



Hygienic Laboratory

The University of Iowa

Clinical Test Menu

To avoid any test reporting delays, please mention the Address and/ or Client Number on the Test Request Forms.

For information related to test ordering , Call: 1-800-421-IOWA (1-800-421-4692)

Disclaimer: Turn-Around-Time is defined as the average time from receipt of specimen at University Hygienic Laboratory (UHL) to release of report from the lab. It does not include time for transportation of specimen to UHL and postal service of report to the submitting facility. Actual times may vary due to circumstances out of control of the University Hygienic Laboratory.

ALL TESTS CONSIDERED NECESSARY DUE TO AN IMMINENT AND SIGNIFICANT PUBLIC HEALTH THREAT POSED BY THE DIFFERENTIAL DIAGNOSIS WILL CONTINUE TO BE PERFORMED AT NO CHARGE. TEST REQUEST FORMS INCLUDE A BOX FOR CLINICIANS TO SELECT THIS CLASSIFICATION.

CRITERIA: UHL DOES NOT WANT TO CREATE A BARRIER TO TESTING “REAL OR PERCEIVED.”

UHL WILL NOT CHARGE FOR:

- 1. ANY COMMUNICABLE DISEASE TEST (PERSON TO PERSON OR ANIMAL TO PERSON) OF PUBLIC HEALTH SIGNIFICANCE**
- 2. ANY TEST THAT IS MANDATORY REPORTABLE OR MUST BE SENT TO UHL FOR TESTING**
- 3. ANY TEST IN THE EVENT OF AN OUTBREAK***
- 4. ANY TEST ORDERED BY THE IOWA DEPARTMENT OF PUBLIC HEALTH OR A LOCAL HEALTH DEPARTMENT**

*** UNLESS OTHERWISE DIRECTED BY THE SUBMITTING CLINICAL LABORATORY**

QUESTIONS?

ABOUT TESTS

Dr. Michael Pentella, Ph.D., D(ABMM)
Associate Director, UHL
319-335-4765

ABOUT CODES OR CHARGES

Faye Wheeler
Accountant, UHL
319-335-4442 or fwheeler@uhl.uiowa.edu

02/25/09

102 Oakdale Campus, #101 OH
Iowa City, IA 52242-5002
319/335-4500 Fax: 319/335-4555

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<http://www.uhl.uiowa.edu>

Iowa Laboratories Complex
2220 S. Ankeny Blvd., Ankeny, IA 50023-9093
515/725-1600 Fax: 515/725-1642



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Test Requested	Test Request Form and Collection Instructions	Result reported (business days) (Turn-Around-Time)	CPT Codes	Charge
Arbovirus Antibody (IgM) Panel: Eastern Equine Encephalitis, LaCross Encephalitis, Saint Louis Encephalitis, Western Equine Encephalitis	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	5 days	86651 86652 86653 86654	(\$73.72) \$18.43 \$18.43 \$18.43 \$18.43
Arthropod Identification	<ul style="list-style-type: none"> ▪ Specimen Type/Special Instructions ▪ Test Request Form 	1-3 days	87168	\$5.96
Aspergillosis Antibody (total) Panel <i>A. flavus, A. niger, A. fumigatus</i>	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	5 days	86606	\$21.03
Bacterial Isolate Identification (aerobic/microaerophilic) (reference bacteriology)	<ul style="list-style-type: none"> ▪ Specimen Type/Special Instructions ▪ Test Request Form 	7-14 days	87077	\$10.14
Bacterial Isolate Identification (anaerobic) (reference bacteriology)	<ul style="list-style-type: none"> ▪ Specimen Type/Special Instructions ▪ Test Request Form 	7-10 days	87076	\$10.14
Blastomyces Antibody (Total)	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	7 days	86612	\$18.03
Blood Smear for Parasites (Malaria and Others)	<ul style="list-style-type: none"> ▪ Specimen Type/Special Instructions ▪ Test Request Form 	1-3 days	87207	\$4.95
<i>Bordetella pertussis</i> PCR (pertussis/whooping cough)	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	1-3 days	87798	\$49.04
Brucella Antibody (Total)	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	7 days	86622	\$12.48
<i>Chlamydomphila (Chlamydia) pneumoniae</i> PCR	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	1-3 days	87486	\$49.04
Coccidioides Antibody (Total)	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	7 days	86635	\$16.23
Cryptococcal Antigen	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	1-3 days	87327	\$16.76



