Overview

Useful For
Rapid qualitative detection of cytomegalovirus (CMV) DNA

This test is **not intended** for the monitoring of cytomegalovirus (CMV) disease progression.

Highlights
Qualitative detection of cytomegalovirus (CMV) DNA

Method Name
Real-Time Polymerase Chain Reaction (PCR)/DNA Probe Hybridization

NY State Available
Yes

Specimen

Specimen Type
Varies

Advisory Information
For plasma specimens order CMVQN / Cytomegalovirus (CMV) DNA Detection and Quantification by Real-Time PCR, Plasma.

Necessary Information
Specimen source is required.

Specimen Required
Submit only 1 of the following specimens:

Supplies: Aliquot Tube, 5 mL (T465)

Specimen Type: Fluid

Sources: Spinal, pleural, peritoneal, ascites, pericardial, amniotic, or ocular

Container/Tube:
Preferred: Sterile screw-cap 5-mL aliquot tube
Acceptable: Sterile Container

Specimen Volume: 0.5 mL

Collection Instructions: Do not centrifuge.

Supplies: Aliquot Tube, 5 mL (T465)
**Specimen Type:** Fluid

**Sources:** Respiratory; bronchial washing, bronchoalveolar lavage, nasopharyngeal aspirate or washing, sputum, or tracheal aspirate

**Container/Tube:**

**Preferred:** Sterile screw-cap 5-mL aliquot tube

**Acceptable:** Sterile container

**Specimen Volume:** 1.5 mL

**Supplies:**

Culturette (BBL Culture Swab) (T092)

M4-RT (T605)

**Specimen Type:** Swab

**Sources:** Genital; cervix, vagina, urethra, anal/rectal, or other genital sources

**Container/Tube:** multimicrobe media (M4-RT) (T605) and ESwabs

**Collection Instructions:** Place swab back into multimicrobe media (M4-RT, M4, or M5)

**Supplies:**

Culturette (BBL Culture Swab) (T092)

M4-RT Media (T605)

**Specimen Type:** Swab

**Sources:** Miscellaneous; dermal, eye, nasal, saliva, or throat

**Container/Tube:** multimicrobe media (M4-RT) (T605) and ESwabs

**Collection Instructions:** Place swab back into multimicrobe media (M4-RT, M4, or M5)

**Supplies:** M4-RT (T605)

**Specimen Type:** Tissue

**Sources:** Brain, colon, kidney, liver, lung, etc.

**Container/Tube:** Sterile container containing 1 mL to 2 mL of sterile saline or multimicrobe medium (M4-RT [T605], M4, or M5)

**Specimen Volume:** Entire collection
**Test Definition: LCMV**

**Cytomegalovirus PCR**

**Collection Instructions:** Submit only fresh tissue in multimicrobe media (M4-RT) (T605) or a sterile container with 1 to 2 mL sterile saline

**Specimen Type:** Urine

**Container/Tube:** Sterile container

**Specimen Volume:** 1 mL

**Collection Instructions:** Collect a random urine specimen.

**Specimen Type:** Bone marrow

**Container/Tube:** Lavender top (EDTA)

**Specimen Volume:** 0.5 mL

**Forms**

If not ordering electronically, complete, print, and send a [Microbiology Test Request](#) (T244) with the specimen.

**Specimen Minimum Volume**

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Temperature</th>
<th>Time</th>
<th>Special Container</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varies</td>
<td>Refrigerated</td>
<td>7 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Frozen</td>
<td>7 days</td>
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</tr>
</tbody>
</table>

**Reject Due To**

| Hemolysis               | Calcium alginate-tipped swab, wood swab, or transport swab containing gel Blood Serum Feces Paraffin blocks Breast milk |

**Specimen Stability Information**

**Clinical and Interpretive**

**Clinical Information**

Infection with cytomegalovirus (CMV) is a significant cause of morbidity and mortality in transplant recipients and other immunocompromised hosts. Specific neurologic syndromes associated with CMV infection include subacute radiculomyelopathy, peripheral neuropathy, and encephalitis.

CMV-associated central nervous system (CNS) disease occurs most commonly in immunocompromised patients. Histologic evidence of CMV infections in autopsy brain tissue was identified in 20% to 40% of AIDS patients. In 2 separate studies, CMV (DNA) was the most common herpesvirus (29/181, 16/49) detected from cerebrospinal fluid of patients with AIDS.
CNS infections with CMV can also occur in immunocompetent patients. CMV is a leading cause of congenital viral infections worldwide, and laboratory testing by real-time PCR is useful in the diagnosis of neonatal CMV disease.

**Reference Values**

**Interpretation**

Detection of cytomegalovirus (CMV) DNA in a specimen supports the clinical diagnosis of infection due to this virus.

