

## Serology Ordering Guide

In general, the nomenclature of test codes is as follows:

- **Antibody detection:** [*Organism name or syndrome*] followed by **Serology** ± followed by [*Antibody type*]
  - For example, **Barmah Forest Virus Serology IgM**
- **Antigen detection:** [*Organism name or syndrome*] followed by **Antigen**
  - For example, **Dengue NS1 Antigen**
- **Nucleic acid amplification (PCR):** [*Organism name or syndrome*] followed by **PCR** ± followed by [*Quantitative* or *Qualitative*]
  - For example **CMV PCR Quantitative**

Intended request: syndromes/pathogen groups	Specific pathogens	Test code(s) in ieMR	Notes
<b>Hepatitis viruses</b>	Hepatitis A virus: individual markers	<i>Hepatitis A Serology IgM</i>	▪ Test for recent hepatitis A infection
		<i>Hepatitis A Serology IgG</i>	▪ Test for immunity from past hepatitis A infection or vaccination
		<i>Hepatitis A PCR</i>	▪ Test for confirmation of hepatitis A IgM or for diagnostic use and genotyping
	Hepatitis B virus: individual markers	<i>Hepatitis B Serology Surface Antigen</i>	▪ Test for acute or chronic hepatitis B infection
		<i>Hepatitis B Serology Surface Antibody</i>	▪ Test for immunity from past hepatitis B infection or vaccination
		<i>Hepatitis B Serology Core Antibody</i>	▪ Test for recent or past hepatitis B infection
		<i>Hepatitis B Serology Core Antibody IgM</i>	▪ Test for recent hepatitis B infection
		<i>Hepatitis B Serology e Antigen</i>	▪ Test for increased hepatitis B infection infectivity (only request if Hepatitis B Surface Antigen is positive)
		<i>Hepatitis B Serology e Antibody</i>	▪ Test for lower hepatitis B infection infectivity (only request if Hepatitis B Surface Antigen is positive)
		<i>Hepatitis B Serology Surface Antigen Quantitative</i>	▪ Test for monitoring of anti-viral therapy of hepatitis B; not for diagnosis
		<i>Hepatitis B PCR Qualitative</i>	▪ Test for screening of solid organ and tissue donors
		<i>Hepatitis B PCR Quantitative</i>	▪ Test for monitoring of anti-viral therapy of hepatitis B; not for diagnosis
		<i>Hepatitis B Sequencing for YMDD Mutation</i>	▪ Test for lamivudine resistance mutation

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	Hepatitis B virus: multiple markers	<i>Hepatitis B Full Screen</i>	<ul style="list-style-type: none"> <li>Test for hepatitis B infection status; includes: Hepatitis B Surface Antigen, Hepatitis B Surface Antibody, and Hepatitis B Core Antibody</li> </ul>
	Hepatitis C virus: individual markers	<i>Hepatitis C Serology</i>	<ul style="list-style-type: none"> <li>Test for diagnosis of hepatitis C infection</li> </ul>
		<i>Hepatitis C Antigen</i>	<ul style="list-style-type: none"> <li>Test for diagnosis in seronegative 'window period'</li> </ul>
		<i>Hepatitis C PCR Quantitative Viral Load</i>	<ul style="list-style-type: none"> <li>Test for monitoring of anti-viral therapy of hepatitis C; not for diagnosis</li> </ul>
		<i>Hepatitis C Genotyping</i>	<ul style="list-style-type: none"> <li>Test for prediction of respond to anti-viral therapy</li> </ul>
	Acute hepatitis A, B, and C virus: multiple markers	<i>Acute Hepatitis A/B/C Screen</i>	<ul style="list-style-type: none"> <li>Test for acute hepatitis A, B, C infection; includes: Hepatitis A IgM, Hepatitis B surface antigen, Hepatitis B surface antibody, Hepatitis B core total antibody and Hepatitis C antibody</li> </ul>
	Hepatitis D: individual markers	<i>Hepatitis D Serology</i>	<ul style="list-style-type: none"> <li>Test for hepatitis D infection (only request if evidence of current hepatitis B infection)</li> </ul>
		<i>Hepatitis D PCR</i>	<ul style="list-style-type: none"> <li>Test for confirmation and management of hepatitis D infection [requires authorisation]</li> </ul>
	Hepatitis E: individual markers	<i>Hepatitis E Serology</i>	<ul style="list-style-type: none"> <li>Test for hepatitis E infection. Test only performed with appropriate travel history or animal contact</li> </ul>
<b>Herpes group viruses</b>	Herpes simplex viruses (HSV)	<i>HSV Type 1 and 2 Serology IgG</i>	<ul style="list-style-type: none"> <li>Test for past infection with HSV type 1 and/or type 2. Test not generally useful for diagnosis of primary HSV infection (use test codes HSV Type 1 PCR, HSV Type 2 PCR)</li> </ul>
		<i>HSV Type 1 PCR, HSV Type 2 PCR</i>	<ul style="list-style-type: none"> <li>Test for active (primary or recurrent) HSV infection. Test performed on dry vesicle swabs, CSF, invasively-collected eye specimens etc</li> </ul>
	Cytomegalovirus (CMV)	<i>CMV Serology IgG</i>	<ul style="list-style-type: none"> <li>Test for past infection with CMV</li> </ul>
		<i>CMV Serology IgM</i>	<ul style="list-style-type: none"> <li>Test for recent (primary or recurrent) infection with CMV</li> </ul>
		<i>CMV Avidity</i>	<ul style="list-style-type: none"> <li>Tests for avidity of CMV IgG only where the diagnosis of acute primary infection is critical (e.g. in early pregnancy)</li> </ul>
		<i>CMV PCR Qualitative</i>	<ul style="list-style-type: none"> <li>Test for severe (e.g. central nervous</li> </ul>

