

<b>Powassan IgM Antibody</b>	
<b>Test Description</b>	Qualitative assay for the detection of IgM antibodies to Powassan (POW) virus in human serum and cerebrospinal fluid (CSF).
<b>Test Use</b>	As an aid in the laboratory diagnosis of Powassan virus infection in persons with symptoms of febrile illness and evidence of neurologic disease.
<b>Test Department</b>	Virology/Serology Phone (860) 920-6662, FAX: (860) 920-6661
<b>Methodology</b>	IgM antibody capture enzyme-linked immunosorbent assay (MAC-ELISA)
<b>Availability</b>	Weekly as needed
<b>Specimen Requirements</b>	0.5 mL Serum (serum separator tube, SST) and/or 1.0 mL CSF
<b>Collection kit/container</b>	Collection kits can be obtained by calling the outfit room, (860) 920-6674 or (860) 920-6675, Monday- Friday, 8:00 AM to 4:00 PM. Requests may also be submitted via e-mail to <a href="mailto:dph.outfitroom@ct.gov">dph.outfitroom@ct.gov</a>
<b>Collection Instructions</b>	Standard venipuncture for serum, allow SST specimens to clot completely before centrifugation. Collect and submit CSF in sterile container.
<b>Specimen Handling &amp; Transport</b>	Store specimen at room temperature (15-25 °C) for up to 4 days or at 2-8°C for up to 120 days. For longer storage of specimens, keep at -20 °C or colder for up to 1 year. Transport to laboratory with ice packs.
<b>Unacceptable Conditions</b>	Unlabeled specimen; Improper specimen type; Specimens that have leaked or containers that have broken in transit; Specimens not handled, stored, or transported as described above.
<b>Requisition Form</b>	Clinical Test Requisition OL-9B (indicate <b>Powassan IgM antibody</b> )
<b>Required Information</b>	Name and address of submitter. Two patient identifiers (ie.name, DOB, Acc.#, MRN), Town of residence (city, state, zip), specimen source/type, date collected, test(s) requested. Please ensure information on the requisition matches that on the specimen. <b>Please include symptom onset date, list of symptoms and any recent travel.</b>
<b>Limitations</b>	Results are not intended to be used as the sole basis for diagnosis, treatment, or other patient management decisions. They should be interpreted in conjunction with clinical observations, patient history, epidemiological information, and other laboratory evidence. Interpretation of Powassan IgM antibody results should account for the possibility of cross-reactivity with other flaviviruses. Assay performance has only been established with the specimen types indicated. Other specimen types are not acceptable for use with this assay. This test was developed, and its performance characteristics determined by the Connecticut Department of Public Health Laboratory. This test has not been cleared or approved by the Food and Drug Administration.
<b>Additional Comments</b>	Assay results are intended to be followed up according to the latest guidelines (e.g., recommendations from the Centers for Disease Control and Prevention) for the diagnosis of Powassan virus infection. Presumptive positive, equivocal and inconclusive specimens will be forwarded to CDC for PRNT confirmatory testing.

Revision: 4/23/2024