Microbiology/Virology HERPES SIMPLEX (HSV) PCR, MISCELLANEOUS
HERPES SIMPLEX (HSV) PCR. MISCELLANFOUS
SITES (MAYO)
HSVP
Herpes Simplex Virus (HSV) DNA Detection by Polymerase Chain Reaction (PCR); HSV Detection by Real-Time PCR; LightCycler HSV
87529 X2 - Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique
This is a qualitative Real Time Polymerase Chain Reaction assay; results are reported either as negative or positive for herpes simplex virus (HSV) type 1, HSV type 2, or HSV type indeterminate
Not for CSF - Order the in-house lab code HSVPP for HSV PCR CSF testing. In-house HSV PCR CSF
Aids in the rapid diagnosis of herpes simplex virus (HSV) infections, including qualitative detection of HSV DNA in nonblood clinical specimens.
This test should not be used to screen asymptomatic patients.
Microbiology - Sendouts
Mayo Medical Laboratories (MML Test: HSVPV)
MIN Lab: 612-813-6280
STP Lab: 651-220-6550
Daily, 24 hours

Special Instructions:	There is a risk of a false-positive result due to contamination by target organisms or their nucleic acids, which may be introduced at the point of sample collection or testing. Every effort to minimize the risk of contamination should be taken.
	It is suggested that samples collected for this test be submitted in a separate collection container from those submitted for other PCR tests.
Specimen	
Specimen Type:	Body Fluids (not for blood, not for CSF), Respiratory Specimens, Throat, Tissue, Urine (<1 month old infant)

Container:

Body Fluids: Sterile container

Culture transport swab images apply to Dermal/Ocular, Genital and Throat specimens. Detail below.

Collection Kits for throat swabs:



CHC# 32720 Specimen Collection Swab Cup

Throat: Flocked swab in VTM.

Respiratory Specimens: Screw-capped, sterile vial

Tissue (Brain, Colon, Kidney, Liver, Lung, etc): Screw-capped sterile vial with 1-2 mL of sterile saline or multi-microbe medium.

Urine (<1 month old infant): Sterile container

Volume:

Body Fluid: 0.5 mL (Minimum: 0.4 mL)

Respiratory Specimens: 1.5 mL (Minimum: 1 mL)

Urine (<1 month old infant): 0.5 mL (Minimum: 0.5 mL)

Collection:	Body Fluid (Pleural, peritoneal, ascites, pericardial, amniotic, or ocular): Aseptic technique or puncture
	Throat (Genital, dermal, ocular, nasal, throat, or oral): Culture swab collection
	Respiratory Specimens (Bronchial washing, bronchoalveolar lavage, naso- pharyngeal aspirate or washing, sputum or trachial aspirate): Sterile container
	Tissue (Brain, Colon, Kidney, Liver, Lung, etc): Tissue collection as determined by provider place in sterile screw-capped container with 1-2 mL of sterile saline or multi-microbe medium.
	Urine (<1 month old infant): Avoid contamination on collection
Special Processing:	Lab Staff: Specimen must be processed in a clean environment in which contamination of the specimen by HSV DNA is not likely. Send specimen refrigerated in a screw-capped, sterile vial or original collection container based on specimen type. Maintain sterility and forward promptly. Send refrigerated.
	Specimen stabile refrigerated (preferred) or frozen for 7 days
Patient Preparation:	None
Sample Rejection:	Improperly labeled or unlabeled specimen. Unacceptable specimen type. 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. Specimen collection on calcium alginate-tipped swab, wood swab, or transport swab containing gel; formalin fixed and/or paraffin-embedded tissue.
Interpretive	
Reference Range:	Negative
Critical value:	Detection of herpes simplex virus in any specimen tested from a neonate (< 1 month)
Significant Finding:	Positive in eye
Significant Finding: Limitations:	Positive in eye A negative result does not eliminate the possibility of herpes simplex virus (HSV) infection.
	A negative result does not eliminate the possibility of herpes simplex virus

	consistent with HSV infection and must be interpreted in the context of the clinical picture.
Methodology:	Real-Time Polymerase Chain Reaction (PCR)/DNA Probe Hybridization
References:	Mayo Clinic Laboratories June 2023
Updates:	 12/15/2009: MML no longer will accept swab specimens submitted in transport medium. Specimens added for Tissue. 6/25/2014: Whole blood specimen added for patients <1 month old. 4/22/2015: Blood now orderable on separate test code. 8/13/2015: Added images for culture transport swabs. 9/15/2018: Method/CPT update at MML. 5/15/2019: Updated to coordinate with inhouse test 7/24/2019: Updated specimen collection info 4/12/2022: Update swab image 6/9/2023: Updated Mayo test code, synonyms, limitations, critical value, optimal and minimum specimen volumes, turnaround times, test indications 9/18/2023: Clarified that this is the sendout test in the display name and that it is not for CSF in the test indications.