

Enteric Isolate or Culture

Revised: 10-5-2023

Test Description	Confirmatory identification of enteric bacteria of public health significance, including <i>Salmonella</i> , <i>Shigella</i> , <i>Campylobacter</i> , <i>Vibrio</i> , <i>Escherichia coli</i> O157 and Shiga-toxin producing <i>Escherichia coli</i> .
Test Use	Identification and serotyping/grouping of enteric bacterial pathogens.
Test Department	Microbiology Phone: (860) 920-6596 FAX: (860) 920-6721
Methodology	Bacterial culture on selective media, biochemical identification, serotyping, EIA, API, MALDI-TOF
Availability	Daily, Monday - Friday
Specimen Requirements	<ul style="list-style-type: none"> • Pure culture of enteric pathogen on agar slant (preferred for shipping) or plate. • Culture independent diagnostic test (CIDT) – stool samples • Freshly passed stool specimen collected early in the course of disease
Collection Kit/Container	To obtain collection kit, refer to Collection Kit ordering Information.
Collection Instructions	Stool specimens from patients with diarrheal illness must be collected as early in the course of the disease as possible. Collect into a clean, dry container. Transfer specimen to Cary Blair transport media. Fill to indicated line (15 mL).
Specimen Handling & Transport	<ul style="list-style-type: none"> • Transport isolates to the laboratory at room temperature (15-25°C). Avoid temperature extremes. Follow all applicable federal packaging and shipping regulations. • Transport stool specimens at refrigerator temperature (2-8° C) with an ice pack.
Unacceptable Conditions	Unlabeled specimens Specimens that leak or containers that have broken in transit Non-viable isolates Stools submitted in expired or discolored (yellow) transport media Stool specimens received more than 7 days after collection
Requisition Form	Clinical test requisition OL-9B (select Enteric Stool Culture . Specify the organism suspected)
Required Information	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, identity of the enteric pathogen to be confirmed Please ensure information on the requisition matches the specimen.