Trioplex rRT-PCR

Test Description	Qualitative detection and differentiation of Zika virus, Dengue virus, and Chikungunya virus RNA in human sera or cerebrospinal fluid (CSF); qualitative detection of Zika virus RNA in human urine or amniotic fluid
Test Use	To aid in the diagnosis of recent Zika, Dengue, or Chikungunya virus infection.
Test Department	Virology Phone: (860) 920-6662 FAX: (860) 920-6661
Methodology	Real-time Reverse Transcriptase Polymerase Chain Reaction (rRT-PCR)
Availability	Daily, Monday-Friday
Specimen Requirements	• **Serum (0.5-1.0 mL) and urine are the preferred diagnostic specimens, submitted together** • CSF and amniotic fluid will be tested **only** if accompanied by a patient-matched serum specimen.
Collection Kit/Container	Category B shipping box with cold pack To obtain collection kit, refer to Collection Kit Ordering Information.
Collection Instructions	• Collect blood by standard venipuncture up to 14 days after symptom onset. Tube must be centrifuged and serum decanted prior to shipment. • Collect urine in a sterile container up to 14 days after symptom onset.
Specimen Handling & Transport	Specimens can be stored at 2-8°C for up to 72 hours after collection. If a delay is expected, store at -70°C or lower. Transport specimens on dry ice (preferably) or with an ice pack coolant.
Unacceptable Conditions	Unlabeled specimen Specimens that have leaked or containers that have broken in transit Improperly collected or transported specimens Specimens not meeting the established CDC testing criteria
Requisition Form	Clinical test requisition (in the **Test, Agent or Disease Not Listed (Specify):** box, write **Zika Virus**)
Required Information	Name and address of submitter (and/or Horizon profile #) Patient name or identifier, date of birth, town of residence (city, state, zip) Specimen type or source, date of collection, test requested Please ensure patient name on requisition matches that on the specimens.
Limitations	Testing requires prior approval of Epidemiology and Emerging Infections, (860) 509-7994.
Additional Comments	Specimens will be accepted from symptomatic patients who meet clinical and travel criteria **AND** are pre-approved for testing by the State Department of Public Health. Specimens received without prior approval will not be accepted for testing. To obtain approval for testing, providers must complete and fax the Zika Virus Report Form to 860-509-7910. The form is available at http://www.ct.gov/dph/cwp/view.asp?a=3136&Q=575880. The provider will be notified by telephone within 1 business day if a specimen may be submitted.