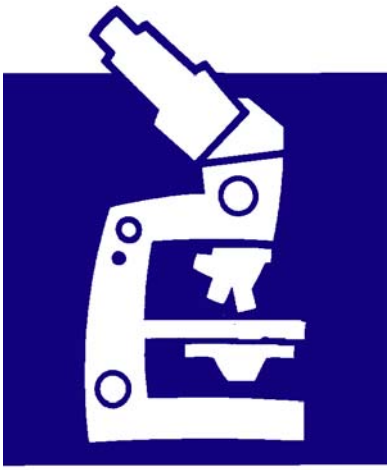
Directory of Services

2003-2005

Division of Microbiology
(Public Health Laboratory)



North Dakota
Department of Health

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This publication is available in alternative forms. Please contact:

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NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF MICROBIOLOGY
(North Dakota Public Health Laboratory)

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GENERAL INFORMATION

CLIA No. 35DO691722

The *2003-2005 Directory of Services* contains a listing of services and tests provided by the North Dakota Public Health Laboratory (NDPHL). Each test entry contains a brief explanation of the test, the analytical time, type of specimen required, cost and CPT code(s).

All specimens submitted to the NDPHL should be collected and handled with care. Improperly collected or inadequate specimens may give laboratory results of questionable value. Complete information is essential and should be supplied on the request form accompanying the sample. ***Testing may be delayed if all requested information is not submitted with the specimen.***

The NDPHL provides collection kits and mailing containers as described in Appendix B, page 23. Diagnostic specimens and infectious disease material must be mailed in containers that meet federal postal regulations. Please contact the NDPHL for assistance.

FEES AND SERVICES ARE SUBJECT TO CHANGE BY THE NDPHL

Telephone 701.328.5262

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A Division of the Medical Services Section

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Laboratory Testing and Fee Schedule

TEST	EXPLANATION	COST
Adenovirus Culture (VIC) CPT CODE: 87252 87260	*Description:* Tissue culture procedure for the isolation of adenovirus. Send appropriate specimen (eye, respiratory, stool, tissue, urine) in sterile container. Transport at 4°C. *Specimen:* Send isolate in appropriate **tubed** transport medium or Amies transport medium. **Plates not accepted.** *Normal Value:* Not applicable *Analytical Time:* 7 days	$40
Aerobic Culture Reference (REC) CPT CODE: 87077	*Description:* Aerobic isolate for identification by means of differential media, biochemicals and molecular analysis. *Specimen:* Send isolate in appropriate **tubed** transport medium or Amies transport medium. **Plates not accepted.** *Normal Value:* Not applicable *Analytical Time:* 7 days	$22
Aerobic Culture With MIC Susceptibility Testing (RCM) CPT CODES: 87077 87186	*Description:* Primary isolates for identification and antimicrobial susceptibility testing. *Specimen:* Send isolate in appropriate **tubed** medium or Amies transport medium. **Plates not accepted.** *Normal Value:* Not applicable *Analytical Time:* 7 days	$30
AFB Smear (Acid Fast Bacillus) (AFB) CPT CODE: 87206	*Description:* Smear referred for confirmation of acid-fast bacilli. Cultures should be sent for species identification. *Specimen:* Place appropriate specimen on a slide, heat fix and ship in protected container to prevent breakage. *Normal Value:* No acid fast bacilli seen *Analytical Time:* 1 day	No Charge
Anaerobic Actinomycetes Culture (REA) CPT CODE: 87075 87076	*Description:* Isolation and identification of Actinomycetes by means of biochemical tests. *Specimen:* Send appropriate specimen in anaerobic transport. *Normal Value:* Not applicable *Analytical Time:* 7 to 21 days	$22
Anaerobic Culture Reference (REA) CPT CODE: 87076	*Description:* Anaerobic isolate for identification by means of differential media, biochemicals and molecular analysis. *Specimen:* Send isolate in anaerobic **tubed** media such as Anaerobic Thio, Amies transport medium, PORT-A-CUL tubes, etc. **Plates not accepted.** *Normal Value:* Not applicable *Analytical Time:* 7 days	$22
Anthrax Culture Confirmation (REC) CPT CODE: 87077	*Description:* Aerobic isolate for identification by means of differential media, biochemicals and molecular analysis. *Specimen:* Send isolate in appropriate **tubed** transport media. **Plates are not accepted.** *Normal Value:* Not applicable *Analytical Time:* Preliminary results 1 day	No Charge
Anti-Hepatitis B Core	See "Hepatitis B Core Antibody (ANTI-HBc)"	
Anti-Hepatitis B Surface	See "Hepatitis B Surface Antibody (ANTI-HBs)"	
Antimicrobial Agar Diffusion Susceptibility for Fastidious Organisms (ADF) CPT CODE: 87184	*Description:* Antimicrobial susceptibility testing by agar diffusion for *Haemophilus influenzae* and *Neisseria gonorrhoeae*. *Specimen:* Send isolate in appropriate **tubed** transport or Amies transport medium. **Plates not accepted.** *Normal Value:* Susceptible, intermediate or resistant to panel of antimicrobials. *Analytical Time:* 2 days	$17

Clinical Laboratory Testing and Fee Schedule
Set-Up Days: Monday through Friday unless otherwise indicated.

TEST	EXPLANATION	COST
Antimicrobial Susceptibility Testing for *Streptococcus pneumoniae* (MIC) CPT CODE: 87186	*Description:* Antimicrobial susceptibility testing by MIC on oxacillin resistant isolates. Rifampin and levofloxacin testing upon request. *Specimen:* Send isolate in appropriate tubed transport or Amies medium. **Plates not accepted.** *Normal Value:* Susceptible, intermediate or resistant to panel of antimicrobial agents. *Analytical Time:* 2 days **No charge for sterile site. $17 for non-sterile site.*	*No Charge
Antimicrobial Susceptibility MIC Testing for Aerobic Bacteria (MIC) CPT CODE: 87186	*Description:* Antimicrobial susceptibility testing by MIC for organisms with unpredictable susceptibility patterns and for organisms that are likely to be pathogens in unusual situations. Requests may be made for specific antimicrobial agents. *Specimen:* Send isolate in appropriate **tubed** medium. **Plates not accepted.** *Normal Value:* Susceptible, intermediate or resistant to panel of antimicrobials. *Analytical Time:* 48 hours	$17
Arboviral Encephalitis Panel (WSI) CPT CODES: 86654-WEE 86652-EEE 86653-SLE 86651-California 86790-West Nile	*Description:* Indirect immunofluorescence or enzyme immunoassay procedure for detection of IgM antibody to western equine, eastern equine, St. Louis, California group and West Nile Virus encephalitis. *Specimen:* Send 2 ml acute phase serum. *Normal Value:* West Nile Virus negative, others <1:16 *Analytical Time:* 2 days (Seasonal: June 1- September 30)	$120
***Bordetella pertussis/parapertussis* Culture** (PEC) CPT CODE: 87081x2 87140	*Description:* Isolation and identification of *Bordetella pertussis/parapertussis* by culture and direct fluorescent antibody testing. *Specimen:* Collect naso-pharyngeal specimen on calcium alginate swab or Dacron swab. Send on Regan Lowe transport medium. Contact North Dakota Public Health Laboratory for transport medium. *Normal Value:* Negative* *Analytical Time:* 14 days **Positive results will be phoned to your facility.*	$18
***Bordetella pertussis/parapertussis* Direct Antigen Detection** (PED) CPT CODE: 87265x2	*Description:* Screen for *Bordetella pertussis* and *Bordetella parapertussis* by direct fluorescent antibody (DFA). *Specimen:* Inoculate naso-pharyngeal specimen onto two slides with two dime size circles per slide. Heatfix and send in protected container to prevent breakage. *Normal Value:* Negative* *Analytical Time:* 1 day **DFA results will be phoned to your facility.*	$12
***Bordetella pertussis/parapertussis* Nucleic Acid Amplified Test** (PAM) CPT CODE: 87798	*Description:* Nucleic acid amplification test for the detection of *Bordetella pertussis* and *Bordetella parapertussis*. *Specimen:* Collect duplicate nasopharyngeal swabs. Place one in a Regan Lowe transport and the second swab into the plastic transport tube. Include patient symptomology and vaccine history. *Normal Value:* Negative *Analytical Time:* 2 days **Positive results will be phoned to your facility.*	$45
Borrelia burgdorferi (Causative Agent of Lyme Disease)	See "Lyme Disease Antibody, IgM" "Lyme Disease Antibody, Total IgG"	
Brucella Antibody (AGG) CPT CODE: 86622	*Description:* Direct agglutination test for the detection of brucella antibody. *Specimen:* Send 1 ml serum. *Normal Value:* Negative *Analytical Time:* 1 day	$15

Clinical Laboratory Testing and Fee Schedule
Set-Up Days: Monday through Friday unless otherwise indicated.