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<i>Cryptosporidium</i> (Microscopic Detection) Stain	<ul style="list-style-type: none"> ▪ Specimen Type/Special Instructions ▪ Test Request Form ▪ Collection Instructions 	1-3 days	87209	\$14.85
<i>Cyclospora</i> (Microscopic Detection) Stain	<ul style="list-style-type: none"> ▪ Specimen Type/Special Instructions ▪ Test Request Form ▪ Collection Instructions 	1-3 days	87209	\$14.85
Cytomegalovirus (CMV) IgM Antibody	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	5 days	86645	\$23.54
Diphtheria culture (Please check the Miscellaneous box and enter the test name as Diphtheria)	<ul style="list-style-type: none"> ▪ Specimen Type/Special Instructions ▪ Test Request Form ▪ Collection Instructions 	3-5 days	87081	\$8.18
<i>E.coli</i> O157(STEC) specific culture (includes Shiga toxin)	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions ▪ STEC Algorithm 	Negative : 3 days Positive : 3-5 days	87046 and 87427	\$29.94
Ehrlichia (HGA, HME) IgG Antibody	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	5 days	86666 x 2	\$17.82
Enteric Isolate Serotype	<ul style="list-style-type: none"> ▪ Test Request Form 	2-14 days	No Charge	No Charge
Enteric Pathogen Culture (Stool Culture) Includes Salmonella and Shigella Shiga Toxin Producing <i>E.coli</i> (includes Shiga Toxin) Campylobacter Yersinia Aeromonas	<ul style="list-style-type: none"> ▪ Specimen Type/Special Instructions ▪ Test Request Form ▪ Collection Instructions 	2-5 days	87045, 87046 and 87427, 87046, 87046, 87046,	\$13.18 \$29.94 \$13.18 \$13.18 \$13.18
Enterohemorrhagic (EHEC) <i>E. Coli</i> (EIA) Shiga Toxin Detection (See GN Broth for STEC)	<ul style="list-style-type: none"> ▪ Specimen Type/Special Instructions ▪ Test Request Form ▪ Collection Instructions 	7 days	87427	\$16.76
Enterovirus PCR (CSF only)	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	1-3 days	87498	\$49.04



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Epstein-Barr Virus (EBV) IgG Antibody Panel (VCA, EBNA)	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	5 days	86664 and 86665	\$46.73
Fungal (Mycology) Culture Blood Other sources Scrapings and Clippings	<ul style="list-style-type: none"> ▪ Test Request Form 	21 days	87103 87102 87101	\$12.60 \$8.18 \$10.77
Fungal (Mycology) Isolate Identification	<ul style="list-style-type: none"> ▪ Test Request Form 	2-30 days	87106	\$14.42
GN Broth for STEC Toxin Screen Positive Not Tested (Testing conditions apply to the submitting lab)	<ul style="list-style-type: none"> ▪ Test Request Form ▪ STEC Algorithm 	1-3 days	87046_ Toxin Screen Positive (Culture) 87427_ Not Tested	\$13.18 \$16.76
Hantavirus Antibody Panel (IgG, IgM)	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	3 days	86790 X 2	\$36.00
Hepatitis A Virus IgM Antibody	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	1 day	86709	\$15.73
Hepatitis B Virus Surface Antigen (Positive Reflexed to Neutralization)	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	5 days	87340	\$13.52
Hepatitis B Virus Surface Antibody (Total)	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	5 days	86706	\$15.01
Hepatitis B Virus Core IgM Antibody	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	5 days	86705	\$9.36
Hepatitis C Virus IgG Antibody	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	5 days	86803	\$19.94
Herpes Simplex Virus (HSV) DFA (Negative Reflexed to HSV Culture)	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	2 days	87899_ DFA 87252_ Culture	\$16.76 \$36.42
Herpes Simplex Virus (HSV 1/2) PCR (Ocular, CSF only)	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	1-3 days	87800	\$56.03
Herpes Simplex Virus (HSV) Antibody Panel (HSV1-IgG & HSV2-IgG, HSV1/2-IgM) (part of TORCH panel)	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	5 days	86694 86695 86696	\$48.08



