

Cytomegalovirus (CMV) Rapid Culture

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 | <p>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.</p> <p>Specimen Storage: Do NOT freeze. Maintain blood at room temperature; other specimen sources should be refrigerated.</p> <p>Specimen Collection: BRONCHOALVEOLAR LAVAGE: Submit 10-50 mL fluid in sterile leakproof container and refrigerate.</p> <p>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.</p> <p>BLOOD/BUFFY COAT/BONE MARROW: Collect two green-top (heparin) tubes. Transport at room temperature as soon as possible. Do NOT freeze.</p> <p>OTHER: Collect a viral transport for throat, cervical, semen, and biopsy sources. Refrigerate immediately and ship at 4°C. Do NOT freeze.</p> <p>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 (eg, urine). Indicate a specific test number on the request form.</p> | | | |

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