TEST	EXPLANATION	COST
Brucella Culture Confirmation (REC) CPT CODE: 87077	*Description:* Aerobic isolate for identification by means of differential media, biochemicals and molecular analysis. *Specimen:* Send isolate in appropriate **tubed** transport media. **Plates not accepted.** *Normal Value:* Not applicable *Analytical Time*: Preliminary results 1 day	No Charge
California group Encephalitis Antibody, IgM	See "Arboviral Encephalitis Panel"	
Campylobacter Culture Confirmation (CAC) CPT CODE: 87046 87077	*Description:* Confirmation testing of Campylobacter isolates. *Specimen:* Send isolate in suitable **tubed** medium such as Campy-thio, Amies, etc. **Plates not accepted.** *Normal Value:* Negative *Analytical Time:* 3 weeks	No Charge
***Chlamydia trachomatis* Culture** (CHC) CPT CODE: 87110 87140	*Description:* Tissue culture procedure for the isolation of *Chlamydia trachomatis.* (suggested when sexual abuse is suspected). *Specimen:* Obtain epithelial cells from infected site. Place swab specimen immediately into chlamydia transport medium. **Send on wet ice**. Contact the North Dakota Public Health Laboratory for transport medium and collection instructions. *Normal Value:* Negative *Analytical Time:* 7 days	$40
***Chlamydia trachomatis* Direct Antigen Detection** (CHD) CPT CODE: 87270	*Description:* Direct fluorescent antibody test for presence of *Chlamydia trachomatis* elementary bodies. *Specimen:* Collect and submit cervical, urethral, ocular, nasophryngeal, or rectal specimens using the collection system provided. Contact the North Dakota Public Health Laboratory for collection kits. *Normal Value:* Negative* *Analytical Time:* 1 day **Positive results will be phoned to your facility.*	$10
***Chlamydia trachomatis* and *Neisseria gonorrhoeae* Nucleic Acid Amplified Test** (GPZ) CPT CODE: 87491- Chlamydia 87591- Gonorrhoeae	*Description:* Nucleic acid amplified test for the direct detection of *Chlamydia trachomatis* and *Neisseria gonorrhoeae* rRNA. *Specimen:* Send urethral and cervical specimen in Gen-Probe® unisex swab specimen collection kit. Send urine in a Gen-Probe® urine specimen collection kit. Contact the North Dakota Public Health Laboratory for collection kits. *Note: Rectal and ocular specimens should be submitted as Direct Antigen Detection or Culture tests.* *Normal Value:* Negative* *Analytical Time:* 1 day **Positive results will be phoned to your facility.*	$25
***Corynebacterium diphtheriae* Culture** (DIC) CPT CODES: 87081 87077	*Description:* Isolation and identification of *Corynebacterium diphtheriae* from clinical specimens. *Specimen:* Send throat or naso-pharyngeal specimen sent on Loefflers slant or Amies transport medium. *Normal Value:* Negative *Analytical Time:* 4-7 days	$22
Cyclospora Stain (O-P) CPT CODE: 87206	*Description:* Modified acid fast stain for the identification of *Cyclospora species*. *Specimen*: Send protofix or formalin preserved stool. Collection kits are provided. *Normal Value:* Negative *Analytical Time:* 1 day	$25
Cytomegalovirus (CMV) Culture (CMC) CPT CODE: 87252 87253	*Description:* Tissue culture procedure for isolation of cytomegalovirus. *Specimen:* Send appropriate specimen (such as urine) frozen on wet ice. *Normal Value:* Negative *Analytical Time:* 30 days	$40

Clinical Laboratory Testing and Fee Schedule
Set-Up Days: Monday through Friday unless otherwise indicated.

TEST	EXPLANATION	COST
Cytomegalovirus (CMV) IgM & Total Ig (CMV) CPT CODE: 86645	*Description:* Indirect fluorescent antibody test for total immunoglobulins and IgM antibodies to Cytomegalovirus. *Specimen:* Send 2 ml acute phase serum. *Normal Value:* <1:8 *Analytical Time:* 1 day	$25
Diphtheria Culture	See "*Corynebacterium diphtheriae* Culture"	
Encephalitis Panel (ENP) CPT CODES: 86694 - Herpes 86735 - Mumps 86762 - Rubella 86765 - Rubeola 86787 - V-Z	*Description:* Indirect fluorescent antibody or enzyme immunoassay test for IgM antibody to herpes simplex virus, rubella (German measles) virus, rubeola (measles) virus, varicella zoster virus, mumps virus. *Specimen:* Send 2 ml acute phase serum. *Normal Value:* <1:8 *Analytical Time:* 1 day	$100
Enterovirus Culture (ENT) CPT CODE: 87252 87267	*Description:* Tissue culture procedure for the isolation of enterovirus. *Specimen:* Send appropriate specimen (CSF, naso-pharyngeal, skin, lesions, stool, throat) in sterile container. Transport at 4°C overnight. *Normal Value:* Negative *Analytical Time:* 14 days	$40
Epstein-Barr Antibodies, IgM and Total Ig (E-B) CPT CODE: 86665	*Description:* Indirect fluorescent antibody test for total ummunoglobulins and IgM antibodies to Epstein Barr viral capsid antigen (VCA). *Specimen:* Send 2 ml acute phase serum. *Normal Value:* <1:8 *Analytical Time:* 1 day	$25
***Escherichia coli* O157:H7 Culture** (CUL) CPT CODES: 87046 87147x2	*Description:* Isolation and identification of enterohemorrhagic *Escherichia coli O157:H7* from clinical specimens. *Specimen:* Send stool specimen in Cary-Blair transport medium. *Normal Value:* Negative *Analytical Time:* 4 days	$22
***Escherichia coli* O157:H7 Serotyping** (ECS) CPT CODE: 87147x2	*Description:* Serological identification of *Escherichia coli O157:H7* associated with enterohemorrhagic colitis. *Specimen:* Send isolate in appropriate tubed medium or Amies transport medium. **Plates not accepted.** *Normal Value:* Negative *Analytical Time:* 3 days	No Charge
Fluorescent Treponema Antibody, IgG (FTA) CPT CODE: 86781	*Description:* Confirmatory indirect fluorescent antibody test for IgG antibody (FTA- ABS) to syphilis. Test is performed on serum reactive by screening test done at the North Dakota Public Health Laboratory. *Specimen:* Send 2 ml serum. *Analytical Time:* 1 day *Normal Value:* Nonreactive *Day(s) Set Up:* Thursdays **$12 if performed on non-reactive Syphilis screen. By prior arrangement only.*	*No Charge
Foodborne Pathogens (FOP) CPT CODES: 87070 87076 anaerobic ID 87077 aerobic ID	*Description:* Isolation and identification of foodborne pathogens. *Specimen:* Contact the North Dakota Public Health Laboratory for consultation. *Normal Value:* Negative *Analytical Time:* 3 days for preliminary report 1 week for final report *Testing provided for outbreaks only.	$48
***Francisella tularensis* Antibody**	See "Tularemia (Franciscella) Antibody"	
***Francisella tularensis* Culture Confirmation**	See "Tularemia (Francisella) Culture Confirmation"	

TEST	EXPLANATION	COST
Frozen Microorganism Library (FML)	*Description:* Complimentary service provided for frozen storage of "unusual" microorganisms submitted for epidemiological purposes. Contact the North Dakota Public Health Laboratory for assistance. *Specimen* Send isolate in appropriate tubed medium or Amies transport medium.	No Charge
Fungal Culture Reference (REF) CPT CODE: 87106 - yeast 87107 - mold	*Description:* Fungal isolate referred for identification by microscopic and biochemical tests. *Specimen:* Send isolate on **tubed** media such as Sabouraud Dextrose Agar or Amies transport media. **Plates not accepted.** Contact the North Dakota Public Health Laboratory for assistance with systemic isolates such as histoplasma, coccidioides and blastomyces. *Normal Value:* Not applicable *Analytical Time:* 2 weeks	$20
Fungal Culture, Routine (FUC) CPT CODES: 87102 87106 or 87107	*Description:* Culture exam for the isolation and identification of fungi. *Specimen:* Send in sterile containers or on Sabouraud Dextrose Agar. **Plates will not be accepted.** Consult the North Dakota Public Health Laboratory for systemic pathogens such as histoplasma, coccidioides, blastomyces. *Normal Value:* No fungi isolated *Analytical Time:* 2 weeks	$25
Fungal Smear (FNS) CPT CODE: 87205	*Description:* Microscopic screening test for fungal elements in clinical specimens. *Specimen:* Inoculate specimen onto slide, heat fix and send in protected container to prevent breakage. *Normal Value:* No fungal elements seen *Analytical Time:* 1 day	$6
Gonorrhoea Culture (GCC)	See "*Neisseria gonorrhoeae* Culture"	
***Haemophilus influenzae* Serotyping** (HIS) CPT CODE: 87147x6	*Description:* Serological grouping of *Haemophilus influenzae* isolates. *Specimen:* Send isolate in Amies transport medium or appropriate **tubed** medium. **Plates not accepted.** *Normal Value:* Not applicable *Analytical Time:* 2 days	$40
Handling Fee (CD6) CPT CODE: 99001	*Description:* Handling and/or conveyance of a specimen for transfer to a reference laboratory. *Specimen:* Test dependent. Call the Public Health Laboratory for specific directions. Charge depends on whether dry ice is required. *Normal Value:* Not applicable *Analytical Time:* Not applicable	$15 or $30
Hantavirus Antibody (HAN) CPT CODE: 87449	*Description:* Enzyme capture for IgM and ELISA for IgG. *Specimen:* Send 2 ml serum with **APPROPRIATE HISTORY**. *Normal Value:* Negative *Analytical Time:* Scheduled by individual case	$24
Hepatitis A Antibody IgM (HEA) CPT CODE: 86709	*Description:* Enzyme immunoassay for the detection of IgM antibody to hepatitis A. *Specimen:* Send 2 ml acute phase serum. *Normal Value:* Negative *Analytical Time:* 1 day	$25
Hepatitis A & B Panel (HAB) CPT CODES: 87340 - HBsAg 86705 - Anti-HBc IgM 86709 - Anti-HAV	*Description:* Enzyme immunoassays for the determination of acute and chronic hepatitis A & B. Test includes HBsAg, Anti-HBc (IgM) and Anti-HAV (IgM). *Specimen:* Send 2 ml acute phase serum. *Normal Value:* Negative *Analytical Time:* 2 days	$45