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Test Requested	Test Request Form and Collection Instructions	Result reported (business days) (Turn-Around-Time)	CPT Codes	Charge
Herpes Simplex Virus (HSV) Antibody IgG (1 and 2)	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	5 days	86695 86696	\$27.97
Herpes Simplex Virus (HSV) Antibody (IgM)	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	5 days	86694	\$20.11
Histoplasma Antibody (Total)	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	7 days	86698	\$17.46
HIV Antibody Screen Oral Fluid Serum	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	2-3 days	86701 86703	\$13.35
HIV Western Blot Confirmation	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	5 days	86689	\$9.54
Influenza (A and B) Virus PCR	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	1-3 days	No Charge	No Charge
<i>Legionella</i> Antibody (Total)	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	5 days	86713	\$21.35
<i>Legionella</i> Culture and Smear	<ul style="list-style-type: none"> ▪ Specimen Type/Special Instructions ▪ Test Request Form ▪ Collection Instructions 	10-14 days	87070 and 87278	\$28.79
<i>Legionella pneumophila</i> DFA	<ul style="list-style-type: none"> ▪ Specimen Type/Special Instructions ▪ Test Request Form ▪ Collection Instructions 	2 days	87278	\$16.76
<i>Legionella pneumophila</i> PCR	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	1-3 days	87541	\$49.04
Leptospira Antibody (IgM)	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	5 days	86720	\$18.43
Lyme (<i>Borrelia burgdorferi</i>) Antibody (Total) (Positive Reflexed to Lyme IgG and Lyme IgM Western Blots)	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	7 days	86618 86617 X 2	\$23.80 \$43.28



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Test Requested	Test Request Form and Collection Instructions	Result reported (business days) (Turn-Around-Time)	CPT Codes	Charge
Malarial Smear (Blood smear for parasites)	<ul style="list-style-type: none"> ▪ Specimen Type/Special Instructions ▪ Test Request Form 	1 day	87207	\$4.95
Maternal Screen (Iowa Maternal Screening Program Testing)	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	7-10 days		
Miscellaneous Culture for Bacterial Pathogens Includes Direct Gram Stain	<ul style="list-style-type: none"> ▪ Specimen Type/Special Instructions ▪ Test Request Form 	No growth/ normal flora: 2-5 days	87071 87205	\$13.18 \$5.96
Mumps Antibody (IgM)	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	5 days	86735	\$18.23
Mumps PCR	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	1-5 days	87800	\$56.03
Mycobacteria Culture (TB culture) (Includes Concentration, Fluorescent stain, and Culture)	<ul style="list-style-type: none"> ▪ Specimen Type/Special Instructions ▪ Test Request Form ▪ Collection Instructions 	8 weeks	87116 87015 87206	(\$27.61 total) \$15.10 \$12.51
Mycobacterial Isolate Identification Nucleic Acid Identification Biochemical Identification (Method to be chosen by UHL)	<ul style="list-style-type: none"> ▪ Specimen Type/Special Instructions ▪ Test Request Form ▪ Collection Instructions 	M. tb complex, M.avium, M. kansasii: 1-7 days; all others: >7days	87149 87118	\$28.02 \$15.29
Mycobacterial Antibiotic Susceptibility Testing	<ul style="list-style-type: none"> ▪ Specimen Type/Special Instructions ▪ Test Request Form ▪ Collection Instructions 	10 days to 30 days	No Charge	No Charge
Mycobacterium Tuberculosis Direct Test (MTD)	<ul style="list-style-type: none"> ▪ Specimen Type/Special Instructions ▪ Test Request Form ▪ Collection Instructions 	1 day	No Charge	No Charge
<i>Mycoplasma pneumoniae</i> PCR	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	1-3 days	87581	\$49.04
Norovirus (Norwalk-Like Viruses) PCR	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	1-3 days	87798 X 2	\$49.04



