

Reporting Title: Susc, Aerobic Actinomycetes**Performing Location:** Rochester**Shipping Instructions:**

1. For shipping information see Infectious Specimen Shipping Guidelines.
2. Place specimen in a large infectious container and label as an etiologic agent/infectious substance.

Necessary Information:

Specimen source is required.

Specimen Requirements:

Specimen Type: Organism in pure culture

Supplies: Infectious Container, Large (T146)

Container/Tube:

Preferred: Middlebrook 7H10 agar slant without antimicrobials

Acceptable: Sabouraud's dextrose agar slant or similar media without antimicrobials (eg, 7H11 agar slant, LJ, MGIT [7H9] broth media)

Specimen Volume: Isolate

Collection Instructions: Organism must be in pure culture, actively growing.

Specimen Minimum Volume:

See Specimen Required

Forms:

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

| Specimen Type | Temperature | Time | Special Container |
|---------------|---------------------|------|-------------------|
| Varies | Ambient (preferred) | | |
| | Refrigerated | | |

Ask at Order Entry (AOE) Questions:

| Test ID | Question ID | Description | Type | Reportable |
|---------|-------------|--|------------|------------|
| MMLNS | Q00M0037 | Specimen Source (Required) and Organism Identification (Required unless concurrent identification test is ordered) | Plain Text | No |

Result Codes:

| Result ID | Reporting Name | Type | Unit | LOINC® |
|-----------|-----------------------------|--------------|------|---------|
| MMLNS | Susc, Aerobic Actinomycetes | Alphanumeric | mL | 29577-4 |

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

87186

Reflex Tests:

| Test ID | Reporting Name | CPT Units | CPT Code | Always Performed | Orderable Separately |
|---------|---------------------------------|-----------|----------|------------------|----------------------|
| SSNS | Susceptibility Nocardia species | | | Yes | No (Bill Only) |
| MIC | Susceptibility, MIC | | | No | No (Bill Only) |

Reference Values:

Interpretive criteria and reporting guidelines are followed using the Clinical Laboratory Standards Institute (CLSI) M24S document.