
Reporting Title: Meningitis Encephalitis Panel, PCR**Performing Location:** Rochester**Ordering Guidance:**

It is **not** usually recommended that the following tests be concomitantly ordered if this test is ordered:

- CMVPV / Cytomegalovirus (CMV), Molecular Detection, PCR, Varies
- LENT / Enterovirus, Molecular Detection, PCR, Varies
- HSVC / Herpes Simplex Virus (HSV), Molecular Detection, PCR, Spinal Fluid
- HHV6V / Human Herpesvirus-6, Molecular Detection, PCR, Spinal Fluid
- VZVPV / Varicella-Zoster Virus, Molecular Detection, PCR, Varies

For recommended testing to be ordered with this test, see Additional Testing Requirements.

Additional Testing Requirements:

1. In some cases, there may be local public health requirements that impact Mayo Clinic Laboratories' (MCL) clients and require additional testing on specimens with positive results from this panel. Clients should familiarize themselves with local requirements. MCL recommends that clients retain an aliquot of each specimen submitted for this test to perform additional testing, as needed.
2. It is recommended that the following testing be ordered with this test:
 - CCCF / Cell Count and Differential, Spinal Fluid
 - TPSF / Protein, Total, Spinal Fluid
 - GLSF / Glucose, Spinal Fluid
 - GEN / Bacterial Culture, Aerobic, Varies
 - GRAM / Gram Stain, Varies
3. If clinically indicated, the following testing should also be ordered with this test:
 - FS / Fungal Smear, Varies
 - FGEN / Fungal Culture, Routine
 - LFACX / *Cryptococcus* Antigen with Reflex, Spinal Fluid

Shipping Instructions:

Specimen must arrive at refrigerated temperature within 7 days of collection.

Necessary Information:

Specimen source is required.

Specimen Requirements:

Specimen Type: Spinal fluid

Container/Tube: Sterile vial

Specimen Volume: 1 mL

Collection Instructions: Frozen specimens are **not** acceptable.

Forms:

[If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:](#)

[-Neurology Specialty Testing Client Test Request](#) (T732)

[-Microbiology Test Request](#) (T244)

Specimen Type	Temperature	Time	Special Container
CSF	Refrigerated	7 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
42375	Escherichia coli K1	Alphanumeric		82182-7
42376	Haemophilus influenzae	Alphanumeric		82183-5
42377	Listeria monocytogenes	Alphanumeric		82184-3
42378	Neisseria meningitidis	Alphanumeric		82185-0
42379	Streptococcus agalactiae	Alphanumeric		82186-8
42380	Streptococcus pneumoniae	Alphanumeric		82187-6
42381	Cytomegalovirus	Alphanumeric		82189-2
42382	Enterovirus	Alphanumeric		82194-2
42383	Herpes Simplex Virus 1	Alphanumeric		82190-0
42384	Herpes Simplex Virus 2	Alphanumeric		82191-8
42385	Human Herpes Virus 6	Alphanumeric		82192-6
42386	Human Parechovirus	Alphanumeric		82193-4
42387	Varicella Zoster Virus	Alphanumeric		82188-4
42388	Cryptococcus neoformans/gattii	Alphanumeric		82181-9
SRCSF	Specimen Source	Alphanumeric		31208-2
605190	Interpretation	Alphanumeric		59464-8

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

87483

Reference Values:

Negative (for all targets)