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O&P (ova and parasites)	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	2 days	87177	\$12.43
Parasite Identification	<ul style="list-style-type: none"> ▪ Test Request Form 	1-3 days	87177	\$12.43
Parvovirus Antibody Panel (IgG, IgM)	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	5 days	86747 X 2	\$42.00
PFGE (Pulsed Field Gel Electrophoresis)	<ul style="list-style-type: none"> ▪ Specimen Type/Special Instructions ▪ Test Request Form 	10 days (fecal pathogens reported to IDPH, all others reported to submitting facility)	87152 (To be charged to the Hospital/Client)	To be charged to the Hospital/Client
Picornavirus Antibody (Total) (Echo, Entero, Coxsackie)	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	10 days	86790	\$18.00
Q Fever Antibody (IgG)	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	5 days	86638	\$4.94
QuantiFERON TB Gold	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	Contact UHL prior to obtaining the specimen. 7 days	86480	\$85.00
Rabies Microscopic Detection Test (only animals with human exposure_ “animals when a human has potentially been exposed to rabies”)	<ul style="list-style-type: none"> ▪ Specimen Type/Special Instructions ▪ Test Request Form 	1 day	No Charge	No Charge
Rabies Test (humans) Contact UHL	<ul style="list-style-type: none"> ▪ Specimen Type/Special Instructions ▪ Test Request Form 	Contact UHL prior to obtaining the specimen. Test performed at CDC	87300	No Charge
Respiratory Syncytial Virus (RSV) DFA (See Virus Isolation/Detection and Identification)	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	2 days	87280	\$16.76
Rocky Mountain Spotted Fever (RMSF) Antibody (IgG)	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	5 days	86757	\$9.54
Rubella (German Measles) Antibody Panel (IgG, IgM)	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	5 days	86762 X 2	\$40.22



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Test Requested	Test Request Form and Collection Instructions	Result reported (business days) (Turn-Around-Time)	CPT Codes	Charge
Rubella (German Measles) Antibody (IgG)	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	5 days	86762	\$20.11
Rubeola (Measles) Antibody (IgM)	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	1 day	86765	\$18.00
Syphilis-FTA	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	3 days	86781	\$18.50
Syphilis - TPPA	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	5 days	86781	\$18.50
Syphilis -VDRL (CSF or Serum Screen)	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	5 days	86592	\$5.96
Serology Testing for CDC	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	Call UHL prior to obtaining the specimen.		
Toxoplasma Antibody (Total) (Positive Reflexed to Toxo IgM Antibody)	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	5 days	86777 86778	\$20.11 \$20.12
Trichrome Stain for Parasite Detection	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	2 days	87209	\$14.85
Tularemia Antibody (Total)	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	5 days	86668	\$12.13
Vancomycin Intermediate <i>Staphylococcus aureus</i> (VISA) Confirmation	<ul style="list-style-type: none"> ▪ Specimen Type/Special Instructions ▪ Test Request Form 	2-3 days	87186	No Charge
Vancomycin Resistant <i>Staphylococcus aureus</i> (VRSA) Confirmation	<ul style="list-style-type: none"> ▪ Specimen Type/Special Instructions ▪ Test Request Form 	2-3 days	87186	No Charge
Virus Isolation/ Detection and Identification Adenovirus Coxsackie A Virus Coxsackie B Virus CMV Enterovirus Echoviruses Rhinovirues Parainfluenza RSV	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	1-14 days	87252_VID 87254_CMV 87280_RSV	\$36.42 \$12.22 \$16.76



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Varicella Zoster Virus (VZV, Chicken pox) DFA	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	2 days	87899	\$16.76
<i>Vibrio</i> Species – Culture	<ul style="list-style-type: none"> ▪ Specimen Type/Special Instructions ▪ Test Request Form ▪ Collection Instructions 	9 days	87046	\$13.18
West Nile Virus Antibody (IgM)	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	5 days	86788	\$23.54
Yeast Identification	<ul style="list-style-type: none"> ▪ Test Request Form 	2-7 days	87106	\$14.42
<i>Yersinia</i> species Specific culture	<ul style="list-style-type: none"> ▪ Test Request Form ▪ Collection Instructions 	7 days	87046	\$13.18



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APPENDIX – Acceptable Specimen Types/Special Instructions

