probes	87550	Identification of non-MTB acid fast bacilli.	Culture/ Molecular	Isolate	Inoculate isolate on LJ or 7H11 and send according to 6.2 Infectious Substance Shipping Guidelines.	4°C	Isolate negative by DNA probe	8 weeks
Susceptibility, Mtbc	87190	Susceptibility performed on *M. tuberculosis* complex by MGIT broth-based method with primary drugs and PZA on first isolate and after 3 months if culture is still positive.	Culture	Isolate	Inoculate isolate on LJ or 7H11 and send according to 6.2 Infectious Substance Shipping Guidelines	4°C	Sensitive	Varies

MYCOLOGY

TEST NAME	CPT CODE	DESCRIPTION	TEST METHOD	ACCEPTABLE SPECIMENS	COLLECTION	TRANSPORT CONDITIONS	REFERENCE RANGE	TAT
Fungal Culture	87102 87101	Testing includes morphological and biochemical tests. For *Coccidioides immitis*, DNA probe testing is performed.	Culture	Abscess/Drainage/ Wound	Clean surface with 70% alcohol. Aspirate sample and transport in syringe without needle; Or, submit in sterile screw-cap container; Or, collect sample with aerobic swab transport system. Sample advancing margin of lesion. If collected in surgery, also submit portion of abscess wall.	25°C	No fungus isolated.	4 weeks
				Eye--Corneal scrapings	Use bedside inoculation onto appropriate media at time of collection. Agar plates are inoculated by lightly touching both sides of spatula in a row of separate C streak marks.	25°C		
				Eye--Conjunctiva	Use bedside inoculation onto appropriate media or aerobic swab transport system. Sample both eyes separately, even if one is uninfected prior to applying anesthetic. Uninfected eye can act as control.	25°C		
				Eye--Intraocular Fluid	Collect in sterile screw-cap container. If washings, concentrate fluid prior to plating.	25°C		
				Hair/Scalp	Disinfect with 70% alcohol. Hair root is most important, plucking is best. Submit 10-12 hairs in sterile container. For scalp, gently scrape with dull edge of scalpel. For piedra, cut off several hairs with nodules attached and transport in sterile container.	25°C		
				Muco-cutaneous membranes (Mouth, Throat, Vaginal)	Swab infected area and place in aerobic transport media.	25°C		
				Nails	Clean with 70% alcohol and then clip or scrape with a scalpel. Material under nail should also be scraped. Submit in sterile screw-cap container.	25°C		

				Sterile Body Fluids (CSF, pleural, peritoneal, pericardial, joint, etc.)	Collect a minimum of 2 ml in sterile container; the more fluid submitted, the better the chance of isolating fungal pathogen	25°C		
				Gastric lavage fluid	Patient must fast 8-12 hours before collection. Collect in morning before eating food. Collect 5-10 ml in sterile container.	Specimen must be transported within 4 hours after collection at 4°C. If specimen is transported after 4 hours of collection, add 100 mg of sodium carbonate to specimen.		
				Respiratory: sputum, aerosol, bronchoalvelar lavage (BAL), tracheal aspirate	Use first morning expectorated sputum or induced sputum. Collect brushings and BAL surgically. Submit in sterile screw-cap container.	4°C		
				Tissue/Biopsy Specimens	Collect surgically and transport in sterile screw-cap container with a small amount of sterile saline to prevent drying. Size of tissue should approximate that of a pea. Never transport in formalin.	25°C		
				Urine	First morning, clean catch, suprapubic or catheterized specimens. Submit in sterile screw-cap container.	4°C		

Fungal identification	87107	Identification using morphological and biochemical tests.	Culture	Isolate	Inoculate isolate onto IMA slant or SabDex flask container.	25°C	No fungus isolated.	
Yeast culture	87106	Identification using biochemical testing	Culture	Same as fungal guidelines	Same as fungal guidelines	25°C	No fungus isolated.	4 weeks

