

Test: Enteric Bacterial Culture for Culture-Independent Diagnostic Testing (CIDT) Specimens

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Specimen Type: Stool specimens submitted from clinical laboratories that are positive for one of the following agents: *Salmonella*, *Shigella*, shigatoxin-producing *E. coli*, *Vibrio* and *Yersinia*.

Specimen submitters: Clinical laboratories that perform CIDT for common gastrointestinal bacterial pathogens. The submitter will forward specimens in Cary-Blair transport media to the State Laboratories so that the causative pathogen can be isolated and characterized. Further testing, such as serotyping and toxin-testing (referred out) may be performed as needed.

Specimen receiving time: These specimens will be accepted from Monday to Friday at the state laboratory from 7:45a.m. to 4:00p.m.except on days in which the laboratory is closed.

Turn around Time: 3 -5 business days

Specimen requirements: The ideal specimen should be a swab collected from a positive CIDT specimen placed in a Cary-Blair screw-capped collection tube. This tube should be secured with parafilm and properly labeled with patient name, date of collection and submitter ID number. The specimen must be properly labeled so the information matches the 81.3 requisition form (see below) that is submitted with the specimen.

Ideally, the specimen should be collected within the acute phase of the illness within 48-72 hours of the onset of symptoms.

Specimen transport: The stool specimen must be refrigerated and transported to the laboratory in a cooler or other

acceptable container. The specimen should ideally be tested within 48 hours after collection. Otherwise, freeze samples at -70°C.

Multiple specimens must be enclosed in separate specimen submission bags that are zip locked. The specimens should be packaged to prevent leakage and contaminating the outside of the transport containers, specimen submission forms and/or container labeling.

Requisition form

- All specimens must be submitted with a properly-filled 81.3 requisition form
- The requisition form must legibly include patient name (or other unique identifier).
- The form must not be wet or soiled. If the submission form can be enclosed in a zip locked baggie, that would be best for protecting the form if specimen leakage were to somehow occur.
- The name of specific agents detected must be included on the requisition form, e.g. *Salmonella*, *Shigella*, *E. coli O157*, etc.
- The date of specimen collection is required
- The CT value that was obtained in the CIDT should be written on the form.
- Any additional information relevant and necessary to assure accurate and timely testing and reporting of results is helpful
- *Campylobacter*, viral, and parasite positives should only be submitted upon request.

Normal value: N/A.

Result notification: Final laboratory reports will be posted and sharepointed to the Disease Investigation Branch (DIB)/Disease Outbreak Control Division (DOCD). Clinical laboratory submitters will receive a Specimen Received result electronically, fax or by mail.

Comments: On the report form, the specific enteric pathogen that was recovered and confirmed will be listed.

Unacceptable conditions:

- Leaking specimens
- Specimens that were not properly stored and/or transported

MMB_BACT_SOP_Specimen_Submission_Guidelines_For_Reportable_Bacteria_From
_Clinical_Samples_That_Previously_Tested_Positive_By_Culture_Independent_Testing
(CIDT)_14Mar2016_73v1

- Illegible or incomplete requisition forms
- Contaminated or soiled requisition forms.
- Specimen without a requisition form
- Requisition and specimen identifiers do not match
- No submitter or return address on form
- Duplicate specimens from the same patient, on the same day

Test location: State of Hawaii Dept. of Health Laboratories
Medical Microbiology Branch
Bacteriology-Parasitology Section
2725 Waimano Home Road, 2nd. Floor
Pearl City, HI 96782

Contact information: Bacteriology and Parasitology Section
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Approved:



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Date