
Reporting Title: Organism Refer for ID, Aerobic Bact**Performing Location:** Mayo Clinic Laboratories - Rochester Main Campus**Ordering Guidance:**

Mayo Clinic Laboratories will not perform identification testing on suspected select agents (eg, *Bacillus anthracis*, *Brucella* species, *Burkholderia mallei*, *Burkholderia pseudomallei*, *Francisella tularensis*, and *Yersinia pestis*). Consult with your state health department or the Centers for Disease Control and Prevention regarding identification confirmation or exclusion of such isolates. For more information see www.selectagents.gov/sat/list.htm.

Additional Testing Requirements:

If susceptibility testing is needed; also order ZMMLS / Antimicrobial Susceptibility, Aerobic Bacteria, Varies. If susceptibilities are not appropriate and not performed, ZMMLS will be canceled.

Shipping Instructions:

1. See [Infectious Specimen Shipping Guidelines](#) for shipping information.
2. Place specimen in a large infectious container and label as an etiologic agent/infectious substance, if appropriate.

Necessary Information:

1. **Specimen source (anatomical body site) is required.**
2. **Isolate description is required including: Gram stain reaction, morphology, and tests performed.**

Specimen Requirements:**Preferred:****Specimen Type:** Bacterial isolate swab**Supplies:**

E-swab (T853)

Infectious Container, Large (T146)

Container/Tube:**Preferred:** E-Swab collection and transport system**Acceptable:** Flocked swab and 1-mL liquid Amies transport medium in 12 x 80 mm tube**Collection Instruction:**

1. Perform isolation of infecting bacteria.
2. Utilize the flocked swab to obtain an adequate sample of pure cultured isolate. **Do not submit mixed cultures.**
3. Place swab into the transport system containing 1-mL liquid Amies transport medium.
4. If needed, break off end of swab and close the transport tube.
5. Place the transport system into the secondary infectious container for shipment.
6. **Each isolate must be submitted under a separate order.**

Note: For the following organisms, submit an agar slant or other appropriate media to ensure viability upon arrival to the laboratory; *Neisseria gonorrhoeae*, *Campylobacter* sp., *Helicobacter pylori* and any other fastidious organism.

Acceptable:**Specimen Type:** Pure culture of organism from source cultured**Supplies:** Infectious Container, Large (T146)**Container/Tube:** Agar slant or other appropriate media**Collection Instructions:**

1. Perform isolation of infecting bacteria.
2. Bacterial organism must be submitted in pure culture, actively growing. **Do not submit mixed cultures.**
3. Place the agar slant or other appropriate media into the secondary infectious container for shipment.
4. **Each isolate must be submitted under a separate order.**

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
IDE NT	Q00M0 032	Specimen Source (Required) and Isolate Description-Gram reaction, morphology, tests performed (Required)	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
IDENT	Organism Refer for ID, Aerobic Bact	Alphanumeric		In Process

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

Supplemental Report:

No

CPT Code Information:

- 87077-Organism Referred for Identification, Aerobic Bacteria
- 87077-Identification Commercial Kit (if appropriate)
- 87077-Ident by MALDI-TOF mass spec (if appropriate)
- 87077-Bacteria Identification (if appropriate)
- 87153-Aerobe Ident by Sequencing (if appropriate)
- 87077-Additional Identification Procedure (if appropriate)
- 87147 x 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)
- 87077-Identification Staphylococcus (if appropriate)
- 87077-Identification Streptococcus (if appropriate)

87798-Identification by PCR (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
COMM	Identification Commercial Kit	1	87077	No	No, (Bill Only)
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)
SALS	Serologic Agglut Method 1 Ident	1	87147	No	No, (Bill Only)
EC	Serologic Agglut Method 2 Ident	1	87147	No	No, (Bill Only)
SHIG	Serologic Agglut Method 3 Ident	1	87147	No	No, (Bill Only)
STAP	Identification Staphylococcus	1	87077	No	No, (Bill Only)
STRP	Identification Streptococcus	1	87077	No	No, (Bill Only)
SIDC	Ident Serologic Agglut Method 4	1	87147	No	No, (Bill Only)
PCRID	Identification by PCR	1	87150	No	No, (Bill Only)

Reference Values:

Identification of organism