TEST	EXPLANATION	COST
Hepatitis A, B & C Panel (HSC) CPT CODES: 86709 - HBsAg 87340 - Anti-HBc IgM 86705 - Anti-HAV 86803 - Anti-HCV	*Description:* Enzyme immunoassay for the determination of acute and chronic hepatitis A, B & C. Tests include HBsAg, anti-HBc (IgM), anti-HAV (IgM) and anti-HCV. *Specimen:* Send 2 ml acute phase serum. *Normal Value:* Negative *Analytical Time:* 2 days* **See "Hepatitis C Antibody"*	$65
Hepatitis B & C Panel (HCB) CPT CODES: 86803 - HBsAg 86705 - Anti-HBc IgM 86803 - Anti-HCV	*Description:* Enzyme immunoassay for the determination of acute and chronic hepatitis B & C. Tests include HBsAg, Anti-HBc (IgM) and Anti-HCV. *Specimen:* Send 2 ml acute phase serum. *Normal Value:* Negative *Analytical Time:* 1 day* **See "Hepatitis C Antibody"*	$50
Hepatitis B Core Antibody, Total Ig (HBC) CPT CODE: 86704 86705	*Description:* Enzyme immunoassay for the detection of total immunoglobulin antibodies to hepatitis B core antigen. *Specimen:* Send 2 ml serum. *Normal Value:* Negative *Analytical Time:* 1 day	$35
Hepatitis B Core Antibody, IgM (HBM) CPT CODE: 86705	*Description:* Enzyme immunoassay for the detection of IgM antibody, anti-HBc (IgM) to hepatitis B core antigen. *Specimen:* Send 2 ml acute phase serum. *Normal Value:* Negative *Analytical Time:* 1 day	$25
Hepatitis B Surface Antibody Immune Status (Anti-HBs) (HBI) CPT CODE: 86706	*Description:* Enzyme immunoassay for establishing immunity to hepatitis B after immunization. Performed solely as a check for immunization response. *Specimen:* Send 2 ml serum. *Normal Value:* Positive *Analytical Time:* 1 day *Day(s) Set Up:* Friday	$16
Hepatitis B Surface Antigen (HBsAg) & Hepatitis B Core Antibody (Anti-HBc) (HBB) CPT CODES: 86706 86704	*Description:* Enzyme immunoassay for the detection of hepatitis B surface antigen and IgG/IgM antibodies to hepatitis B core antigen. *Specimen:* Send 2 ml serum. *Normal Value:* Negative *Analytical Time:* 1 day	$35
Hepatitis B Surface Antigen (HBsAg) (HBS) CPT CODE: 87340	*Description:* Enzyme immunoassay for the detection of hepatitis B surface antigen. *Specimen:* Send 2 ml serum. *Normal Value:* Negative *Analytical Time:* 1 day **No charge for prenatal*	$20*
Hepatitis C Antibody, IgG (Anti-HCV) (HCV) CPT CODE: 86803	*Description:* Enzyme immunoassay for the detection of IgG antibody to hepatitis C. *Specimen:* Send 2 ml of acute serum. *Normal Value:* Negative *Analytical Time:* 1 day *Day(s) Set Up:* Wednesday	$25
Herpes Simplex Virus Antibody, IgM and Total Ig (HEI) CPT CODE: 86694	*Description:* Indirect fluorescent antibody test for IgM and total immunoglobulin antibody to herpes simplex virus. *Specimen:* Send 2 ml acute phase serum with date of onset. *Normal Value:* <1:8 *Analytical Time:* 1 day	$25

TEST	EXPLANATION	COST
Herpes Simplex Virus Culture (HEC) CPT CODE: 87252	*Description:* Tissue culture procedure for the isolation of herpes simplex virus. *Specimen:* Send appropriate specimen (genital, urethral, oral, tissue, vesicle, CSF) in a sterile container. Transport at 4°C. *Normal Value:* Negative *Analytical Time:* 14 days	$40
HIV-I Antibody (Confirmation/ Supplemental Test) (HIV) CPT CODE: 86689	*Description:* Indirect fluorescent antibody confirmatory/supplemental test for the antibody to human immunodeficiency virus type I (HIV-I). All specimens are screened using the enzyme immunoassay. *Specimen:* Send 1 ml serum. *Normal Value:* Negative *Analytical Time:* 1 day	No Charge
HIV-I Antibody (Screening Test) (HIV) CPT CODE: 86701	*Description:* Enzyme immunoassay screening test for detection of antibody to human immuno-deficiency virus type I (HIV-I). Confirmatory testing (HIV-IFA) will be performed on all positive specimens. *Specimen:* Send 1 ml serum. *Normal Value:* Negative *Analytical Time:* 1 - 2 days	No Charge
HIV-I Oral Fluid Antibody (Screening Test) (HIV) CPT CODE: 86701	*Description*: Enzyme immunoassay screening test for detection of antibody to human immuno-deficiency virus type I (HIV-I) from oral fluid. The Division of Microbiology **does not** provide oral fluid collection devices. Training is required before collection devices can be ordered from OraSure®. Repeat positive specimens will require the collection of a serum specimen for confirmatory testing. *Specimen:* Oral fluid specimens may be collected from patients 13 years of age and older. *Normal Value:* Negative *Analytical Time*:1-2days *Day(s) Set Up:* Tuesday and Thursday	No Charge
Influenza Virus Type A & B Culture (INC) CPT CODE: 87252 87253x3	*Description:* Tissue culture procedure for the isolation of influenza virus type A & B. *Specimen:* Send respiratory specimen collected on a viral transport swab. Ship on wet ice or frozen. Contact the North Dakota Public Health Laboratory for viral transport swabs. *Normal Value:* Negative *Analytical Time:* 14 days	$40
Influenza Virus Type A & B Hemagglutination Inhibition (INH) CPT CODE: 86710x3	*Description:* Hemagglutination inhibition procedure for the detection of antibody to influenza virus types A & B. *Specimen:* Send 2 ml acute and convalescent (10-14 days post onset) phase sera. *Normal Value:* Less than 4-fold titer rise between acute and convalescent sera. *Analytical Time:* 2 days *Day(s) Set Up:* Weekly	$60
***Legionella pneumophila* Antibody, Total Ig (Legionnaires' Disease)** (LEI) CPT CODE: 86713	*Description:* Indirect immunofluorescence procedure for detection of total immunoglobulin antibody to *Legionella pneumophila.* *Specimen:* Send 2 ml acute and late (3-6 weeks after onset) convalescent phase sera. *Normal Value:* Less than 4-fold rise between acute and convalescent sera. *Analytical Time:* 1 day	$24
***Legionella pneumophila* Culture Confirmation** (LEC) CPT CODE: 87140	*Description:* Confirmation of *Legionella pneumophila* isolate. *Specimen:* Send isolate on **tubed** BCYE (buffered charcoal yeast extract agar) with added ketoglutarate. **Plates not accepted.** *Normal Value:* Not applicable *Analytical Time:* 7 days	$20

TEST	EXPLANATION	COST
***Legionella pneumophila* Culture and Direct Antigen Detection** (LCD) CPT CODES: 87081 87140 87278	*Description:* Direct fluorescent antibody (DFA) stain and culture for isolation and identification of *Legionella pneumophila*. *Specimen:* Collect appropriate specimen (bronchial, lung, sputum, tissue) and send in sterile container. *Normal Value:* Negative* *Analytical Time:* 7 days for culture exam 1 day for DFA **DFA test results and positive culture results will be phoned to your facility.*	$35
***Legionella pneumophila* Direct Antigen Detection** (LED) CPT CODE: 87278	*Description:* Screen for *Legionella pneumophila* by direct fluorescent antibody (DFA). *Specimen:* Inoculate pulmonary specimen onto two slides with two dime size circles per slide. Heat fix and send in protected container to avoid breakage. Request with culture to improve test sensitivity. *Normal Value:* Negative* *Analytical Time:* 1 day **DFA results will be phoned to your facility.*	$20
Lyme Disease Antibody IgM (LYD) CPT CODE: 86618	*Description:* Indirect immunofluorescence procedure for the detection of IgM antibody to *Borrelia burgdorferi.* *Specimen:* Send 2 ml of serum and clinical history including tick exposure. *Normal Value:* IgM <1:128 *Analytical Time:* 1 Day	$35
Lyme Disease Antibody IgG (LYD) CPT CODE: 86618	*Description:* Indirect immunofluorescence procedure for the detection of total antibodies to *Borrelia burgdorferi.* *Specimen:* Send 2 ml serum and clinical history including tick exposure. *Normal Value:* IgG <1:256. *Analytical Time:* 1 day	$35
Malaria Smears	See "Parasites, Blood"	
Measles (Rubeola) Virus Antibody	See "Rubeola (Measles), IgM"	
Measles (Rubeola) Virus Culture	See "Rubeola (Measles) Virus Culture"	
Methicillin-Resistant *Staphylococcus aureus* Confirmation (MRS) CPT CODE: 87181	*Description:* Confirmation of methicillin-resistant *Staphylococcus aureus* in cases where MIC susceptibility test result is in doubt. *Specimen:* Send suspected methicillin-resistant staphylococcus isolates in appropriate **tubed** medium or Amies transport medium. Include MIC susceptibility test results with request form. *Normal Value:* Not applicable *Analytical Time:* 2 days	No Charge
MIC Antimicrobial Susceptibility	See "Antimicrobial Susceptibility"	No Charge
Microsporidia Identification (O&P) CPT CODE: 87207	*Desciption:* Identification of *Microsporidium species*. *Specimen*: Send formalin preserved stool or duodenal aspirates. Fresh stool may be requested for PCR testing referrals. Fresh stool must be kept refrigerated. *Normal Value:* Negative *Analytical Time:* 1 day	$25