Test	Specimen Type	Special Instructions
Arthropod ID	Whole arthropods in (70%) alcohol or isopropyl alcohol	
Bacterial Isolate Identification (Aerobic/Microaerophilic)	Isolates from clinically significant patient specimens	If isolate is a suspected agent of bioterrorism or requires special Biosafety precautions, call UHL prior to shipment.
Bacterial Isolate Identification (Anaerobic)	Pure isolates from patient specimen from sterile sites	Only anaerobes considered significant pathogens and from quality specimens are suitable for submission. Isolates submitted from polymicrobial anaerobic cultures from wounds are not suitable for submission; anaerobes from inappropriate sites for anaerobic culture (vagina, oral, skin, etc.) are not suitable
Blood Smear for Parasites	Prepared slides/EDTA blood	Includes malaria, filaria, and others.
<i>Cryptosporidium/Cyclospora</i>	Preserved stool (See Ova & Parasite)	Collection Instructions
Diphtheria Culture	Call UHL prior to collection	
EHEC (Enterohemorrhagic <i>E. coli</i> Shiga Toxin Screen)	Stool in Enteric transport media (ETM) or GN broth from EHEC positive/culture negative specimens	Performed routinely on stools submitted for culture (one per patient series)
Enteric Pathogens (Bacterial)	Stool in Enteric transport media (ETM)	Includes culture for <i>Salmonella</i> , <i>Shigella</i> , <i>Campylobacter</i> , <i>Aeromonas</i> , <i>Yersinia</i> , <i>E. coli</i> O157:H7 and other Shiga toxin producing <i>E. coli</i>



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Test	Specimen Type	Special Instructions
<i>Legionella</i> Culture	Bronchial washings, bronchial brushings, pleural fluid, peritoneal fluid, transtracheal aspirates, and sputum	Ship at 4°C within 1 day of collection
<i>Legionella</i> DFA	See <i>Legionella</i> culture; prepared slides	
Malarial Smear	Prepared slides (thick and thin) EDTA blood	Pertinent travel history,
Miscellaneous Culture for Pathogens	Call UHL to verify culture capability for suspected organism from requested specimen	
Mycobacterial Culture (TB)	Sputum, bronchial washings, bronchial brushings, pleural fluid, peritoneal fluid, transtracheal aspirates, and tissue.	Ship at 4°C within 1 day of collection
Mycobacterial Isolate ID	Pure isolates from Mycobacterial cultures; liquid cultures smear positive for AFB	
Mycobacterial Stain	See Mycobacterial culture; also premade slides	Performed on all specimens submitted for (TB) culture
Mycobacterial Susceptibility	<i>Mycobacterium tuberculosis</i> isolates only	Performed on one isolate per patient per 3 month period
Mycobacterium Tuberculosis Direct Test (MTD)	Submit concentrated specimen; <i>FDA approved for sputum and bronchial specimens only.</i>	Performed on AFB positive specimens only; (<i>Smear negative specimens from patients with clinical presentation</i>)
PFGE (Pulsed Field Gel Electrophoresis)	Isolates of <i>Salmonella</i> , <i>Shigella</i> , <i>E. coli</i> O157, and <i>Listeria</i> MUST be accepted; Call UHL First	Surveillance only; Isolates from suspected nosocomial outbreaks are submitted according to state code
Rabies Test (animals)	Bats – whole animal Small mammals (dogs, cats, skunks, etc), Livestock, horses – head only or intact	Testing is done for human exposure “(animals when a human has potentially been exposed to rabies)”

02/25/09

102 Oakdale Campus, #101 OH
Iowa City, IA 52242-5002
319/335-4500 Fax: 319/335-4555

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<http://www.uhl.uiowa.edu>

Iowa Laboratories Complex
2220 S. Ankeny Blvd., Ankeny, IA 50023-9093
515/725-1600 Fax: 515/725-1642



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Test	Specimen Type	Special Instructions
Rabies Test (humans)	Call UHL prior to specimen collection; all specimens submitted to CDC must go through state health laboratory	Requesting physician MUST call Iowa Dept of Public Health for consultation prior to specimen collection 800-362-2736
<i>Salmonella typhi</i> , specific culture	Stool	Pertinent travel history or exposure required
<i>Vibrio</i> species, specific culture	Stool in Enteric transport media (ETM); wounds	Pertinent travel history or exposure history required
VISA/VRSA Confirmation	Isolate subcultured no more than once	Call infection control; Call UHL Prior