

SAN MATEO COUNTY PUBLIC HEALTH LABORATORY TEST INFORMATION

Section: Mycobacteriology

Test Name: Tuberculosis (Microscopic – Fluorescent Antibody stain)

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Test Includes: Fluorescent antibody stain	
Reporting	
Results Available: 1 day. Positive results	Contact Number: (650) 573-2500
are phoned to the submitter within 2 hours	
of availability. Negative results on in-	
patients are also phoned within 2 hours.	
Reference	
Method: Fluorescent antibody stain	
Turnaround Time: 24 hours. Positive	Reference Range: No AFB seen
results telephoned to the submitter.	8
Limitations: A negative test does not mean	the patient specimen cannot be culture
positive for AFB. The test is less sensitive than culture. The stain utilizes a fluorescent	
dye that can be taken up by the mycobacterium	
species or if the patient is on antibiotic treatment. The quality of the specimen has major	
impact on the results of the microscopic exar	mination. All tests must be confirmed by
culture of specimen for the presence of Myco	obacteria.
Interpretation: The report states whether th	e test is Negative if No AFB are seen or
Positive if AFB are seen on microscopic exa	mination. If Positive, the report provides a
quantitation to indicate how many AFB were	e seen in a high power field. Occasionally,
an examination will result in the observation	of only one or two AFB in the entire test.
This number of AFB (one or two) is reported	but is not considered a positive result by
CDC or the American Thoracic Society.	
Specimen Requirements	
Specimen Collection:	Sample Type: Clinical specimen
Volume/Amount Required: 3 ml to 15 ml	Preferred Specimen: Sputum, tissue,
	exudate, urine, stool. blood, body fluids
Collection/Preservation: No preservative	Storage Instructions: Transport specimen
	as soon as possible. If transport is delayed
	over one hour, refrigerate specimen, unless
	blood.
Causes for Rejection: Specimens received	Sample Container: Sterile, leak-proof, 50
frozen, in formalin, or in culture medium	ml urine cup or 50 ml conical tube
will be rejected. Swabs are discouraged	preferred for primary container. Add up to
unless the only specimen available; submit	10 ml sterile saline to tissue if needed to
swabs in 5 ml sterile saline. Refrigerated	maintain moisture during transport.
blood specimens and specimens less than 5	Collect blood specimens in
ml will be rejected.	
Sample Test Kit:	Availability: Tested seven days per week
Diagnostic Information:	



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Specimen Submission	
Request Form: Standard lab test request	Specimen Handling: Universal
form or LIS interface.	precautions
Transport Temperature: Ambient	Shipping Requirements: Triple-contained
	and packaged to meet requirements of
	DOT, USPS, PHS and IATA for shipping
	of clinical specimens.
Billing	
CPT Code(s): 87206	Fees: \$10.00
Effective Date: July 1, 2008	