TEST	EXPLANATION	COST
Mumps Virus Antibody IgM and Total Ig (MUI) CPT CODE: 86735	*Description:* Indirect immunofluorescence procedure for the detection of IgM and total immunoglobulin antibodies to mumps virus. *Specimen:* Send 2 ml acute phase serum. *Normal Value:* <1:8 *Analytical Time:* 1 day	$25
Mumps Virus Culture (MUC) CPT CODE: 87252	*Description:* Tissue culture procedure for the isolation of mumps virus. *Specimen:* Send an appropriate specimen (CSF, respiratory, saliva, urine) in sterile container. Transport at 4°C. *Normal Value:* Negative *Analytical Time:* 14 days	$40
Mycobacteria Culture Reference (REM) CPT CODES: 87118 87149x3	*Description:* Bacterial isolate referred for the identification of mycobacteria by DNA probe and biochemical methods. *Specimen:* Send isolate on **tubed solid** media such as L-J slants, 7H-10 slants, etc. **Plates or liquid media not accepted.** *Normal Value:* Not applicable *Analytical Time:* 2 to 6 weeks	No Charge
Mycobacteria Culture Routine (includes acid-fast smear) (TBC) CPT CODES: 87015-concentration 87118-biochemical ID 87206-direct smear 87116-presum. culture 87149x3-DNA probe	*Description:* AFB smear and radiometric culture exam for isolation of Mycobacteria. Identification of mycobacteria by DNA probes and biochemical methods. Susceptibility testing will be performed on all initial isolates of *Mycobacterium tuberculosis*. *Specimen:* Collect in sterile container and send in appropriate shipping container. Contact the North Dakota Public Health Laboratory for collection and mailing kit. Refer to Reference Guide in Appendix B, pages 26 and 27. *Normal Value:* No mycobacteria isolated If positive, mycobacteria will be identified. *Analytical Time:* 2-8 weeks	No Charge
Mycobacteria Susceptibility (SUS) CPT CODE: 87188x10	*Description:* Susceptibility testing of first isolates of *Mycobacterium tuberculosis* and on additional isolates if development of drug resistance is suspected. *Specimen:* Send isolate on **tubed solid** media, such as L-J slants or 7H-10 slants. **Plates or liquid medium not accepted**. *Normal Value:* Susceptible *Analytical Time:* 2 weeks (minimum)	No Charge
***Mycobacterium tuberculosis* Nucleic Acid Amplified Test** (MTD) CPT CODE: 87556	*Description:* Nucleic acid amplification test for detection of *Mycobacterium tuberculosis* rRNA directly **from respiratory specimens**. *Specimen:* This test does not replace AFB smear or mycobacteria culture. Collect as for Routine Mycobacteria Culture. Assay performed at the request of the physician on symptomatic patients prior to treatment. *Normal Value:* Negative for *M.tb* rRNA *Analytical Time:* Test performed as needed. **Results will be phoned to your facility.*	$60
***Mycoplasma pneumoniae* Antibody, IgM** (MYI) CPT CODE: 86738	*Description:* Indirect immunofluorescence for the detection of IgM antibody to *Mycoplasma pneumoniae.* *Specimen:* Send 2 ml acute phase serum. *Normal Value:* <1:64 *Analytical Time:* 1 day	$25

TEST	EXPLANATION	COST
***Neisseria gonorrhoeae* Culture** (GCC) CPT CODES: 87070 87077	*Description:* Culture procedure for the isolation and identification of *Neisseria gonorrhoeae.* *Specimen:* Collect from suspected site and inoculate immediately onto JEMBEC™ plate. Incubate plate in CO_2 BioBag for 24 hours at 37°C before shipping. *Normal Value:* Negative* *Analytical Time:* 2 days **Positive results will be phoned to your facility.*	No Charge
***Neisseria gonorrhoeae* Nucleic Acid Amplification Test (urethral/cervical)**	See "*Chlamydia trachomatis* and *Neisseria gonorrhoeae* nucleic acid amplification test"	
***Neisseria meningitidis* Serogrouping** (NMS) CPT CODE: 87147x6	*Description:* Agglutination test with type-specific antisera for serogroups of *Neisseria meningitidis* from sterile sites only. *Specimen:* Send isolate in appropriate **tubed** transport or in Amies transport medium. **Plates not accepted.** *Normal Value:* Not applicable *Analytical Time:* 2 days	$40
Parasites, Blood (O-P) CPT CODE: 87207	*Description:* Microscopic exam for blood parasites. *Specimen:* At least two thin blood films and two thick films made from fresh blood are preferred. Blood containing anticoagulant (EDTA) can be used, if films are prepared within one hour. Air-dry and send in protected container to prevent breakage. Negative smear results should be repeated every 12-24 hours for three consecutive days. Include EDTA whole blood and serum tubes for possible referral. *Normal Value:* No parasites found. *Analytical Time:* 1 day	$30
Parasites, Stool (O-P) CPT CODES: 87177-Cono. and ID 87207-Trichrome 87206-Acid fast stain	*Description:* Concentration and microscopic exam for the detection of intestinal parasites. *Specimen:* Send stool specimen in preservative. Includes cryptosporidium acid-fast stain and Trichrome stain. Contact the North Dakota Public Health Laboratory for collection kits. *Normal Value:* No parasites found. If positive, organism will be identified. *Analytical Time:* 1 day	$25
Parainfluenza Virus Types 1, 2, 3, Culture (VIC) CPT CODE: 87252 87253	*Description:* Tissue culture procedure for the isolation of parainfluenza virus types 1, 2, and 3. *Specimen:* Send respiratory specimen transported at 4°C. Collect from infants to two years of age. *Normal Value:* Negative *Analytical Time:* 14 days	$40
Pertussis Culture	See "*Bordetella pertussis* Culture"	
Pertussis Nucleic Acid Amplified Test	See "*Bordetella pertussis/parapertussis* Nucleic Acid Amplified Test"	
Pertussis Direct Antigen Detection	See "*Bordetella pertussis/parapertussis* Direct Antigen Detection"	
Premarital Out-of-State)	See specific test requested	
Prenatal Hepatitis B Surface Antigen (HBsAg)	See "Hepatitis B Surface Antigen"	

TEST	EXPLANATION	COST
PVA Slides	See "Parasites, Stool"	
Q Fever Antibody, Total Ig (QFV) CPT CODE: 86638	*Description:* Indirect fluorescent antibody test for total immunoglobulin antibody to *Coxiella burnetii*. *Specimen:* Send 2 ml acute and convalescent (3 weeks post onset) phase sera. *Normal Value:* Less than 1:256 or < four fold rise in titer between acute and convalescent sera. *Analytical Time:* 1 day	$24
Rabies Direct Antigen Detection (Human exposure only) (RAD)	*Description:* Direct fluorescent antibody test for rabies antigen in brain tissue. *Specimen:* Send appropriate brain tissue. Contact the North Dakota Public Health Laboratory for assistance. Entire animal or heads are not accepted for analysis. *Normal Value:* Negative+ *Analytical Time:* 1 day **No charge to North Dakota residents.* *+Positive results will be phoned to your facility.*	$50*
Reference Culture	See "Aerobic Culture, Reference" or "Anaerobic Culture, Reference"	
Reference Culture with MIC Susceptibility Testing	See "Aerobic Culture with MIC susceptibility"	
Respiratory Syncytial Virus (RSV) Antibody, IgM and Total Ig (RSV) CPT CODE: 86756	*Description:* Indirect immunofluorescence procedure for the detection of IgM and total immunoglobulin antibody to respiratory syncytial virus. *Specimen:* Send 2 ml acute phase sera. Collect from infants to two years of age. *Normal Value:* <1:8 *Analytical Time:* 1 day	$25
Respiratory Syncytial Virus (RSV) Culture (VIC) CPT CODE: 87252 87253	*Description:* Tissue culture procedure for the isolation and identification of respiratory syncytial virus. *Specimen:* Send respiratory specimens transported at 4°C. Collect from infants to two years of age. *Normal Value:* Negative *Analytical Time:* 14 days	$40
Rickettsia Antibody Panel (RIP) CPT CODE: 86757x3	*Description:* Indirect immunofluorescence procedure for the detection of antibody to Rocky Mountain spotted fever and typhus group. *Specimen:* Send 2 ml acute and convalescent (3 weeks post onset) phase sera. *Normal Value:* <1:64 or < four fold rise in titer between acute and convalescent sera. *Analytical Time:* 1 day	$60
Rocky Mountain Spotted Fever Antibody (RMS) CPT CODE: 87299	*Description:* Indirect immunofluorescence procedure for the detection of antibody to Rocky Mountain spotted fever (seasonal). *Specimen:* Send 2 ml acute and convalescent (3 weeks post onset) phase sera. *Normal Value:* <1:64 or < four fold rise in titer between acute and convalescent sera. *Analytical Time:* 1 day	$30
RPR (Rapid Plasma Reagin)	See "Syphilis Screen"	
Rubella (German Measles) Virus Antibody IgM (RUB) CPT CODE: 86762	*Description:* Enzyme Immunoassay procedure for the detection of IgM antibody to rubella virus. *Specimen:* Send 2 ml acute phase serum. *Normal Value:* Negative *Analytical Time:* 1 day	$25