Studies indicate that CMV DNA is not detected by PCR in cerebrospinal fluid from patients without central nervous system disease caused by this virus.

**Cautions**

A negative result does not eliminate the possibility of cytomegalovirus (CMV) infection.

This assay is only to be used for patients with a clinical history and symptoms consistent with CMV infection, and must be interpreted in the context of the clinical picture. This test should not be used to screen asymptomatic patients.

**Supportive Data**

The following validation data support the use of this assay for clinical testing.

**Accuracy:**

A total of 200 prospective clinical samples (respiratory [n=72], urine [n=67], spinal fluid [n=25], fresh tissue [n=18], amniotic fluid [n=10], and bone marrow [n=8]) were submitted to our reference laboratory for cytomegalovirus (CMV) real-time PCR (Roche analyte specific reagents [ASR], Roche Diagnostics, Indianapolis, IN). Respiratory samples included bronchoalveolar lavage (BAL) fluid (n=25), bronchial washing (n=40), nasal swab (n=4), tracheal secretions (n=2), and throat swab (n=1). Each sample was tested by 6 real-time PCR assays, and the results were compared to consensus reference standard (4 of 6 results being in agreement). The performance of the US9 CMV real-time PCR (laboratory-developed test) is summarized in Table 1 below:

<table>
<thead>
<tr>
<th>US9 CMV PCR</th>
<th>Consensus Result</th>
<th>Sensitivity</th>
<th>Specificity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>45</td>
<td>97.8 (87.6-99.9)</td>
<td>100 (97.1-100)</td>
</tr>
<tr>
<td>Negative</td>
<td>1</td>
<td>154</td>
<td></td>
</tr>
</tbody>
</table>

**Analytical Sensitivity/Limit of Detection (LoD):**

To evaluate the analytical sensitivity, whole virus control (Acrometrix, Life Technologies) at a starting concentration of 500,000 copies/mL was used to generate a dilution panel. In brief, samples were diluted 1:2 in tris-EDTA buffer to a final concentration of 8 copies/mL. Each member of the dilution panel was then tested in triplicate, with the LoD being defined as the highest dilution at which all replicates tested positive. The LoD was determined to be 122 copies/mL (1).
Analytical Specificity:

No PCR signal was obtained from extracts of 44 bacterial and viral isolates including Epstein-Barr virus (EBV), herpes simplex virus (HSV), varicella-zoster virus (VZV), human herpes virus (HSV) 6, HHV7, HHV8, and parvovirus.

Clinical Reference


Performance

Method Description

Viral nucleic acid is extracted by the MagNA Pure automated instrument (Roche Applied Science) from clinical specimens. Primers directed to the target Us9 gene produce a 285-base pair amplicon. The LightCycler instrument amplifies and monitors by fluorescence the development of target nucleic acid sequences after the annealing step during PCR cycling. This is an automated PCR system that can rapidly detect amplicon development through stringent air-controlled temperature cycling in capillary cuvettes. The detection of amplified products is based on the fluorescence resonance energy transfer (FRET) principle. For FRET product detection, a hybridization probe with a donor fluorophore, fluorescein, on the 3'-end is excited by an external light source and emits light that is absorbed by a second hybridization probe with an acceptor fluorophore, LC-Red 640, at the 5'-end. The acceptor fluorophore then emits a light of a different wavelength that can be measured with a signal that is proportional to the amount of specific PCR product. Melting curve analysis is performed following PCR amplification. Starting at 45 degrees C, the temperature in the thermal chamber is slowly raised to 80 degrees C and the fluorescence is measured at frequent intervals. Analysis of the PCR amplification and probe melting curves is accomplished through the use of LightCycler software. (Espy M, Binnicker MJ: Comparison of six real-time PCR assays for the qualitative detection of cytomegalovirus in clinical specimens. J Clin Microbiol 2013:51[11]:3749-3752)

PDF Report

No

Day(s) and Time(s) Test Performed

Monday through Saturday; 6 p.m.; Sunday: 1 p.m.
Analytic Time
Same day/1 day

Maximum Laboratory Time
3 days

Specimen Retention Time
1 week

Performing Laboratory Location
Rochester

Fees and Codes

Fees
- Authorized users can sign in to Test Prices for detailed fee information.
- Clients without access to Test Prices can contact Customer Service 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact Customer Service.

Test Classification
This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.

CPT Code Information
87496

LOINC® Information

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<th>Test Order Name</th>
<th>Order LOINC Value</th>
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<td>LCMV</td>
<td>Cytomegalovirus PCR</td>
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<table>
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<th>Result LOINC Value</th>
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<tbody>
<tr>
<td>SRC66</td>
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<tr>
<td>81240</td>
<td>Cytomegalovirus PCR</td>
<td>5000-5</td>
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