



Department of Health and Human Services
 Health and Environmental Testing Laboratory
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Detection of Powassan Virus by Real Time RT PCR

Laboratory Submission Information Sheet

Reporting of suspect case to Maine CDC	<ul style="list-style-type: none"> • Yes: Powassan is a Notifiable Condition. If you have not already done so, please report suspect or confirmed cases to the Maine CDC via the disease reporting line: 1-800-821-5821 (24hrs/day 7 days/week.)
Required To Submit Laboratory Specimen	<ul style="list-style-type: none"> • NO • HETL Arbovirus submission form IS REQUIRED travel history within 3 months prior to symptom onset is pertinent information. • Date of Onset IS REQUIRED.
Required Information	<ul style="list-style-type: none"> • Information on requisition must include: suspected organism, patient name, DOB, date of collection, specimen source or type, submitter name and contact information. • Important: all specimens must be labeled with patient name and be accompanied by a HETL requisition.
Specimen Requirements	<ul style="list-style-type: none"> • Cerebral Spinal Fluid (CSF) (0.5ml minimum, 1ml preferred) or Whole blood in EDTA, lavender top (at least 0.5mL). Samples should be kept at 4°C for short term storage and may be frozen (-70°C) for long term storage. Collect specimen in a sterile leak proof container. Avoid contamination of CSF with blood.
Collection Instructions	<ul style="list-style-type: none"> • Spinal Fluid: Collect acute specimens 2–10 days after onset of symptoms in sterile container. • Whole Blood: Collect acute specimen 3–10 days after onset of symptoms in a sterile EDTA tube • CSF and blood specimens should be stored and shipped cold (2 - 8°C)
Turn Around Time	<ul style="list-style-type: none"> • Results should be expected within 1 - 2 business days of specimen receipt
Unacceptable Conditions	<ul style="list-style-type: none"> • Specimens received without a form and clinical details or with insufficient material to analyze. • Rejection Criteria: CSF diluted in Viral Transport Media (VTM), specimen not refrigerated or not frozen, incorrect specimen type. Blood specimens that are clotted.
Results	<ul style="list-style-type: none"> • Powassan virus RNA DETECTED or NOT DETECTED. • All results will be reported only to submitter as stated on requisition via mail or fax.
Laboratory Testing Fee	<ul style="list-style-type: none"> • \$110 (Fee waived if testing is part of an outbreak investigation by Maine CDC)
Applicable CPT Codes	<ul style="list-style-type: none"> • 87798
Additional Information	<ul style="list-style-type: none"> • Bacteriology at 207-287-1704, Virology, Respiratory, Arbovirus, and Serology at 207-287-1722 • Molecular Biology, Sequencing, and Foodborne at 207-287-5769 • Mycobacterium and Rabies at 207-287-1706 • CT/GC at 207-287-6244