TEST	EXPLANATION	COST
Rubella Virus Antibody Immune Status (Out-of-State premaritals only) (RUI) CPT CODE: 86317	*Description:* Latex agglutination procedure for the detection of IgG/IgM antibody to rubella virus. (Testing reserved for premarital screening of individuals applying for a marriage license in states requiring the test.) *Specimen:* Send 2 ml serum. *Normal Value:* Immune *Analytical Time:* 1 day	No Charge
Rubeola (Measles) Virus Antibody, IgM and Total Ig (RUE) CPT CODE: 86765	*Description:* Indirect immunofluorescence procedure for the detection of IgM and total immunoglobulin antibodies to rubeola (measles) virus. *Specimen:* Send 2 ml acute phase serum. *Normal Value:* <1:8 *Analytical Time:* 1 day	$25
St. Louis Encephalitis Antibody, IgM	See "Arboviral Encephalitis Panel"	
Salmonella Serotyping (SAS) CPT CODE: 87147x15	*Description:* Serological confirmation of all salmonella isolates for epidemiological purposes. *Specimen:* Send isolate in appropriate **tubed** transport medium. *Normal Value:* Not applicable *Analytical Time:* 3 days	No Charge
Severe Acute Respiratory Syndrome (SARS) Nucleic Acid Amplified Test (SAR) CPT CODE: 87798	*Description:* Nucleic Acid Amplified test for direct detection of SARS virus. *Specimen:* **Prior consultation with the Department of Health is required before sending specimens for SARS.** Send nasopharyngeal aspirate or nasopharyngeal and oropharyngeal swabs. Collect acute and convalescent (3 weeks post onset) phase sera and EDTA whole blood. Fixed and frozen tissue may be requested. *Normal Value:* Negative *Analytical Time:* Scheduled by individual case.	No Charge
SARS Enzyme Capture Immunoassay (SRS) CPT CODE: 87449	*Description:* IgG Enzyme Captue Immunoassay for SARS Coronavirus. **Prior Consultation with the Department of Health is required before sending specimens for SARS.** *Specimens:* Send 2 ml acute and convalescent (3 weeks post onset) phase sera with APPROPRIATE HISTORY. *Normal Value:* Negative *Analytical Time:* Scheduled by individual case.	No Charge
Shigella Serotyping (SHS) CPT CODE: 87147x5	*Description:* Serological confirmation for epidemiological purposes. *Specimen:* Send isolate in appropriate **tubed** transport medium. *Normal Value:* Not applicable *Analytical Time:* 2 days	No Charge
Streptococcus Group B Confirmation (GBS) CPT CODE: 86403	*Description:* Antibody-coated latex test for confirmation of presumptively identified streptococcus group B (*Streptococcus agalactiae*) isolates. *Specimen:* Send isolate in appropriate **tubed** transport medium. *Normal Value:* Positive *Analytical Time:* 2 days	No Charge
***Streptococcus pneumoniae* Drug Susceptibility Testing**	See "Antimicrobial Susceptibility Testing for *Streptococcus pneumoniae*"	
***Streptococcus pneumoniae* Identification** (SPS) CPT CODE: 87797	*Description:* Confirmation of presumptively identified *Streptococcus pneumoniae* isolates using nucleic acid probe technology. *Specimen:* Send isolate in Amies transport medium. *Normal Value:* Positive *Analytical Time:* 2 days	$35

TEST	EXPLANATION	COST
Streptococcus Serological Grouping (RES) CPT CODE: 87147x5	*Description:* Serological grouping of ß hemolytic *Streptococcus* isolates (groups A, B, C, F and G) using latex agglutination. *Specimen:* Send isolate in Amies transport medium. *Normal Value:* Group designation. *Analytical Time:* 2 days	$30
Syphilis Screen, (RPR) (RPR) CPT CODE: 86592	*Description:* Rapid Plasma Reagin™ test for syphilis on STD patients, STD contacts or out-of-state premaritals where the state requires the test. *Specimen:* Send 2 ml serum. *Normal Value:* Nonreactive *Analytical Time:* 1 day	No Charge
Syphilis Confirmation	See "Fluorescent Treponemal Antibody, IgG"	
TORCH Antibodies, IgM and Total Ig (TOS) CPT CODE: 86777-Toxoplasma 86762-Rubella 86645-CMV 86694-Herpes	*Description:* Indirect immunofluorescence or enzyme immunoassay procedure for the detection of IgM and total immunoglobulin antibodies to *Toxoplasma gondii*, rubella virus, cytomegalovirus and herpes simplex virus. Reserved for infants younger than six months or by special arrangement only. Tests can be ordered individually (see alphabetical listings). *Specimen:* Send 2 ml acute phase serum, also spinal fluid. *Normal Value:* Toxoplasma <1:16; Rubella negative; CMV and Herpes <1:8 *Analytical Time:* 1 day	$80
***Toxoplasma gondii* Antibody, IgM and Total Ig** (TOX) CPT CODE: 86777	*Description:* Indirect immunofluorescence procedure for the detection of IgM and total immunoglobulin antibodies to *Toxoplasma gondii*. *Specimen:* Send 2 ml acute phase serum. *Normal Value:* <1:16 *Analytical Time:* 1 day	$25
Trichrome Slides (PVA) CPT CODE: 88313 87207	*Description:* For the detection of intestinal parasites. *Specimen:* Send specimens fixed in Protofix™ or PVA in appropriate mailing container to avoid breakage. Contact the Public Health Laboratory for assistance. *Normal Value:* No parasites found. *Analytical Time:* 1 day	$20
Tuberculosis (TB) Cultures	See "Mycobacteriology Culture Routine"	
Tularemia (Francisella) Antibody (TUL) CPT CODE: 86668	*Description:* Direct agglutination procedure for the detection of bacterial antibody to tularemia. *Specimen:* Send 2 ml acute and convalescent (3 weeks post onset) phase sera. *Normal Value:* Negative *Analytical Time:* 1 day	$10
Tularemia (Francisella) Culture Confirmation (REC) CPT CODE: 87077	*Description:* Aerobic isolate for identification by means of differential media, biochemicals and molecular analysis. *Specimen*: Send isolate in appropriate **tubed** media. **Plates not accepted**. *Normal Value:* Not applicable *Analytical Time*: Preliminary results 1 day	No Charge

TEST	EXPLANATION	COST
Vaccinia Nucleic Acid Amplified Test (VAC) CPT CODE: 87798	*Description:* Nucleic Acid Amplification for detection of vaccinia virus as a result of an adverse reaction to smallpox vaccination or to rule out smallpox. *Specimen:* *Infectious Substance Shippers* with collection/transportation directions have been provided to all sentinel laboratories. Call the North Dakota Public Health Laboratory for consultation regarding sample collection/shipment. Specimens to collect will include: Fluid and cells from two or more unroofed vesicles/pustules; A minimum of four touch preparation slides; Two to four non-cotton swabs in viral transport media. **The smallpox risk level should be clearly noted** on the laboratory requisition form accompanying any specimen labeled as "vesicle," "blister," "rash," or otherwise suggestive of acute/generalized vesicular or pustular rash illness. **Call the North Dakota Department of Health if you suspect smallpox, an adverse reaction to smallpox vaccination or require consultation on an unusual or pustular rash illness.** *Normal Valu:* Negative *Analytical Time:* Preliminary results within 1 day.	No Charge
Varicella-Zoster Virus Antibody, IgM and Total Ig (V-Z) CPT CODE: 86787	*Description:* Indirect immunofluorescence procedure for the detection of IgM and total immunoglobulin antibodies to varicella-zoster virus. *Specimen:* Send 2 ml acute phase serum. *Normal Value:* <1:8 *Analytical Time:* 1 day	$25
Varicella-Zoster Virus Antibody, IgG (VZI) CPT CODE: 86787	*Description*: Indirect immunofluorescence procedure for detection of IgG antibody to varicella-zoster virus. Performed as a check for immunity. *Specimen*: Send 2 ml serum. *Normal Value*: Positive *Analytical Time:* 1 day	$25
VDRL, Spinal Fluids only (VDR) CPT CODE: 86592	*Description:* Slide flocculation test for the presence of reagin in spinal fluid. *Specimen:* Send 1 ml spinal fluid. *Normal Value:* Nonreactive *Analytical Time:* 1 day *Day(s) Set Up:* Friday	$10
***Vibrio cholerae* Serotyping** (RES) CPT CODE: 87147x3	*Description:* Serological confirmation of *Vibrio cholerae O1* isolates. *Specimen:* Send isolate in appropriate **tubed** medium or Amies transport medium. **Plates not accepted.** *Normal Value:* Not applicable *Analytical Time:* 2 days	No Charge
Vibrio Culture (REC) CPT CODES: 87046 87077	*Description:* Isolation and identification of vibrio from a clinical specimen. *Specimen:* Send stool samples or rectal swabs from acute cases. *Normal Value:* Negative *Analytical Time:* 3 days	$22

