Ascension St. John

Cytomegalovirus (CMV) Rapid Culture

St. John Health System Lab Catalog

> Order Name: C CMV Rapid Test Number: 6908209 Revision Date: 06/26/2024

TEST NAME	METHODOLOGY	LOINC CODE
Cytomegalovirus (CMV) Rapid Culture	Shell Vial Culture	

SPECIMEN REQUIREMENTS					
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment	
Preferred	1 mL lung exudate or 1 cc lung biopsy	See Instructions	Sterile Screwtop Container	Refrigerated	
Instructions	Specimen Type: Sterile leakproof urine container or two green-top (heparin) tubes or viral transport tube (throat, cervical, semen, biopsy sources) Either sodium heparin or lithium heparin tubes are acceptable for this test. Specimen Storage: Do NOT freeze. Maintain blood at room temperature; other specimen sources should be refrigerated. Specimen Collection: BRONCHOALVEOLAR LAVAGE: Submit 10-50 mL fluid in sterile leakproof container and refrigerate. URINE: A first morning clean catch urine should be submitted in a sterile screw-cap container. Refrigerate immediately and ship at 4'C. Do NOT freeze. BLOOD/BUFFY COAT/BONE MARROW: Collect two green-top (heparin) tubes. Transport at room temperature as soon as possible. Do NOT freeze. OTHER: Collect a viral transport for throat, cervical, semen, and biopsy sources. Refrigerate immediately and ship at 4'C. Do NOT freeze. Special Instructions: If reflex test is performed, additional charges/CPT code(s) may apply. Submit one specimen per test requested. Specify the				
	exact specimen source/origin (e	g, urine). Indicate a specific te	st number on the request form.		

GENERAL INFORMATION	
Expected TAT	2 - 5 days
CPT Code(s)	87254
Service Provided By	Oklahoma, Inc.