

CYTOMEGALOVIRUS BY RAPID PCR
#600000

NOTE: The testing and reporting is equivalent to Rochester test Cytomegalovirus by Rapid PCR, 81240

USEFUL FOR:

- Rapid qualitative detection of CMV DNA in CSF specimens for laboratory diagnosis of CNS disease due to this virus.
- Detection of CMV infection (virus detected in urine) in CMV sero-negative patients who receive an organ from a seropositive donor.
- Detection of CMV in urine from neonates (congenital infection) suspected of acquiring the virus in utero.

METHODOLOGY: Real-Time Polymerase Chain Reaction (PCR)/DNA Probe Hybridization

REFERENCE VALUES: Negative

NOTE: Positive results will be reported as CMV DNA detected.

SPECIMEN REQUIREMENTS:

Blood

Draw blood in a lavender-top (EDTA) tube(s), and send 5 mL of EDTA whole blood refrigerated. **Specimen cannot be frozen.**

Body Fluid or Spinal Fluid

0.5 mL of body fluid or spinal fluid. **Do not centrifuge spinal fluid specimens.** Send specimen refrigerated in a screw-capped, sterile vial. Maintain sterility and forward promptly. Specimens grossly contaminated with blood may inhibit the PCR and produce false-negative results. The high sensitivity of amplification by PCR requires the specimen to be processed in an environment in which contamination of the specimen by CMV DNA is not likely.

Throat Swabs

Swab area with a culture transport swab. (**Calcium alginate-tipped swab, wood swab, or transport swab containing gel is not acceptable for PCR testing.**) Place swab back into swab cylinder. Send specimen refrigerated. **Specimen cannot be frozen.** Maintain sterility and forward promptly.

Urine

2 mL from a random urine collection. Send specimen refrigerated in a screw-capped, sterile container. Maintain sterility and forward promptly.

NOTE: Specimen source is required

CAUTIONS: A negative result does not eliminate the possibility of CMV infection of the CNS.

LIST FEE: \$ 275.50

CPT CODE: 87496

ANALYTIC TIME: 1 day

DAY(S) SET UP: Monday and Thursday, 1st Shift

QUESTIONS: Contact your Mayo Medical Laboratories' Regional Manager
Mary Erath, Mayo Medical Laboratories' Technologist Support
Telephone: 800-533-1710



TEST DEFINITION

5/11/2009

MML NAME/ORDER CODE CROSS-REFERENCE

CODE NAME

600000 CYTOMEGALOVIRUS BY RAPID PCR

MML MML TEST SETUP INFORMATION

ORDER CODE	EFF DATE	TC	TITLE	CHECKING NORMALS	PRINT NORMALS (# CODED)	PERFORM SITE *
600000	4/27/2009		CYTOMEGALOVIRUS BY RAPID PCR			NEL
			TRANSPORT TEMP : REFRIG\FROZEN OK\AMBIENT NO-BODY FLUID, SPINAL FLUID, URINE			
			REFRIG\FROZEN NO\AMBIENT NO-BLOOD			
		209016	SPECIMEN SOURCE			

		600000	CYTOMEGALOVIRUS BY RAPID PCR			
			TEST CODE ALWAYS MESSAGE - [ZASR]			
			ZASR	ANALYTE SPECIFIC REAGENT		
			THIS TEST WAS DEVELOPED AND ITS PERFORMANCE CHARACTERISTICS			
			DETERMINED BY LABORATORY MEDICINE AND PATHOLOGY, MAYO			
			CLINIC. THIS TEST HAS NOT BEEN CLEARED OR			
			APPROVED BY THE U.S. FOOD AND DRUG ADMINISTRATION.			

*PERFORMING SITE LEGEND

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NEL      MAYO MEDICAL LABORATORIES NEW ENGLAND      LAB DIRECTOR:  LYNN A. CHERYK, PH.D.
        160 DASCOMB ROAD
        ANDOVER, MA 01810
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MML MESSAGES USED AS NORMALS

CODE TEXT

TOTAL OF 0 NORMALS CODES

*** END OF REPORT ***



LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME TEST, CMVQUANT		PATIENT NUMBER		AGE 44	SEX F	ACCESSION # G9125095
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # JAHTEST
COLLECTION 04/24/09	RECEIVED 04/24/09 08:40 A	REPORT PRINTED 05/11/09 02:48 P		SPECIMEN INFORMATION DATE OF BIRTH:		
DATE	TIME	DATE	TIME	DATE	TIME	
JAH Test Client Attn: Please throw away 200 1st Street SW Rochester, MN 55905-0001						

TEST REQUESTED	HI LO	REF RANGE	PERFORM SITE *
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Cytomegalovirus by Rapid PCR

Specimen Source	SWAB	NEL
Cytomegalovirus by Rapid PCR	Negative	NEL

Analyte Specific Reagent

This test was developed and its performance characteristics determined by Laboratory Medicine and Pathology, Mayo Clinic. This test has not been cleared or approved by the U.S. Food and Drug Administration.

CMV DNA QN by Rapid PCR, P

CMV DNA QN by Rapid PCR, P	None Detected	NEL
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Lower limit of detection is 500 copies/mL.

Analyte Specific Reagent

This test was developed and its performance characteristics determined by Laboratory Medicine and Pathology, Mayo Clinic. This test has not been cleared or approved by the U.S. Food and Drug Administration.

Epstein Barr Virus by Rapid PCR

Specimen Source	SWAB	NEL
Epstein Barr Virus by Rapid PCR	Negative	NEL

Analyte Specific Reagent

This test was developed and its performance characteristics determined by Laboratory Medicine and Pathology, Mayo Clinic. This test has not been cleared or approved by the U.S. Food and Drug Administration.

Epstein-Barr Virus DNA, QN, B

Epstein-Barr Virus DNA, QN, B	None Detected	NEL
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Lower limit of detection is 500 copies/mL.

* Perform Site Legend on last page of report

PATIENT NAME TEST, CMVQUANT	ORDER STATUS Final	COLLECTION DATE AND TIME 04/24/09
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LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME TEST, CMVQUANT		PATIENT NUMBER		AGE 44	SEX F	ACCESSION # G9125095
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TEST REQUESTED	HI LO	REF RANGE	PERFORM SITE *
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Analyte Specific Reagent

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* PERFORMING SITE

NEL	Mayo Medical Laboratories New England 160 Dascomb Road Andover, MA 01810	Lab Director: Lynn A. Cheryk, Ph.D.
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PATIENT NAME TEST, CMVQUANT	ORDER STATUS Final	COLLECTION DATE AND TIME 04/24/09
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Specimen receipt and report times are in CST/CDT

REPRINT

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