TEST	EXPLANATION	COST
Viral Culture (VIC) CPT CODES: 87252 87253	*Description:* Tissue culture procedure for the isolation and identification of the following viruses: Adenovirus Arbovirus Coxsackie A, B virus (See Enterovirus) Cytomegalovirus Echovirus (See Enterovirus) Enterovirus Herpes simplex virus Influenza virus types A & B Measles virus (Rubeola) Mumps virus Parainfluenza virus types 1, 2, & 3 Polio virus (See Enterovirus) Respiratory syncytial virus (RSV) Varicella zoster virus *Specimen:* Send appropriate specimen (see alphabetical listings), patient history, and clinical information indicating which specific virus is suspected. *Normal Value:* Negative *Analytical Time:* 14 days	$40
Western Equine Encephalitis Antibody, IgM	See "Arboviral Encephalitis Panel"	
West Nile Virus Antibody, IgM (WNV) CPT CODE: 86790	*Description:* Enzyme immunoassay procedure for detection of IgM antibody to West Nile Virus. See also Arboviral Encephalitis Panel. *Specimen*: Send 2 ml late acute phase serum. *Normal Value:* Negative *Analytical Time:* 2 days (In season: June 1 – September 30) **$60 if performed out-of-season. By prior arrangement only.*	$60* out-of-season No Charge In-Season
Whooping Cough	See "*Bordetella pertussis/parapertussis* Tests"	
Yersinia Culture (REC) CPT CODES: 87045 87077	*Description:* Culture procedure for isolation and identification of *Yersinia species*. *Specimen:* Send stool specimen in Cary-Blair transport medium. *Normal Value:* Negative *Analytical Time:* 2 days for preliminary report 3 weeks for final report	$22

SPECIFIC TESTS NOT IN THIS LISTING MAY BE AVAILABLE
CONSULT THE NORTH DAKOTA PUBLIC HEALTH LABORATORY
PHONE: 701.328.5262

Dairy Product Analysis

The North Dakota Public Health Laboratory performs the following dairy product analysis in compliance with the Pasteurized Milk Ordinance and other state or federal regulatory programs:

Antibiotic Residues
Butter Analysis
Butterfat Analysis
Coliform Analysis
Direct Microscopic Clump Count (DMCC)
Direct Microscopic Cell Count (DMSCC)
Frozen Dessert Analysis
Grade A Dispenser Analysis
Grade A Pasteurized Milk Analysis
Grade A Raw Milk Analysis
Grade B Raw Milk Analysis
Optical Somatic Cell Count (OSCC)
Standard Plate Count

Water Analysis

The North Dakota Public Health Laboratory performs the following water quality analysis in support of the EPA Safe Drinking Water Act and environmental programs:

E.coli Analysis
Fecal Coliform Analysis, Fermentation Tube Method
Fecal Coliform Analysis, Membrane Filter Method
Fecal Strep Analysis
Iron Bacteria Determination
Plate Count Analysis
Pseudomonas Screen
Total Coliform Analysis

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Appendices

Appendix A

Reportable Conditions

SFN 7630 (Rev. 6-2003) **N.D. Mandatory Reportable Conditions**
North Dakota Administrative Code 33-03-01; (Statutory Authority NDCC 23-07-01)

Anthrax ✖ #
Botulism ✖ #
Brucellosis ✖ #
Campylobacteriosis #
Cancer +
Chickenpox (varicella)
Chlamydial infection
Cholera ✖ #
Clostridium perfringens intoxication ✖ #
Creutzfeldt-Jakob disease
Cryptosporidiosis
Diphtheria ✖ #
Encephalitis (arboviral)
Enteric *Escherichia coli* infection ✖# *(0157:H7,* other enterohemorrhagic, -pathogenic, -invasive)
Enterococcus, Vancomycin-resistant (VRE) #
Foodborne/waterborne outbreaks ✖
Giardiasis
Glanders ✖ #
Gonorrhea
Haemophilus influenzae (invasive) #
Hantavirus #
Hemolytic uremic syndrome ✖
Hepatitis (specify type) ◆
HIV infection/AIDS ○
Influenza
Lead (≥10µg/dL)
Legionellosis
Listeriosis ✖ #
Lyme disease
Malaria #
Measles (rubeola) ✖ #
Melioidosis ✖ #
Meningitis (bacterial) #
Meningococcal disease (invasive) ✖ #
Mumps
Nipah virus infections ✖ #
Nosocomial outbreaks (institutions)
Pertussis ✖ #
Plague ✖ #
Poliomyelitis ✖ #
Psittacosis
Q fever
Rabies (animal or human ✖ #)
Rocky Mountain spotted fever
Rubella ✖ #
Salmonellosis #
Scabies outbreaks (institutions)
Shigellosis #
Smallpox ✖ #
Staphylococcus aureus, Methicillin-resistant (MRSA) # ■
Staphylococcus aureus, Vancomycin-resistant (VRSA) #
Staphylococcus enterotoxin B intoxication ✖ #
Streptococcal infection (invasive) #
Syphilis
Tetanus
Tickborne encephalitis viruses ✖ #
Tickborne hemorrhagic fevers ✖ #
Toxic Shock Syndrome #
Trichinosis
Tuberculosis ✖ #
Tularemia #
Tumors +
Typhoid Fever ✖ #
Unexplained critical illness/death ✖
Unusual disease cluster ✖
Viral hemorrhagic fevers ✖ #
Weapons of Mass Destruction suspected event ✖
Yellow fever ✖ #

✖ Report immediately by telephone to the Division of Disease Control (701.328.2378 or 800.472.2180).
Submit isolate or appropriate sample to the N.D. Public Health Laboratory. Call 701.328.5262 for assistance.
+ Submit report to the North Dakota Cancer Registry. Call 800.280.5512 for assistance.
◆ Report Hepatitis A immediately by telephone to the Division of Disease Control (701.328.2378 or 800.472.2180).
○ Any HIV antibody-screening test confirmed by IFA or Western blot **OR** any HIV antigen or nucleic acid detection or viral isolate.
■ All MRSA infections. Submit isolates from invasive sites to N.D. Public Health Laboratory. Do not report MRSA colonization or isolates from environmental surfaces.

[Report Form – see page 24]

NORTH DAKOTA MORBIDITY REPORT
North Dakota Department of Health
Division of Disease Control
SFN 7630 (Rev 6-2003)

See other side for listing of reportable conditions

Confidentiality Protected by North Dakota
Century Codes 23-07-02.1 and 23-07-02.2

County	Report Date (M/D/Y)

Disease or Condition	Last Name	First Name	Date of Onset (M/D/Y)

Street Address	Telephone No.	Date of Birth (M/D/Y)	Race	Gender M / F	Marital Status M / S

City	State	Name of Employer	Business Telephone No.

Has Diagnosis Been Confirmed by Laboratory Test? ☐ No ☐ Yes-Name of Lab:	Specimen Source	Date Specimen Collected (M/D/Y)

Reason Test Conducted: ☐ Infection ☐ Screen ☐ Other (specify_____)	Is Isolate Resistant to Any Antimicrobial Agent? ☐ No ☐ Yes-Type of Antimicrobial:

Was Patient Hospitalized? ☐ No ☐ Yes-Name of Hospital:	Date Admitted (M/D/Y)	Outcome ☐ Survived ☐ Expired

Person Reporting	Address/Facility	Telephone Number

Specimen Submitted Is: ☐ Original Material ☐ Serum ☐ Pure Isolate (Specific Agent Identified_____)	**Health Care Provider**

Cancer Site	**Date Cancer Diagnosed (M/D/Y)**	**Cancer Histology**

Comments

Note: Form is available online at www.health.state.nd.us/disease/DiseaseCard.htm

Appendix B

Specimen Transport Information

The following specimen kits are furnished free of charge upon request. For requisition form see page 30.

1. CHLAMYDIA/GC AMPLIFIED PROBE – Gen-Probe® UNISEX Swab Specimen Collection Kits and Gen-Probe® Urine Specimen Collection Kits.
2. CHLAMYDIA DFA – Slide collection kits.
3. ENTERIC PATHOGENS - Amies transport medium in screw cap tube.
4. FUNGUS CULTURES - Saboraud's agar slants in screw cap tubes.
5. INFLUENZA - Viral Culturettes™.
6. MYCOBACTERIA (Tuberculosis) - One plastic 30 ml container (no preservative) for sputa and other body fluids.
7. PARASITES - One ounce containers with preservative for stool specimens.
8. PERTUSSIS CULTURE – Collection kits available from the North Dakota Public Health Laboratory and the following local public health units and medical facilities:

St. Alexius Medical Center	Bismarck	West River Regional Medical Center	Hettinger
Mid Dakota Clinic	Bismarck	Jamestown Hospital	Jamestown
Q&R Clinic	Bismarck	Emmons County District Health	Linton
St. Andrews Health Center	Bottineau	Ransom County District Health	Lisbon
Foster County District Health	Carrington	Trinity Medical Center	Minot
Pembina County District Health	Cavalier	First District Health Unit	Minot
Lake Region Clinic	Devils Lake	Presentation Hospital	Rolla
St. Joseph's Hospital Center	Dickinson	Johnson Clinic	Rugby
Dakota Clinic	Fargo	Kidder Country District Health Unit	Steele
Fargo Cass Public Health	Fargo	City-County Health Unit	Valley City
Innovis Health Clinic	Fargo	Richland Country District Health Unit	Wahpeton
Altru Hospital	Grand Forks	Upper Missouri District Health Unit	Williston
Grand Forks Public Health	Grand Forks		

9. REFERENCE CULTURES - Send on solid tubed media. Do not send plates of actively growing organisms. If tubed cultures are not available, a portion of growth can be cut out of an agar plate and placed in a sterile screw top water- tight container for referral.
10. SEROLOGY - Mailing containers only.
11. SMALLPOX/VACCINIA SHIPPERS – Collection devices and instructions are included in UN certified Infectious Substance Mailers. Call the NDPHL for assistance.
12. SPECIAL CULTURES - Contact laboratory for instructions.
13. TRANSPORT MEDIA - Amies transport media in screw cap tubes for transporting aerobic bacterial specimens.
14. VIRAL CULTURES - Viral Culturettes™ (Hank's Balance Salt Solution).
15. WATER EXAMINATION - Sterile 100 ml container for bacteriological analysis of water.
16. WHOOPING COUGH - see Pertussis Culture.

