

**Viral Testing include:**

Viral detection for Adenovirus, Coxsackie virus, Cytomegalovirus, Enterovirus, Herpes simplex and Herpes 1 and 2, Human metapneumovirus, Influenza, Parainfluenza, Respiratory Syncytial, Rhinovirus and Varicella zoster.

**Source and appropriate testing:**

For each sample specify source of specimen and indicate clinical symptoms, diagnosis or suspected viruses.

SOURCE <small>(If collection swabs submitted use white-capped swab, wooden swabs and swabs in gel will be rejected)</small>	Non-Respiratory VIRAL CULTURE	Respiratory VIRAL CULTURE	Respiratory Viral Panel PCR	Adenovirus PCR	CMV PCR	Enterovirus PCR	Epstein-Barr PCR	HSV 1 & 2 PCR	Herpes Simplex 6 DNA PCR	Meningitis Encephalitis Panel PCR	Parvovirus B19 PCR	Varicella Zoster PCR
BLOOD				X		X	X	X	X		X	X
<b>BODY FLUIDS:</b>												
Amniotic	X				X		X	X			X	X
Ascites					X		X	X				X
Pericardial	X				X	X	X	X				X
Peritoneal	X				X	X	X	X				X
Pleural		X			X	X	X	X				X
Synovial Fluid											X	
BONE MARROW				X	X		X		X		X	
CSF	X			X	X	X	X	X	X	X	X	X
DERMAL (leg, arm, axilla, skin)					X	X		X				X
ESOPHAGEAL (tissue, swabs, brushing)	X											
Eye					X	X	X	X				X
RECTAL SWAB	X				X	X						X
GENITAL (cervical, endocervical, genital, labia, penis, perianal, scrotum, vaginal)					X	X		X				X
LIP	X											
<b>OCULAR FLUIDS</b>												
ORAL (gum, mouth, tongue, tonsil, parotid, buccal)		X						X				
<b>NASOPHARYNX</b>												
<b>RESPIRATORY</b>												
Bronch Lavage/ Bronch Wash		X		X	X	X	X	X	X			X
Nasal Aspirate/washing		X		X	X	X	X	X				X
Sputum/Tracheal aspirate		X		X	X	X	X	X				X
THROAT, NASAL		X			X	X	X	X				X
<b>TISSUE :</b>												
Brain	X				X		X	X				X
Colon	X				X		X	X				X
Kidney	X				X		X	X				X
Lymph nodes					X		X	X				X
Liver					X		X	X				X
Lung		X			X		X	X				X
<b>URINE:</b>												
Neonate <1 month					X			X				
>1 month to adult				X	X							
WOUND SWAB (pus, drainage, abscess fluid) not acceptable sources for viral culture and viral PCR testing												

**Specimen Collection:**

The importance of a properly collected and promptly processed specimen for virus isolation cannot be overemphasized. For best results, the specimen *must* be collected during the acute phase of the illness and must be immediately processed by the Laboratory.

For additional collection instructions see – CSF, Lower Respiratory, NP, Stool, Throat or Urine procedures in sidebar content.

**Additional Viral Testing:**

- › Influenza A/B Screen - Screen for both Influenza A/B by Rapid PCR. Performed at [North Memorial Health Laboratory](#)
- › RSV Screen - Screens for RSV by Rapid PCR. Performed at [North Memorial Health Laboratory](#). If invalid, the specimen can be sent to Mayo for a respiratory viral culture. Request as NP for RSV screen.