

## EIP Isolate for Identification

Revised: 10-5-2024

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| <b>Test description</b>                  | Confirmatory identification of non-enteric bacteria of public health significance. Includes isolates of Group A <i>Streptococcus</i> , Group B <i>Streptococcus</i> , <i>Haemophilus influenzae</i> , <i>Listeria monocytogenes</i> , <i>Neisseria meningitidis</i> , and <i>Streptococcus pneumoniae</i> isolated from normally sterile body sites. |
| <b>Test use</b>                          | Referral of bacterial isolates to CDC for serotyping as part of the Emerging Infections Program.                                                                                                                                                                                                                                                     |
| <b>Test department</b>                   | Microbiology<br>Phone: (860) 920-6596, FAX: (860) 920-6721                                                                                                                                                                                                                                                                                           |
| <b>Methodology</b>                       | Conventional biochemical testing, serotyping, latex agglutination                                                                                                                                                                                                                                                                                    |
| <b>Availability</b>                      | Daily, Monday - Friday                                                                                                                                                                                                                                                                                                                               |
| <b>Specimen requirements</b>             | Pure culture on appropriate agar slant (preferred) or plate.                                                                                                                                                                                                                                                                                         |
| <b>Collection Kit/Container</b>          | N/A                                                                                                                                                                                                                                                                                                                                                  |
| <b>Specimen Handling &amp; Transport</b> | Transport to the laboratory at room temperature (15-25°C).<br>Avoid temperature extremes.<br>Follow all applicable federal packaging and shipping requirements                                                                                                                                                                                       |
| <b>Unacceptable Conditions</b>           | Unlabeled specimens<br>Specimens that have leaked or containers that have broken in transit<br>Mixed or non-viable cultures                                                                                                                                                                                                                          |
| <b>Requisition Form</b>                  | Clinical test requisition OL-9B (select <b>EIP Isolate for identification</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 type or source, date collected, test requested.<br>Please ensure information on the requisition matches the specimen.                                                                                             |
| <b>Limitations</b>                       | Please submit only the following organisms: <i>Streptococcus pneumoniae</i> , <i>Haemophilus influenzae</i> , <i>Listeria monocytogenes</i> , <i>Neisseria meningitidis</i> , and Group A or B <i>Streptococcus</i> isolated from sterile body sites (blood, CSF, tissue, bone and other normally sterile body fluids or sites).                     |