
Reporting Title: Enteric Pathogens Culture, Stool**Performing Location:** Rochester**Ordering Guidance:**

1. If *Vibrio* is suspected, order VIBC / *Vibrio* Culture, Feces.
2. If susceptibility testing is needed; also order ZMMLS / Antimicrobial Susceptibility, Aerobic Bacteria, Varies. Pathogens for which susceptibility testing would be pursued are: *Shigella* species, *Yersinia* species, *Campylobacter* species, *Arcobacter* species, and *Vibrio* species. If susceptibilities are not appropriate, they will not be performed and ZMMLS will be canceled at report time.
3. *Clostridioides (Clostridium) difficile*, a major cause of nosocomial diarrhea, is not detected by this test. Order CDPCR / *Clostridioides difficile* Toxin, PCR, Feces.
4. *Escherichia coli* O157:H7 is not detected by this test. Order STFRP / Shiga Toxin, Molecular Detection, PCR, Feces.

Additional Testing Requirements:

In some cases, local public health requirements may impact Mayo Clinic Laboratories (MCL) clients and require submission of isolates to a public health laboratory. Clients should familiarize themselves with local requirements and will be responsible for submitting isolates to the appropriate public health laboratory. Clients can obtain isolates of *Vibrio* species by calling 800-533-1710 as soon as possible to ensure viability of the organism.

Shipping Instructions:

Specimen must arrive within 96 hours of collection.

Necessary Information:

Specimen source is required.

Specimen Requirements:

Specimen Type: Preserved Feces

Patient Preparation: 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

Forms:

If not ordering electronically, complete, print, and send a Gastroenterology and Hepatology Test Request (T728) with the specimen.

| 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 |
|---------|-------------|-----------------|------------|------------|
| STL | Q00M0057 | Specimen Source | Plain Text | No |

Result Codes:

| Result ID | Reporting Name | Type | Unit | LOINC® |
|-----------|----------------------------------|--------------|------|--------|
| STL | Enteric Pathogens Culture, Stool | Alphanumeric | mL | 625-4 |

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

87045-Enteric Pathogens Culture, Stool-with isolation and preliminary examination
87046 x 3-Stool Culture Aerobic Bacteria, each
87077-Ident by MALDI-TOF mass spec (if appropriate)
87077-Bacteria Identification (if appropriate)
87153-Aerobe Ident by Sequencing (if appropriate)
87077-Additional Identification Procedure (if appropriate)
87147 x 3-Serologic Agglut Method 1 Ident (if appropriate)
87147 x 4-Serologic Agglut Method 3 Ident (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) |
| SALS | Serologic Agglut Method 1 Ident | | | No | No (Bill Only) |
| SHIG | Serologic Agglut Method 3 Ident | | | No | No (Bill Only) |
| RMALD | Ident by MALDI-TOF mass spec | | | No | No (Bill Only) |

Reference Values:

No growth of pathogens