

Middle East Respiratory Syndrome Coronavirus (MERS-CoV) PCR

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| 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 |

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| | results are for research/surveillance purposes only and are not to be used for diagnosis of illness. |
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Revision: 8/25/15