

Enteric Isolate or Culture

Test Description	Confirmatory identification of enteric bacteria of public health significance, to include <i>Salmonella</i> , <i>Shigella</i> , <i>Campylobacter</i> , <i>Vibrio</i> , and shiga-toxin producing <i>Escherichia coli</i> .
Test Use	Identification and serotyping/grouping of enteric bacterial pathogens.
Test Department	Microbiology Phone: (860) 920-6596 FAX: (860) 950-6721
Methodology	Bacterial culture onto selective media, biochemical identification, serotyping, EIA
Availability	Daily, Monday - Friday
Specimen Requirements	<ul style="list-style-type: none"> • Pure culture of enteric pathogen on agar slant (preferred for shipping) or plate. • Culture independent diagnostic test (CIDT) device • Freshly passed stool specimen collected early in the course of disease
Collection Kit/Container	To obtain collection kit, refer to Collection Kit ordering Information.
Collection Instructions	Stool specimens from patients with diarrheal illness must be collected as early in the course of the disease as possible. Collect into a clean, dry container. Transfer specimen to Cary Blair transport media. Fill to indicated line (15 mL).
Specimen Handling & Transport	<ul style="list-style-type: none"> • Transport isolates to the laboratory at ambient temperature. Avoid temperature extremes. Follow all applicable federal packaging and shipping regulations. • Transport stool specimens at 2-8° C.
Unacceptable Conditions	Unlabeled specimens Specimens that leak or containers that have broken in transit Non-viable isolates Stools submitted in expired or dis-colored (yellow) transport media Stool specimens received more than 7 days after collection
Requisition Form	Clinical test requisition (select Enteric Isolate or Culture . Specify the organism suspected)
Required Information	Name and address of submitter (and/or Horizon profile #) Patient name or identifier, town of residence (city, state, zip), date of birth Specimen type or source, date collected, test requested, identity of the enteric pathogen to be confirmed Please ensure patient name on the requisition matches that on the specimen.

Revision: 8/25/15