

Gastrointestinal TEM-PCR™ Panel

TEM-PCR Benefits:

TEM-PCR technology is a unique, multiplex amplification platform designed to overcome the challenges that exist with conventional laboratory methods.

TEM-PCR Distinctions:

- Detects bacteria in the presence of antibiotics
- Differentiates pathogens that present with similar symptoms
- Simultaneously identifies viral and bacterial pathogens
- Identifies difficult to culture pathogens
- Offers simplicity of single sample collection



Test Name	Test Code	CPT* Codes	Components
Gastrointestinal Panel	906706	87507	Adenovirus 40, 41, Norovirus, Rotavirus, Enterohemorrhagic <i>E. coli</i> (EHEC) [Shiga-like toxin gene (stx 1 & 2)], Enteropathogenic <i>E. coli</i> (EPEC), Enterotoxigenic <i>E. coli</i> (ETEC), Enteroinvasive <i>E. coli</i> /Shigella (EIEC), <i>Salmonella enterica</i> , <i>Campylobacter jejuni</i> , <i>Vibrio parahaemolyticus</i> , <i>Cryptosporidium parvum</i> , <i>Giardia lamblia</i>

Specimen Requirements:

Stool or rectal swab in white-cap routine culture eSwab (supply #25784).

Stool Specimen Swab: Remove the swab and transfer tube from the collection kit. Do not contaminate. Stool samples should be carefully examined to identify portions of the specimen; e.g. blood, that often contain infectious pathogens. These areas of the specimen should be carefully collected by placing the eSwab tip directly into the representative area identified. Without contaminating the swab, place the swab in the eSwab transport tube all the way to the bottom of the tube. You may either break the swab at the scored breakpoint indication line or rotate the swab 5 times in the solution and discard the swab. Screw the top tightly on the transport tube at room temperature.

Rectal Swab: Remove the swab and transfer tube from the collection kit. Do not contaminate. Insert the tip of the sterile flocked swab approximately 1 inch beyond the anal sphincter. Carefully rotate the swab to sample the anal crypts then withdraw the swab. Without contaminating the swab, place the swab in the white top transport tube all the way to the bottom. You may either break the swab at the scored breakpoint indication line or rotate the swab 5 times in the solution and discard the swab. Screw the top tightly on the transport tube at room temperature.

*The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payor being billed.

Recent studies suggest that the presence of multiple pathogens in the stool of pediatric patients with gastroenteritis often indicates a more problematic course of infection.^{1,2,3}

Examples include:

- *Duration of diarrhea*
- *Duration of and frequency of vomiting*
- *Higher fevers*
- *Severity of dehydration*

Detection rates of co-infection in pediatric patients is relatively high in these studies (as much as 17.9%) and children with co-infection represent a group of patients where additional treatment or supportive measures are needed.



A Subsidiary of Laboratory Sciences of Arizona

1. Valentini et al. Co-infection in acute gastroenteritis predicts a more severe clinical course in children. *Eur J Clin Microbiol Infect Dis* 2013; 32:909-915.
2. Marie-Cardine A et al. Epidemiology of acute viral gastroenteritis in children hospitalized in Rouen, France. *Clin Infect Dis* 2002; 34:1170-1178.
3. Roman E et al. Acute viral gastroenteritis; proportion and clinical relevance of multiple infections in Spanish children. *J Med Microbiol* 2003; 52:435-440.

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