
Reporting Title: E. coli O157:H7 Culture, F
Performing Location: Rochester

Additional Testing Requirements:

In some cases, local public health requirements may impact Mayo Clinic Laboratories clients, requiring, for example, submission of isolates to public health laboratories. Clients should familiarize themselves with local requirements and are responsible for submitting isolates to appropriate public health laboratories. Clients can obtain isolates of Escherichia coli O157:H7 species recovered from specimens submitted to Mayo Clinic Laboratories by calling 800-533-1710 as soon as possible after reporting (to ensure viability of the bacterium).

Shipping Instructions:

Specimen must arrive within 96 hours of collection.

Necessary Information:

Specimen source is required.

Specimen Requirements:

Patient Preparation: Medications: Do not use barium or bismuth before specimen collection.

Supplies: Culture and Sensitivity Stool Transport Vial (T058)

Container/Tube: Commercially available transport system specific for recovery of enteric pathogens from fecal specimens (15 mL of non-nutritive transport medium containing phenol red as a pH indicator, either Cary-Blair or Para-Pak C and S)

Specimen Volume: Representative portion of fecal specimen

Collection Instructions:

1. Collect fresh feces and submit 1 gram or 5 mL in container with transport medium.
2. Place feces in preservative within 2 hours of collection.
3. Place vial in a sealed plastic bag.

Specimen Minimum Volume:

1 mL

Specimen Type	Temperature	Time	Special Container
Fecal	Ambient (preferred)	4 days	
	Refrigerated	4 days	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
E157C	Q00M0083	Specimen Source	Plain Text	No

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
E157C	E. coli O157:H7 Culture, F	Alphanumeric	mL	10851-4

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

87046-Escherichia coli O157:H7 Culture, Stool-with isolation and preliminary examination
87077-Bacteria Identification (if appropriate)
87153-Aerobe Ident by Sequencing (if appropriate)
87077-Additional Identification Procedure (if appropriate)
87147-Serologic Agglut Method 2 Ident (if appropriate)
87077-Ident by MALDI-TOF mass spec (if appropriate)

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
GID	Bacteria Identification			No	No (Bill Only)
ISAE	Aerobe Ident by Sequencing			No	No (Bill Only)
REFID	Additional Identification Procedure			No	No (Bill Only)
EC	Serologic Agglut Method 2 Ident			No	No (Bill Only)
RMALD	Ident by MALDI-TOF mass spec			No	No (Bill Only)

Reference Values:

No growth of pathogen