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| Alternate Name: | Respiratory Syncytical Virus Antigen |
| Performing Lab: | New Hanover, Orthopedic Hospital, and ED North |
| Specimen Container: | Swab Nasopharyngeal aspirate or Nasopharyngeal washing in FLU/RSV Viral Transport Media (Red Top Tube, Red Media) |
| Minimum Volume Required: | 1 mL |
| Testing Availability | Routine: 24 hours/day Stat: Yes |
| Turnaround Time: | 2 hours |
| | All positive results are immediately called to the nurse and/or physician in charge of the patient and the Infection Control Practitioner. |
| Special Handling: | Specimens must be delivered to the laboratory within 1 hour of collection. |
| Patient Preparation: | None |
| Specimen Stability: | N/A |
| Reference Range: | Negative for RSV |
| Critical Value: | N/A |
| CPT Code: | 87798 |
| Testing Methodology: | This is a polymerase chain reaction, DNA amplification test which will detect and amplify viral DNA. |
| Causes for Specimen Rejection: | Improper labeling. Specimen not collected in a sterile container. Specimen container must not be contaminated on the outside. |

Specimens must be delivered to the laboratory within an hour of collection. Needles must be removed from syringe.

Use of calcium alginate swabs and wood shaft swabs

Other Comments:

Test is only available with FLU test as a combination test. Individual FLU testing is available without RSV testing if needed. Sensitivity of this test is 98% and specificity is 99% so repeat testing is not advised. This is not a test of cure.

Clinical Significance:

Evaluate lower respiratory tract infections in young children. Severe life-threatening infections due to respiratory syncytial virus can occur during the first few years. Acquired immunity is incomplete and reinfection can occur later. This test is recommended for the very young or the very old as immunity in these patients is normally not as strong.