
Lab Dept: Microbiology/Virology

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

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 [Special Processing](#).

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 *Enterococcus* 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 Generally associated with <i>E. gallinarum</i> , <i>E. casseliflavus</i> and <i>E. flavescens</i>

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.