Lab Dept: Microbiology

Test Name: VRE SCREEN

General Information

Lab Order Codes: VRES

Synonyms: Culture, VRE Only; Culture, Vancomycin Resistant Enterococci Only;

VRE Culture; Screen for VRE Only

CPT Codes: 87081 – Culture, presumptive, pathogenic organisms, screening only

The following testing may be added if appropriate based on findings for organism identification (multiple additions are possible if more than one

organism is identified).

87077 - Aerobic isolate, additional methods required for definitive

identification of isolates (if appropriate)

87184 – Susceptibility studies, disk method, per plate (if appropriate) 87186 – Susceptibility studies, microdilution or agar dilution, each multi-

antimicrobial, per plate (if appropriate)

Test Includes: Isolation and identification of Vancomycin Resistant Enterococci.

Logistics

Lab Testing Sections: Microbiology

Phone Numbers: MIN Lab: 612-813-5866

STP Lab: 651-220-6555

Test Availability: Daily, 24 hours

Turnaround Time: Results reported within 3 – 5 days.

Special Instructions: Specimen site and date/time of collection are required for specimen

processing.

Specimen

Specimen Type: Rectal swab, random stool or other appropriate source

Container: Swab transport medium: white top, Liquid Stuart (CHC #359)

Collection:

Rectal Swab:

- 1. Insert swab approximately 1 inch into anal canal.
- **2.** Gently move the swab from side to side to sample the anal crypts. If no fecal contamination occurs, discard swab and use another to obtain specimen.
- 3. Feces should be evident on the swab.
- 4. Place in swab transport medium.

Fresh Stool:

- **1.** Collect stool in a clean, dry bedpan or on a newspaper over the toilet. Do not contaminate with urine, residual soap or disinfectants.
- 2. Transfer to a plastic, leak-proof container.
- 3. Specimens in diapers are not acceptable.
- **4.** If there is a delay in transport of more than 1 hour, preserve specimen Para Pak® (C&S) orange vial. Refer to <u>Special Processing</u>.

Special Processing:

Instructions for Para Pak® (C&S) system when delayed transport >1 hour is expected:

- **1.** Fill vial by using the spoon built into the lid of the vial and transferring small scoopfuls of stool until the contents rise to the "Fill Here" red line. **Do not overfill.**
- **2.** If the stool is formed, sample small amounts from each end, sides and the middle.
- **3.** Mix the contents of the vials with the spoon. Screw cap on **tightly** and shake the vial vigorously until the contents are well mixed. Make sure there is no leakage.
- 4. Label vials with patient's name, date and time of collection.
- **5.** Store vials at room temperature.
- 6. Return collection kit to laboratory within 72 hours.

Transport/Storage:

Transport to the Microbiology Laboratory immediately at room temperature. Return specimens preserved in Para Pak® (C&S) to the laboratory within 72 hours.

Sample Rejection:

No diapers accepted. Fresh, unpreserved specimens with a transit time exceeding 2 hours after collection; specimen not submitted in appropriate transport container; improperly labeled specimen; insufficient volume; external contamination. If an unacceptable specimen is received, the physician or nursing station will be notified and another specimen will be requested before the specimen is discarded.

Interpretive

Reference Range:

No Vancomycin-Resistant Enterococcus sp. isolated.

Alert Value:

Vancomycin-Resistant *Enterococcu*s sp. is isolated, the result will be called to the physician or patient's nurse.

Additional information:

The three most common phenotypes of resistance are:	
VanA (high-level resistance):	vancomycin MICs ≥64 mcg/mL
	teicoplanin MICs ≥16 mcg/mL
VanB (low-high level resistance):	vancomycin MICs 16 - 512 mcg/mL
	teicoplanin MICs generally not resistant
VanC (intrinsic low-level resistance):	vancomycin MICs 2 - 32 mcg/mL
resistance).	Generally associated with E. gallinarum, E. casseliflavus and E. flavescens

Methodology: Culture using enterococcosel agar containing 6-8 mcg/mL of

vancomycin

References: Cook, JH, and M Pezzlo (1992). Specimen receipt and accessioning.

Section 1. Aerobic bacteriology, 1.2.1-4. In HD Isenberg (ed) Clinical Microbiology Procedures Handbook. American Society for Microbiology,

Washington DC

Miller, J Michael (1999) A Guide To Specimen Management in Clinical Microbiology, American Society for Microbiology, Washington DC

Miller, J Michael, and HT Holmes (1999) Specimen Collection, Transport, and Storage In PR Murray et al, (ed), Manual of Clinical Microbiology, 7th edition, American Society for Microbiology,

Washington DC, pp 33-104

Updates: 3/24/2010: CPT Updates

6/20/2012: Critical value changed to Alert Value

9/12/2016: Alert value update.