
Reporting Title: Toxoplasma gondii PCR**Performing Location:** Rochester**Necessary Information:**

Specimen source is required.

Specimen Requirements:

Submit only 1 of the following specimens:

Specimen Type: Amniotic fluid

Container/Tube: Sterile container

Specimen Volume: 0.5 mL

Collection Instructions: Do not centrifuge.

Specimen Type: Spinal fluid

Supplies: Sarstedt Aliquot Tube 5 mL (T914)

Container/Tube:

Preferred: 12 x 75-mm screw cap vial

Acceptable: Sterile vial

Specimen Volume: 0.5 mL

Collection Instructions: Do not centrifuge.

Specimen Type: Fresh tissue

Supplies: M4-RT (T605)

Container/Tube:

Preferred: Multi-microbe medium (eg, M4-RT)

Acceptable: Sterile container with 1 to 2 mL of sterile saline

Specimen Volume: Entire collection

Collection Instructions: Submit only fresh tissue in a sterile container containing 1 mL to 2 mL of sterile saline or multi-microbe medium (M4-RT, M4, or M5)

Specimen Type: Ocular fluid

Supplies: Sarstedt Aliquot Tube 5 mL (T914)

Collection Container: 12 x 75-mm screw cap vial

Specimen Volume: 0.3 mL

Collection Instructions:

1. Aliquot collected fluid into screw-cap vial. Do not submit ocular fluid in syringe.
2. Do not centrifuge or dilute the specimen.

Specimen Minimum Volume:

Amniotic Fluid, Ocular Fluid, Spinal Fluid: 0.3 mL

Tissue: 2 x 2 mm biopsy

Forms:

If not ordering electronically, complete, print, and send a Microbiology Test Request (T244) with the specimen.

Specimen Type	Temperature	Time	Special Container
Varies	Refrigerated (preferred)	7 days	
	Frozen	7 days	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
PTOX	SRC74	Specimen Source	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
SRC74	Specimen Source	Alphanumeric		31208-2
81795	Toxoplasma gondii PCR	Alphanumeric		29904-0

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

87798

Reference Values:

Negative