



# Hygienic Laboratory

*The University of Iowa*

Turn-Around-Time for Laboratory Tests

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

Test Requested	Test Request Form	Average Turn-Around-Time	Phone #
Adenovirus Antibody	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	7 days	319-335-4275
Adenovirus Culture	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	10-12 days	319-335-4500
Alpha-Feto Protein	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	7-10 business days	319-335-4247
Antibiotic Resistance Surveillance	<ul style="list-style-type: none"> <li>▪ <a href="#">Specimen Type/Special Instructions</a></li> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ Collection Instructions</li> </ul>	Not applicable	319-335-4335
Arbovirus Panel (WEE, EEE, SLE, LAC)	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	7 days	319-335-4275
Arthropod Identification	<ul style="list-style-type: none"> <li>▪ <a href="#">Specimen Type/Special Instructions</a></li> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ Collection Instructions</li> </ul>	1-3 days	319-335-4336
Aspergillosis	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	1-2 weeks	319-335-4275
Bacterial Isolate Identification (aerobic/microaerophilic) (reference bacteriology)	<ul style="list-style-type: none"> <li>▪ <a href="#">Specimen Type/Special Instructions</a></li> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ Collection Instructions</li> </ul>	1-2 weeks	319-335-4275
Bacterial Isolate Identification (anaerobic) (reference bacteriology)	<ul style="list-style-type: none"> <li>▪ <a href="#">Specimen Type/Special Instructions</a></li> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ Collection Instructions</li> </ul>	7-10 days	319-335-4335
Blood Smear for Parasites	<ul style="list-style-type: none"> <li>▪ <a href="#">Specimen Type/Special Instructions</a></li> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ Collection Instructions</li> </ul>	1-3 days	319-335-4336
<i>Bordetella pertussis</i> PCR (whooping cough)	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	1-2 business days	319-335-4376

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<i>Bordetella pertussis</i> Culture (whooping cough)	<ul style="list-style-type: none"> <li>▪ <a href="#">Specimen Type/Special Instructions</a></li> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	10-12 days	319-335-4335
<i>Bordetella pertussis</i> DFA <sub>1</sub> (direct fluorescent antibody)	<ul style="list-style-type: none"> <li>▪ <a href="#">Specimen Type/Special Instructions</a></li> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	1-3 days	319-335-4335
Brucella Antibody	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	7 days	319-335-4291
Chlamydia/Gonorrhoeae	<ul style="list-style-type: none"> <li>▪ Special Request Only</li> </ul>	2 business days	319-335-4500
Chlamydia pneumoniae PCR	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	1-2 business days	319-335-4376
Coxsackie A Virus (9,16) Culture <sub>2</sub>	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	10-12 days	319-335-4500
Coxsackie B Virus (1-5) Culture <sub>2</sub>	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	10-12 days	319-335-4500
<i>Cryptococcus neoformans</i> Antigen	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	1 day	319-335-4291
<i>Cryptosporidium</i>	<ul style="list-style-type: none"> <li>▪ <a href="#">Specimen Type/Special Instructions</a></li> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	1-3 days	319-335-4336
<i>Cyclospora</i>	<ul style="list-style-type: none"> <li>▪ <a href="#">Specimen Type/Special Instructions</a></li> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	1-3 days	319-335-4336
Cystic Fibrosis	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	10-12 business days	319-335-4247
Cytomegalovirus Culture	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	5 days	319-335-4500
Cytomegalovirus Antibody	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	5 days	319-335-4275



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Test Requested	Test Request Form	Average Turn-Around-Time	Phone #
Diphtheria Culture	<ul style="list-style-type: none"> <li>▪ <a href="#">Specimen Type/Special Instructions</a></li> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	3-5 days	319-335-4335
<i>E.coli</i> O157, Culture Only	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	Negative: 3 days Positive: 3-5 days	319-335-4335
Echovirus Culture <sup>2</sup>	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	10-12 days	319-335-4500
EHEC (Enterohemorrhagic <i>E. coli</i> Toxin)	<ul style="list-style-type: none"> <li>▪ <a href="#">Specimen Type/Special Instructions</a></li> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	1-4 days	319-335-4335
Enteric Pathogen Culture (Stool Culture)	<ul style="list-style-type: none"> <li>▪ <a href="#">Specimen Type/Special Instructions</a></li> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	2-5 days	319-335-4335
Enterovirus (69-71) Culture <sup>2</sup>	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	10-12 days	319-335-4500
Enterovirus PCR (CSF only)	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	1-2 business days	319-335-4376
Epstein Barr Virus Antibody	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	5 days	319-335-4291
Fungal (Mycology) Culture	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	Negative: 3 weeks	319-335-4256
Fungal (Mycology) Isolate Identification	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	2 days to 1 month	319-335-4256
Fungal Panel (Blastomycosis, Histoplasmosis, Coccidiomycosis) Immunodiffusion	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	1-2 weeks	319-335-4275
Hantavirus Antibody	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	3 days	319-335-4275
Hepatitis A Antibody	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	1 day	319-335-4275
Hepatitis B Antigen & Antibody	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	5 days	319-335-4275



