IDAHO DEPARTMENT OF HEALTH & WELFARE

Test Title	***Bordetella pertussis* Detection of DNA In Clinical Samples Methodology: PCR**
Sample Requirements	1. Sample type(s): nasopharyngeal swab or nasal aspirate (no calcium alginate) or nasal wash (0.5 ml). 2. Rejection Criteria: Specimen sent in viral transport media.
Sampling Materials	1. Sample Container: sterile tube or container. 2. Collection kits available from laboratory. Call (208) 334-2235 ext. 226 or State Lab website.
Procedural Notes	1. Use the *B. pertussis* Test Request Form and Client Billing Form (if applicable). Also reference the B. pertussis Collection Instructions sheet found below the test request form. 2. CPT Code: 87798 3. Contact your local health district before requesting this test.
Shipping Instructions	1. Temperature/preservative instructions: refrigerated. 2. Package according to Biological Substance, Category B, shipping guidelines. 3. Ship to: Idaho Bureau of Laboratories **ATTENTION: Bacteriology Laboratory** 2220 Old Penitentiary Rd Boise, ID 83712
Reporting and Turnaround Time (TAT)	1. TAT: 48-72 hours from receipt of specimen 2. The performance characteristics of this assay have been verified in accordance with FDA requirements. 3. This disease must be reported to your local health district or to the state Bureau of Communicable Disease Prevention according to the rules and regulations governing Idaho reportable diseases (IDAPA 16.02.10). 4. Reference Range: N/A