Appendix B

Reference Guide

MYCOBACTERIA COLLECTION AND HANDLING

Collection

Use sterile, leak-proof, disposable containers. Do not use waxed containers or urine cups. The Division of Microbiology (Public Health Laboratory) provides suitable containers.

Collect initial specimens before antimicrobial therapy is started.

Label each specimen container with patient name, specimen source and date of collection.

Collect specimens aseptically.

Collect sufficient material for the tests requested.

Do not use any fixatives or preservatives.

Swabs are not recommended.

Always include a properly completed laboratory slip.

Transportation

Transport specimens to the laboratory as quickly as possible.

Refrigerate specimens (except blood) if transportation will be delayed.

When packaging specimens for mailing, use ice packs and coolers. Cool conditions reduce the number of cultures lost to contamination, especially during summer months.

Enclose a completed laboratory slip for each specimen.

Never mail cultures in petri dishes or specimens in urine cups.

Packaging and labeling requirements of the *Interstate Quarantine Regulations* (Federal Register, Title 42, Chapter 1, Part 72) must be followed when shipping diagnostic specimens. The specimen collection containers provided by the Division of Microbiology meet these regulations. You may use other suitable systems.

Appendix B

Reference Guide

MYCOBACTERIA SOURCE-SPECIFIC COLLECTION

Sputum
Aseptically collect three to six specimens on consecutive days. For best specimens, collect early in the morning before breakfast and medication.

Saprophytic mycobacteria in tap water may produce false-positive culture or smear results. Avoid contamination.

Collect only the exudates brought up from the lungs after a deep, productive cough (not saliva or nasopharyngeal).

A volume of 5 to 10 ml is preferred. Do not pool specimens.

For follow-up of patients on therapy, collect at weekly intervals beginning three weeks after initiation of therapy.

Body Fluids (pleural, pericardial, peritoneal, synovial etc.)
Disinfect the site with alcohol, if collecting with needle and syringe.

Collect as much as possible (10 to 15 ml minimum) in a sterile container.

SPS or heparin may be necessary.

Blood
Collect 5 to 10 ml. SPS (yellow top) is preferred. Heparin may be used. No EDTA. Disinfect site as for routine blood culture. Do not refrigerate.

Tissue
Aseptically collect 1 g (if possible).
Do not wrap in gauze, freeze or add fixative or preservative. Avoid swabs. Select caseous portion if possible. If shipping by mail, add only enough sterile saline to prevent drying.

Urine
First morning void collected on three consecutive days provides the best yield (either clean-catch or catheterization).

Do not pool specimens or obtain from the catheter bag.

Collect 40 ml or more, if possible.
Never send urine cups through the mail.

Use appropriate leak-proof containers.

Bronchial Wash/Bronchoalveolar
Collect 5 ml or more in a sterile container.
Avoid contaminating bronchoscope with tap water.

Cerebral Spinal Fluid (CSF)
Send maximum volume obtained, preferably more than 2 ml.

Many other types of specimens are appropriate for mycobacterial culture.
Please call the Division of Microbiology for instructions.
Phone: 701.328.5262

Appendix B

Reference Guide

FIGURE A-1. Blood collection for thin or thick blood films

Gloves should be worn when processing blood.

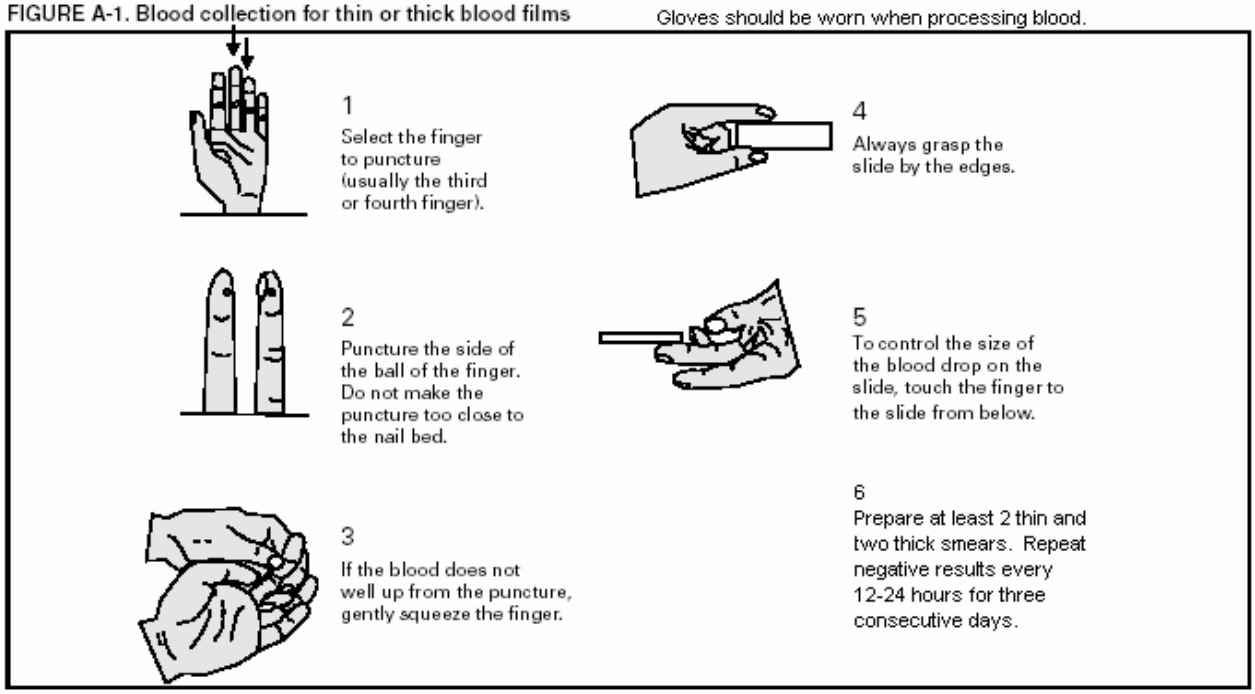
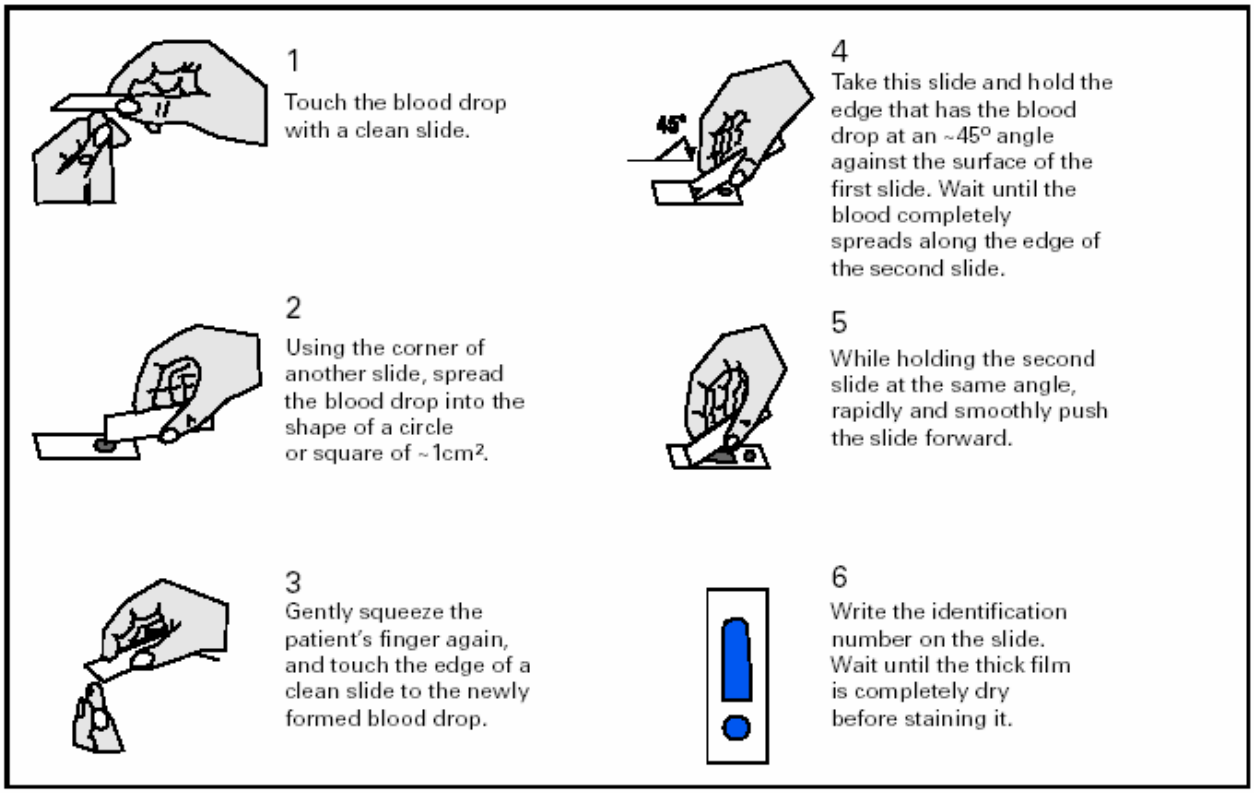


FIGURE A-2. Preparation of a thin and a thick blood film on the same slide



Appendix C

Supplies Request Form

LABORATORY SUPPLY REQUEST
North Dakota Department of Health
Division of Microbiology
SFN 16120 (03-00)

DATE: _____

Phone Number: 701.328.5262
FAX Number: 701.328.5270

Customer Code

Facility					
Address					
City			Zip Code		
Name of Caller					
ITEM REQUESTED	QUANTITY				
	Pkg/Box	Each			
Amies Transports					
Forms HIV Serology Request					
Laboratory Supply Request					
Miscellaneous Request					
GenProbe® Chlamydia/GC Nucleic Acid Amplification Tests Unisex Swab Specimen Collection Kits					
Urine Specimen Collection Kits					
O & P Transports					
Pertussis Transports					
Saboraud Fungus Transports					
TB Containers (Sputum and AFB)					
Viral Culturettes™					
Water Bottles Private					
Community					
Other					

Appendix C

HIV Serology Request Form

HIV SEROLOGY
NORTH DAKOTA DEPARTMENT OF HEALTH
SFN 16486 (Rev. 06-2003) TELEPHONE (701) 328-5262

NOTICE: Free, confidential HIV testing is made available through funding from the Centers for Disease Control and Prevention and is contingent upon this surveillance data. Therefore, it is imperative to complete this form in its entirety.