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Test Requested	Test Request Form	Average Turn-Around-Time	Phone #
Hepatitis C Antibody	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	5 days	319-335-4275
Herpes Simplex Antibody	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	5 days	319-335-4275
Herpes Simplex Virus Culture	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	5 days	319-335-4500
Herpes Simplex Virus DFA <sup>1</sup>	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	1 day	319-335-4500
Herpes Simplex Virus PCR (Ocular, CSF only)	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	1-2 business days	319-335-4376
HIV Antibody (Oral fluid & Serum)	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	2-3 days	319-335-4500
HIV Western Blot	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	5 days	319-335-4500
Human Granulocytic Anaplasmosis	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	5 days	319-335-4291
Human Monocytic Ehrlichiosis Antibody	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	5 days	319-335-4291
Influenza A & B PCR	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	1-2 business days	319-335-4376
<i>Legionella</i> Culture	<ul style="list-style-type: none"> <li>▪ <a href="#">Specimen Type/Special Instructions</a></li> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	10-14 days	319-335-4335
<i>Legionella</i> DFA <sup>1</sup>	<ul style="list-style-type: none"> <li>▪ <a href="#">Specimen Type/Special Instructions</a></li> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	1 business day	319-335-4335
<i>Legionella pneumophila</i> by PCR	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	1-2 business days	319-335-4376
Legionellosis Antibody	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	5 days	319-335-4291
Leptospirosis Antibody	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	5 days	319-335-4291



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Test Requested	Test Request Form	Average Turn-Around-Time	Phone #
Lyme Antibody	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	5 days	319-335-4291
Malarial Smear	<ul style="list-style-type: none"> <li>▪ <a href="#">Specimen Type/Special Instructions</a></li> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	1 business day	319-335-4336
Measles (Rubeola) Antibody	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	1 day	319-335-4275
Miscellaneous Culture for Bacterial Pathogens	<ul style="list-style-type: none"> <li>▪ <a href="#">Specimen Type/Special Instructions</a></li> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	No growth/ normal flora: 2-5 days	319-335-4335
Mumps Antibody	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	5 days	319-335-4275
Mumps Virus PCR	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	1-2 business days	319-335-4376
Mycobacteria Culture (TB culture)	<ul style="list-style-type: none"> <li>▪ <a href="#">Specimen Type/Special Instructions</a></li> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	Negative: 8 weeks	319-335-4256
Mycobacterial Isolate Identification	<ul style="list-style-type: none"> <li>▪ <a href="#">Specimen Type/Special Instructions</a></li> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	M. tb complex, M.avium, M. kansaii: 1-7 days; all others: >7days	319-335-4256
Mycobacterial Stain	<ul style="list-style-type: none"> <li>▪ <a href="#">Specimen Type/Special Instructions</a></li> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	1 business day	319-335-4256
Mycobacterial Susceptibility	<ul style="list-style-type: none"> <li>▪ <a href="#">Specimen Type/Special Instructions</a></li> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	10 days to 1 month	319-335-4256



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Test Requested	Test Request Form	Average Turn-Around-Time	Phone #
Mycobacterium Tuberculosis Direct Test (MTD)	<ul style="list-style-type: none"> <li>▪ <a href="#">Specimen Type/Special Instructions</a></li> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	1 business day	319-335-4256
Mycoplasma pneumoniae Antibody	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	7 days	319-335-4275
Mycoplasma pneumoniae by PCR	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	1-2 business days	319-335-4376
Norovirus (Norwalk-Like Viruses) PCR	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	1-2 business days	319-335-4376
O&P (ova and parasites)	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	2-3 days	319-335-4336
Parainfluenza Virus (1-3) Culture	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	7-12 days	319-335-4500
Parasite Identification	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	24-72 hours	319-335-4336
Parvovirus B-19 Antibody	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	5 days	319-335-4275
PFGE (Pulsed Field Gel Electrophoresis)	<ul style="list-style-type: none"> <li>▪ <a href="#">Specimen Type/Special Instructions</a></li> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	only isolates submitted from nosocomial outbreaks will be reported back to submitter	319-335-4335
Picornavirus Antibody	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	5 days	319-335-4275
Poliovirus (1-3) Culture <sup>2</sup>	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	7-12 days	319-335-4500
Q Fever Antibody	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	5 days	319-335-4291
Rabies Test (animals)	<ul style="list-style-type: none"> <li>▪ <a href="#">Specimen Type/Special Instructions</a></li> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	1 day	319-335-4447