WATER QUALITY

TEST NAME	CPT CODE	DESCRIPTION	TEST METHOD	ACCEPTABLE SPECIMENS	COLLECTION	TRANSPORT CONDITIONS	REFERENCE RANGE	TAT
Presence/Absence	NA	Identification and qualitative determination of total coliforms and *E. coli* in drinking water.	Culture	100 mL of water	1) Allow water to flow for 2-3 minutes before collection. 2) Collect 100 mL of water (marked on container) in Colilert bottle containing sodium thiosulfate. Do not overfill. 3) Replace cap and invert bottle 10 times to dissolve the sodium thiosulfate. 4) Place water sample on ice immediately.	Sample must be delivered to lab within 6 hours (recommended) or less than 24 hours of collection at 4°C	Absent 100 ml	1 day
Multiple Tube Fermentation 10 tubes	NA	Identification and quantification of total coliforms and fecal coliforms in drinking water.	Culture	100 mL of water	1) Allow water to flow for 2-3 minutes before collection. 2) Collect 100 mL of water (marked on container) in Colilert bottle containing sodium thiosulfate. Do not overfill. 3) Replace cap and invert bottle 10 times to dissolve the sodium thiosulfate. 4) Place water sample on ice immediately.	Sample must be delivered to lab within 6 hours (recommended) or less than 24 hours of collection at 4°C	Absent <1 MPN Index/100 ml	3-5 days
Heterotrophic Plate Count	NA	Quantification of heterotrophic bacteria in drinking water.	Culture	100 mL of water	1) Allow water to flow for 2-3 minutes before collection. 2) Collect 100 mL of water (marked on container) in Colilert bottle containing sodium thiosulfate. Do not overfill. 3) Replace cap and invert bottle 10 times to dissolve the sodium thiosulfate. 4) Place water sample on ice immediately.	Sample must be delivered to lab within 6 hours (recommended) or less than 24 hours of collection at 4C	<1 CFU/ml	2 days

Multiple Tube Fermentation- 20 tube	NA	Identification and quantification of total coliforms and fecal coliforms in wastewater.	Culture	100 mL of water	1) Allow water to flow for 2-3 minutes before collection. 2) Collect 100 mL of water (marked on container) in Colilert bottle containing sodium thiosulfate. Do not overfill. 3) Replace cap and invert bottle 10 times to dissolve the sodium thiosulfate. 4) Place water sample on ice immediately.	Sample must be delivered to lab within 6 hours (recommended) or less than 24 hours of collection at 4C	Absent <1 MPN Index/100 ml	3-5 days
Quantitray 18 or 24 hour	NA	Quantification of total coliforms and *E. coli* in source/ocean water.	Culture	100 mL of water	1) Allow water to flow for 2-3 minutes before collection. 2) Collect 100 mL of water. 3) Replace cap and invert bottle 10 times to dissolve the sodium thiosulfate. 4) Place water sample on ice immediately.	Sample must be delivered to lab within 6 hours (recommended) or less than 24 hours of collection at 4^oC	Absent <1.1 MPN Index/100 ml	1 day
Quantitray Enterococcus	NA	Quantification of *Enterococcus sp.* in source/ocean water.	Culture	100 mL of water	1) Allow water to flow for 2-3 minutes before collection. 2) Collect 100 mL of water. 3) Replace cap and invert bottle 10 times to dissolve the sodium thiosulfate. 4) Place water sample on ice immediately.	Sample must be delivered to lab within 6 hours (recommended) or less than 24 hours of collection at 4^oC	Absent <1.1 MPN Index/100 ml	1 day

MISCELLANEOUS								
TEST NAME	CPT CODE	DESCRIPTION	TEST METHOD	ACCEPTABLE SPECIMENS	COLLECTION	TRANSPORT CONDITIONS	REFERENCE RANGE	TAT
Rabies exam	NA	Identification of rabies virus in brain material. Contact Animal Control.	IFA/CDC	Complete brain intact or whole bat	Place specimen in sterile container.	4°C	No specific yellow-green fluorescence found.	2 days or 24 hours if human contact.
Food exam	NA	Identification of enteric pathogens or toxins in food from a possible outbreak. Testing approved by Environmental Health or Communicable Disease Department only.	Culture /Molecular	Suspected food source.	Place food sample in sterile container.	4°C	No enteric bacteria isolated	Varies