



Test Definition: GIP

Gastrointestinal Pathogen Panel, PCR, Feces

Reporting Title: GI Pathogen Panel, PCR, F

Performing Location: Mayo Clinic Laboratories - Rochester Main Campus

Ordering Guidance:

It is **not recommended** that the following tests be concomitantly ordered if this test is ordered:

- VIBC / *Vibrio* Culture, Feces
- ROTA / Rotavirus Antigen, Feces
- LADV / Adenovirus, Molecular Detection, PCR, Varies
- GIAR / *Giardia* Antigen, Feces
- CRYPs / *Cryptosporidium* Antigen, Feces
- CYCL / *Cyclospora* Stain, Feces
- STL / Enteric Pathogens Culture, Feces
- CAMPC / *Campylobacter* Culture, Feces
- SHIGC / *Shigella* Culture, Feces
- SALMC / *Salmonella* Culture, Feces
- YERSC / *Yersinia* Culture, Feces
- E157C / *Escherichia coli* O157:H7 Culture, Feces
- STFRP / Shiga Toxin, Molecular Detection, PCR, Feces
- CDPCR / *Clostridioides difficile* Toxin, PCR, Feces
- LNORO / Norovirus PCR, Molecular Detection, Feces

Additional Testing Requirements:

In some cases, there may be local public health requirements that impact Mayo Clinic Laboratories (MCL) clients and require additional testing on specimens with positive results from this panel. Clients should familiarize themselves with local requirements. MCL recommends clients retain an aliquot of each specimen submitted for this test to perform additional testing themselves, as needed. If necessary, see Interpretation for detailed information about how to obtain this testing.

Shipping Instructions:

Specimen must arrive within 4 days of collection.

Do not freeze. Testing will be canceled on specimens received frozen.

Specimen Requirements:

Supplies: Culture and Sensitivity Stool Transport Vial (T058)

Container/Tube:

Preferred: Specific modified Cary-Blair transport system; see Additional Information for acceptable collection media

Acceptable: Approved Cary-Blair transport system (15 mL of non-nutritive transport medium containing phenol red as a pH indicator)

Specimen Volume: Representative portion of feces

Collection Instructions:

1. Collect fresh fecal specimen and submit 1 gram or 5 mL in container with transport medium.
2. Within 2 hours of collection, place feces in preservative.
3. Submit preserved feces in original container. **Do not aliquot.**
4. **If unpreserved specimens are received, testing will be canceled.**

Additional Information:

If collection media other than those listed is utilized, testing may be canceled. Media listed have been verified for use

by Mayo Clinic Laboratories.

Modified Cary-Blair media:

Preferred: Culture and Sensitivity Stool Transport Vial (T058)

Acceptable: Meridian Para-Pak C and S, Cardinal Health Culture and Sensitivity Stool transport Vial

Cary Blair media: Remel Cary-Blair, Remel; Protocol Cary-Blair

Forms:

If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:

[-Gastroenterology and Hepatology Test Request \(T728\)](#)

[-Microbiology Test Request \(T244\)](#)

[-Kidney Transplant Test Request](#)

Specimen Type	Temperature	Time	Special Container
Fecal	Ambient (preferred)	4 days	
	Refrigerated	4 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
SRCGI	Specimen Source	Alphanumeric		31208-2
37081	Campylobacter species	Alphanumeric		82196-7
37082	C. difficile toxin	Alphanumeric		82197-5
37083	Plesiomonas shigelloides	Alphanumeric		82198-3
37084	Salmonella species	Alphanumeric		82199-1
37085	Vibrio species	Alphanumeric		82200-7
37086	Vibrio cholerae	Alphanumeric		82201-5
37087	Yersinia species	Alphanumeric		82202-3
37088	Enteraggregative E. coli (EAEC)	Alphanumeric		80349-4
37089	Enteropathogenic E. coli (EPEC)	Alphanumeric		80348-6
37090	Enterotoxigenic E. coli (ETEC)	Alphanumeric		80351-0
37091	Shiga toxin producing E. coli	Alphanumeric		82203-1
37092	Escherichia coli O157 serotype	Alphanumeric		82204-9
37093	Shigella/Enteroinvasive E. coli	Alphanumeric		80350-2
37094	Cryptosporidium species	Alphanumeric		82205-6
37095	Cyclospora cayetanensis	Alphanumeric		82206-4
37096	Entamoeba histolytica	Alphanumeric		82207-2
37097	Giardia	Alphanumeric		82208-0
37098	Adenovirus F40/41	Alphanumeric		82209-8
37099	Astrovirus	Alphanumeric		82210-6
37100	Norovirus GI/GII	Alphanumeric		82211-4
37101	Rotavirus	Alphanumeric		82212-2
37103	Sapovirus	Alphanumeric		82213-0
37262	Interpretation	Alphanumeric		59464-8

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

87507

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
CULFB	Fibroblast Culture for Genetic Test	1	88233	No	Yes
CULAF	Amniotic Fluid Culture/Genetic Test	1	88235	No	Yes
RMALD	Ident by MALDI-TOF mass spec	1	87077	No	No, (Bill Only)
GID	Bacteria Identification	1	87077	No	No, (Bill Only)
ISAE	Aerobe Ident by Sequencing	1	87153	No	No, (Bill Only)
REFID	Additional Identification Procedure	1	87077	No	No, (Bill Only)
_STR1	Comp Analysis using STR (Bill only)	1	81265	No	No, (Bill only)
_STR2	Add'l comp analysis w/STR (Bill Only)	1	81266	No	No, (Bill only)
VIBC	Vibrio Culture, Stool	1	87046	No	Yes

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
VIBC	VIBC	Vibrio Culture, Stool	Alphanumeric		In Process

Reference Values:

Negative (for all targets)