
Reporting Title: Bacterial Culture, Cystic Fibrosis**Performing Location:** Rochester**Ordering Guidance:**

If susceptibilities are also desired, order CFRCS / Bacterial Culture, Cystic Fibrosis with Antimicrobial Susceptibilities, Varies.

Shipping Instructions:

Specimen must arrive within 48 hours of collection.

For shipping information see Infectious Specimen Shipping Guidelines

Necessary Information:

Specimen source is required.

Specimen Requirements:

Submit only 1 of the following specimens:

Preferred:

Specimen Type: Sputum, expectorated or induced

Patient Preparation: Have the patient brush their teeth or gargle with water immediately prior to specimen collection. This reduces the number of contaminating oropharyngeal bacteria.

Container/Tube: Sterile container

Specimen Volume: Entire collection

Acceptable:

Specimen Type: Bronchial aspirate or washing, sinus aspirate, bronchoalveolar lavage, endotracheal, or tracheal

Container/Tube: Sterile container

Specimen Volume: Entire collection

Specimen Type: Throat swab

Supplies:

-Culturette (BBL Culture Swab) (T092)

-BD E-Swab (T853)

Container/Tube: Culture transport swab (Dacron or rayon swab with aluminum or plastic shaft with either Stuart or Amies liquid medium), or ESwab

Specimen Minimum Volume:

See Specimen Required

Specimen Type	Temperature	Time
Varies	Refrigerated	48 hours

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
CFRC	Q00M0013	Specimen Source	Plain Text	No

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
CFRC	Bacterial Culture, Cystic Fibrosis	Alphanumeric	mL	44798-7

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

87070-Bacteria, culture, cystic fibrosis, respiratory
87077-Identification commercial kit (if appropriate)
87077-Ident by MALDI-TOF mass spec (if appropriate)
87077-Bacteria Identification (if appropriate)
87077-Additional Identification procedure (if appropriate)
87077-Identification Staphylococcus (if appropriate)
87077-Identification Streptococcus (if appropriate)
87147 x 1-3-Serologic agglut method 1 ident (if appropriate)
87147-Serologic agglut method 2 ident (if appropriate)
87147 x 4-Serologic agglut method 3 ident (if appropriate)
87147 x 2-6-Serologic Agglut Method 4 Ident (if appropriate)
87153-Aerobe Ident by sequencing (if appropriate)
87150-Identification by PCR (if appropriate)

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
COMM	Identification Commercial Kit			No	No (Bill Only)
RMALD	Ident by MALDI-TOF mass spec			No	No (Bill Only)
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)
EC	Serologic Agglut Method 2 Ident			No	No (Bill Only)
SHIG	Serologic Agglut Method 3 Ident			No	No (Bill Only)
STAP	Identification Staphylococcus			No	No (Bill Only)
STRP	Identification Streptococcus			No	No (Bill Only)
SIDC	Ident Serologic Agglut Method 4			No	No (Bill Only)
PCRID	Identification by PCR			No	No (Bill Only)

Reference Values:

No growth or usual microbiota
Identification of probable pathogens