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Rabies Test (humans)	<ul style="list-style-type: none"> <li>▪ <a href="#">Specimen Type/Special Instructions</a></li> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ Collection Instructions</li> </ul>	done at CDC	319-335-4447
Respiratory Syncytial Virus DFA <sup>1</sup>	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	1 day	319-335-4500
Rhinovirus Culture	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	10-12 days	319-335-4500
Rocky Mountain Spotted Fever Antibody	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	5 days	319-335-4291
Rubella Antibody	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	5 days	319-335-4275
<i>Salmonella typhi</i> , Culture Only	<ul style="list-style-type: none"> <li>▪ <a href="#">Specimen Type/Special Instructions</a></li> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	5-7 days	319-335-4335
Syphilis Antibody-TPPA	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	1 day	319-335-4291
Syphilis Antibody-VDRL	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	1 day	319-335-4291
Throat Culture for Group A beta Streptococcus	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	2 days	319-335-4335
Toxoplasmosis Antibody	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	5 days	319-335-4291
Trichrome Stain for Parasites	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ Collection Instructions</li> </ul>	2-3 days	319-335-4336
Tularemia Antibody	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	5 days	319-335-4291
Typhus Fever Antibody	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	5 days	319-335-4291
Varicella Zoster Virus DFA <sup>1</sup>	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	1 day	319-335-4500



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Vibrio Species, Culture Only	<ul style="list-style-type: none"> <li>▪ <a href="#">Specimen Type/Special Instructions</a></li> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ Collection Instructions</li> </ul>	2-5 days	319-335-4335
VISA Confirmation	<ul style="list-style-type: none"> <li>▪ <a href="#">Specimen Type/Special Instructions</a></li> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ Collection Instructions</li> </ul>	2-3 days	319-335-4335
VRSA Confirmation	<ul style="list-style-type: none"> <li>▪ <a href="#">Specimen Type/Special Instructions</a></li> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ Collection Instructions</li> </ul>	2-3 days	319-335-4335
West Nile Virus Antibody	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	3 days	319-335-4275
Yeast Identification	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ Collection Instructions</li> </ul>	2-7 days	319-335-4256
Yersinia Species only culture	<ul style="list-style-type: none"> <li>▪ <a href="#">Test Request Form</a></li> <li>▪ <a href="#">Collection Instructions</a></li> </ul>	14-20 days	319-335-4335

<sup>1</sup> Direct Fluorescent Antibody Stain

<sup>2</sup> See also [Enterovirus PCR](#)



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## APPENDIX – Acceptable Specimen Types/Special Instructions

Test	Specimen Type	Special Instructions
Antibiotic Resistance Surveillance	Isolates that qualify according to State Code	Surveillance Only
Arthropod ID	Whole arthropods in (70%) alcohol or isopropyl alcohol	
Bacterial Isolate Identification ( <b>Aerobic/Microaerophilic</b> )	Isolates from clinically significant patient specimens	<b>If isolate is a suspected agent of bioterrorism, call UHL prior to shipment</b>
Bacterial Isolate Identification ( <b>Anaerobic</b> )	Pure isolates from patient specimens from sterile sites	Isolates submitted from polymicrobial anaerobic cultures from wounds will not be processed; anaerobes from inappropriate sites for anaerobic culture (vagina, oral, skin, etc.) will not be processed
Blood Smear for Parasites	Prepared slides/EDTA blood	Includes malaria and filaria
<i>Bordetella pertussis</i> Culture/DFA	Nasopharyngeal swab/NP washing; DFA done on premade slides	Specimen <b>MUST</b> be submitted in Regan Lowe transport media (available upon request)
<i>Cryptosporidium/Cyclospora</i>	Preserved stool	
Diphtheria Culture	<b>Call UHL prior to collection</b>	
EHEC	Stool in Carey-Blair transport media or GN broth from EHEC positive/culture negative specimens processed at your facility	Done routinely on stools submitted for culture (one per patient series)
Enteric Pathogens (Bacterial)	Stool in Carey-Blair transport media	Includes culture for <i>Salmonella</i> , <i>Shigella</i> , <i>Campylobacter</i> , <i>Aeromonas</i> , <i>Yersinia</i> , <i>E. coli</i> O157:H7
<i>Legionella</i> Culture	Sputum, bronchial washings, bronchial brushings, pleural fluid, peritoneal fluid	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



# Hygienic Laboratory

*The University of Iowa*

Turn-Around-Time for Laboratory Tests

Test	Specimen Type	Special Instructions
Miscellaneous Culture for Pathogens	Call UHL first to verify culture capability for suspected organism from requested specimen	
Mycobacterial Culture (TB)	All EXCEPT: blood, stool, 24-hour urine	
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 highly suspicious of TB need prior approval of state TB program coordinator</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 submitted according to state code	Surveillance only; Isolates from suspected nosocomial outbreaks are accepted; <b>call UHL first</b>
Rabies Test (animals)	Bats – whole animal Small mammals (dogs, cats, skunks, etc), – head only Livestock, horses – head only or intact brain removed by vet	Testing is done for human exposure
Rabies Test (humans)	<b>Call UHL prior to specimen collection; all specimens submitted to CDC must go through state health laboratory</b>	<b>Requesting physician MUST call Iowa Dept of Public Health for consultation prior to specimen collection 800-362-2736</b>
<i>Salmonella typhi</i> , Culture Only	Stool	Pertinent travel history or exposure required
<i>Vibrio</i> species, Culture Only	Stool in Carey-Blair; wounds	Pertinent travel history or exposure history required
VISA/VRSA Confirmation	Isolate subcultured no more than once	Call infection control; <b>call UHL</b> prior to shipment; overnight shipment/ courier required