TEST CHANGE

SARS-CoV-2 (COVID-19) by NAA

3002638, COVID19NAA

Specimen Requirements:	
Patient Preparation:	~~Saliva: Patients should not eat or drink for 30 minutes prior to providing a saliva sample.~~
Collect:	Nasopharyngeal or ~~swab, oropharyngeal swab,~~ nasal swab~~, or saliva~~.
Specimen Preparation:	Place swab~~Nasopharyngeal, oropharyngeal, or nasal swab: Place~~ in viral transport media (ARUP supply #12884) available online through eSupply using ARUP Connect or contact ARUP Client Services at 800-522-2787.~~?~~ ~~Place~~ each specimen in an individually sealed bag.~~ Saliva: Transport in COVID-19 ARUP Transport Media (ATM) Saliva Collection Tube (ARUP supply #56257) available online through eSupply using ARUP Connect or contact ARUP Client Services at 800-522-2787.~~
Transport Temperature:	Frozen
Unacceptable Conditions:	Saliva. Undiluted saliva. ~~Saliva submitted in anything other than the ARUP Saliva Collection Tube.~~ Swabs not in media. Wood swabs, calcium alginate swabs. Specimens in glass tubes.
Remarks:	Specimen source required.
Stability:	Swabs: Ambient: 2 days; Refrigerated: 3~~2~~ days; Frozen: 30~~1 month Saliva: Ambient: 5 days; Refrigerated: 5 days, Frozen: 5~~ days
Methodology:	Qualitative Nucleic Acid Amplification Test (NAAT~~(NAA~~)
Performed:	Sun-Sat
Reported:	1-4 days
Note:	
CPT Codes:	87635
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
This test should be ordered for the detection of the 2019 novel coronavirus SARS-CoV-2 in	

individuals who meet SARS-CoV-2 clinical and/or epidemiological criteria.

~~The Coronavirus SARS-CoV-2 (COVID-19) by nucleic acid amplification test is for in vitro diagnostic use under the FDA Emergency Use Authorization (EUA) for U.S. laboratories certified under CLIA to perform high complexity tests. This test has not been FDA cleared or approved. In compliance with this authorization, please visit https://www.aruplab.com/infectious-disease/coronavirus for more information and to access the applicable information sheets.~~

Not Detected results do not rule out the presence of PCR inhibitors in the patient specimen or assay-specific nucleic acid in concentrations below the level of detection by the assay.

Detected results are indicative of the presence of SARS-CoV-2 RNA. Due to the complexity of nucleic acid amplification methodologies, there may be a risk of false-positive results. Clinical correlation with patient history and other diagnostic information is necessary to determine patient infection status.

Reliable results are dependent on adequate specimen collection, transport, storage, and handling.

Reference Interval: