

Middle East Respiratory Syndrome Coronavirus (MERS-CoV) PCR

Test Description	Qualitative assay for the detection of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) nucleic acid in clinical specimens
Test Use	To aid in the diagnosis of Middle East Respiratory Syndrome in symptomatic persons.
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	<ul style="list-style-type: none"> Lower respiratory specimens (preferred), such as broncho-aveolar lavage, tracheal aspirate, pleural fluid, or sputum. Nasopharyngeal and oropharyngeal swabs or washes Stool Serum
Collection Kit/Container	Category B shipping box with cold pack To obtain collection kit, refer to Collection Kit Ordering Information.
Collection Instructions	<ul style="list-style-type: none"> Collect lower respiratory specimens within 7 days of symptom onset and before antiviral medications are used. Submit 2-3 mL in a sterile screw capped container. Nasopharyngeal/oropharyngeal swabs submitted in viral transport media. Use only synthetic fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts. Nasopharyngeal or nasal aspirates / washes: collect 2-3 mL into a sterile screw capped collection container. Collect 2-5 grams stool into a sterile screw capped container. Collect serum by standard venipuncture at any time during or after illness
Specimen Handling & Transport	Store specimen at 2-8° C. Transport with an ice pack coolant. Specimens must be received within 3 days of collection.
Unacceptable Conditions	Unlabeled specimen Specimens that have leaked or containers that have broken in transit Improperly collected or transported specimens
Requisition Form	Clinical test requisition (in the select Test, Agent or Disease Not Listed (Specify) : box, write MERS-CoV)
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 of collection, test requested Please ensure patient name on requisition matches that on the specimen.
Limitations	Testing requires prior approval of Epidemiology and Emerging Infections, (860) 509-7994.
Additional Comments	Testing is limited to those patients symptomatic of respiratory infection and who have traveled from the Arabian peninsula or neighboring countries 14 days before illness onset. Asymptomatic patients who have had contact with an infected person may have serologic testing referred to the Centers for Disease Control and Prevention. Serologic

	results are for research/surveillance purposes only and are not to be used for diagnosis of illness.
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