Patient's Name (Last) (First) (MI)

Source of Specimen: (Specify Type)
☐ Serum
☐ Oral Fluid
☐ Other _____

Patient's Address | Date of Birth ___/___/___ | Sex 1-M ☐ 2-F ☐

City | State | Zip Code

Telephone Number | Date Collected

Previously Tested?
NO YES
When? ___/___/___
Where? (State) (County)

ENTER YOUR ASSIGNED IDENTIFICATION CODE:

Physician's Name (Last, First) | Specimen Drawn By

Facility | Telephone Number

Address

City | State | Zip Code

FOR LABORATORY USE

RACE
☐ 1 - American Indian/Alaskan Native
☐ 2 - Asian
☐ 3 - Black or African American
☐ 4 - Native Hawaiian/Pacific Islander
☐ 5 - White

ETHNICITY
☐ Hispanic ☐ Non-Hispanic

REASON FOR TEST (Must check at least one)

☐ 1 Symptomatic for HIV
☐ 2 Client referral
☐ 3 Provider referral
☐ 4 STD related
☐ 5 Drug treatment related
☐ 6 Family planning related
☐ 7 Prenatal/OB related
☐ 8 TB related
☐ 9 Court ordered
☐ 10 Immigration/travel req.
☐ 11 Occupational exposure
☐ 12 Retest
☐ 13 Requesting HIV Test
☐ 14 Other

RISK BEHAVIORS (Check all that apply)

☐ 1- Sex with a man
☐ 2- Sex with a woman
☐ 3- Injection drug use
☐ 4- Sex with HIV + person
☐ 5- Sex with IDU
☐ 6- Sex with MSM
☐ 7- Sex in exchange for money/drugs
☐ 8- Current STD diagnosis
☐ 9- Child of HIV - infected woman
☐ 10- Other

LABORATORY TEST REQUEST FORM

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF MICROBIOLOGY
SFN 5826 (Rev. 01-2003)

Telephone: 701.328.5262
Fax : 701.328.5270

• FOR LABORATORY USE •

Patient's Name (Last) (First) (MI)

Patient's Address	Date of Birth		Sex ☐ Male ☐ Female	Race/Ethnicity
City	State	Zip Code	Medicaid/Medicare Number	

FACILITY			Customer Code
Address	State	Zip Code	Telephone Number
Physician's Name (Last, First)			UPIN Number

SPECIMEN DATA	Type/Source	☐ 1st Specimen ☐ 2nd Specimen	Date of Collection

PATIENT DATA	Disease Suspected	Date of Onset	
Principal Symptoms		Fever (Over 100°)	Rash ☐ YES ☐ NO
Hospitalization ☐ YES ☐ NO	Recent Immunizations (Specify)	Date of Immunization	

- ☐ (VIC) Adenovirus Culture
- ☐ (WSI) Arbovirus Encephalitis Panel (Seasonal)✳
- ☐ (REC) Aerobic Culture ID (Submit Isolate)
- ☐ (REA) Anaerobic Culture ID (Submit Isolate)
- ☐ (REC) *Bacillus anthracis* Culture
- ☐ (PAM) *Bordetella pertussis* Amplified Probe✳
- ☐ (AGG) Brucella Antibody✳
- ☐ (REC) Brucella Culture
- ☐ (CUL) Campylobacter Culture
- ☐ (CAC) Campylobacter Confirmation (Submit Isolate)
- ☐ (CHI) *Chlamydia trachomatis* Antibody, IgM
- ☐ (CHD) *Chlamydia trachomatis* DFA
- ☐ (AMP) *Chlamydia trachomatis/Neisseria gonorrhoeae* Nucleic Acid Amplified Probe
- ☐ (DIC) *Corynebacterium diphtheriae* Culture
- ☐ (CMV) Cytomegalovirus Antibody, IgM
- ☐ (CMC) Cytomegalovirus Culture
- ☐ (ENP) Encephalitis Panel✳
- ☐ (ENT) Enterovirus Culture
- ☐ (E-B) Epstein-Barr Antibody, IgM✳
- ☐ (CUL) *Escherichia coli* O157:H7 Culture
- ☐ (ECS) *Escherichia coli* O157:H7 Serotyping
- ☐ (FTA) Fluorescent Treponema Antibody (FTA-ABS)
- ☐ (TUL) *Francisella tularensis* Antibody✳
- ☐ (REC) *Francisella tularensis* Culture
- ☐ (FUS) Fungal Antibody Panel✳
- ☐ (FUC) Fungal Culture
- ☐ (FNS) Fungal Smear
- ☐ (HIS) *Haemophilus influenzae* Serotyping
- ➔ ***Hantavirus Antibody (Use Hantavirus Form)***
- ☐ (HAB) Hepatitis A & B Panel
- ☐ (HEA) Hepatitis A Antibody, IgM✳
- ☐ (HSC) Hepatitis A, B & C Panel
- ☐ (HCB) Hepatitis B & C Panel
- ☐ (HBC) Hepatitis B Core Antibody (Anti-HBc)
- ☐ (HBI) Hepatitis B Surface Antibody Immune Status (Anti-HBs)
- ☐ (HBS) Hepatitis B Surface Antigen (HBsAg)
- ☐ (HBB) Hepatitis B Surface Antigen (HBsAg) & Hepatitis B Core Antibody (Anti-HBc)
- ☐ (HCV) Hepatitis C Antibody (Anti-HCV)✳
- ☐ (HEI) Herpes Simplex Virus Antibody, IgM✳
- ☐ (HEC) Herpes Simplex Virus Culture
- ➔ ***HIV-I Antibody (Use HIV Form)***
- ☐ (INC) Influenza Virus Type A & B Culture
- ☐ (INH) Influenza Virus Type A & B Antibodies, Hemmagglutination Inhibition✳
- ☐ (LEI) *Legionella pneumophila* Antibody✳
- ☐ (LEC) *Legionella pneumophila* Culture Confirm.
- ☐ (LCD) *Legionella pneumophila* Culture & DFA
- ☐ (LED) *Legionella pneumophila* DFA
- ☐ (LYD) Lyme Disease Antibody✳
- ☐ (O-P) Malarial Thick and Thin Blood Smears
- ☐ (RUE) Measles Virus Antibody, IgM✳
- ☐ (VIC) Measles Virus Culture
- ☐ (MUI) Mumps Virus Antibody, IgM✳
- ☐ (MUC) Mumps Virus Culture
- ☐ (TBC) Mycobacteria Culture (TB) & Smear
- ☐ (MTD) Mycobacteria Direct Probe (Amplified)✳
- ☐ (SUS) Mycobacteria Susceptibility
- ☐ (MYI) *Mycoplasma pneumoniae* Antibody, IgM✳
- ☐ (GCC) *Neisseria gonorrhoeae* Culture
- ☐ (NMS) *Neisseria meningitidis* Serogrouping
- ☐ (O-P) Ova and Parasites
- ☐ (VIC) Parainfluenza Virus Types 1,2,3, Culture
- ☐ (HBS) Prenatal Hepatitis B Surface Antigen (HBsAg)
- ☐ (QFV) Q Fever Antibody✳
- ☐ (RSV) Respiratory Syncytial Virus Antibody, IgM (infants to 2 yrs) ✳
- ☐ (VIC) Respiratory Syncytial Virus Culture (infants to 2 yrs)
- ☐ (RMS) Rocky Mountain Spotted Fever Antibody✳
- ☐ (RUB) Rubella Virus Antibody, IgM✳
- ☐ (VIC) Rubella Virus Culture
- ☐ (SAS) Salmonella Serotyping
- ☐ (SHS) Shigella Serotyping
- ☐ (RPR) Syphilis Screen
- ☐ (GAS) Throat Culture
- ☐ (TOS) TORCH Antibodies Panel, IgM (Newborn)✳
- ☐ (TOX) *Toxoplasma gondii* Antibody, IgM✳
- ☐ (TYP) Typhus Antibody✳
- ☐ (V-Z) Varicella-Zoster Virus Antibody, IgM✳
- ☐ (VIC) Varicella-Zoster Virus Culture
- ☐ (REC) Vibrio Culture
- ☐ (VDR) VDRL (CSF)
- ☐ (REC) Yersinia Culture
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

✳Patient data required

WHITE COPY – Public Health Lab **YELLOW COPY** - Customer

NOTES