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			system or tissue-invasive) CMV infection only. Test performed on serum, CSF, invasively-collected eye specimens, tissue specimens etc
		<i>CMV Quantitative</i>	<ul style="list-style-type: none"> <li>Test for quantitative detection of CMV DNA in blood specimens of immunosuppressed patients only</li> </ul>
	Epstein Barr virus (EBV)	<i>EBV Serology IgG</i>	<ul style="list-style-type: none"> <li>Test for past infection with EBV</li> </ul>
		<i>EBV Serology IgM</i>	<ul style="list-style-type: none"> <li>Test for recent (primary or recurrent) infection with EBV</li> </ul>
		<i>EBV PCR</i>	<ul style="list-style-type: none"> <li>Test for severe (e.g. central nervous system or tissue-invasive) EBV infection only. Test performed on serum, CSF, tissue specimens etc</li> </ul>
	Varicella zoster virus (VZV)	<i>VZV Serology IgG</i>	<ul style="list-style-type: none"> <li>Test for past infection with VZV</li> </ul>
		<i>VZV Serology IgM</i>	<ul style="list-style-type: none"> <li>Test for recent (primary or recurrent) infection with VZV</li> </ul>
		<i>VZV Varicella Zoster PCR</i>	<ul style="list-style-type: none"> <li>Test for active (primary or recurrent) VZV infection. Test performed on dry vesicle swabs, CSF, invasively-collected eye specimens etc</li> </ul>
	Other human herpes viruses	<i>Human Herpes Virus Type 6 Serology IgM</i>	<ul style="list-style-type: none"> <li>Test for recent HHV-6 infection</li> </ul>
		<i>Human Herpes Virus 6 PCR</i>	<ul style="list-style-type: none"> <li>Test for severe (e.g. central nervous system or tissue-invasive) HHV-6, -7, or -8 infection only. Test performed on serum, CSF, tissue specimens etc</li> <li>Note HHV-7 and -8 PCR tests are not performed at Pathology Queensland [requires authorisation]</li> </ul>
		<i>Human Herpes Virus 7 PCR</i>	
		<i>Human Herpes Virus 8 PCR</i>	
<b>Pneumonia</b>	<i>Legionella</i> spp.	<i>Legionella Serology</i>	<ul style="list-style-type: none"> <li>Serological diagnosis best made with paired acute and convalescent (i.e. 10-14 days later) serum samples</li> </ul>
		<i>Legionella Urinary Antigen</i>	<ul style="list-style-type: none"> <li>Only detects <i>Legionella pneumophila</i> serogroup 1</li> </ul>
	<i>Chlamydia (Chlamydophila) pneumoniae</i> or <i>C. psittaci</i>	<i>Chlamydia pneumonia Serology IgA and IgG</i> or <i>Chlamydia pneumonia Serology</i> or <i>Psittacosis Serology</i>	<ul style="list-style-type: none"> <li>Serological diagnosis requires paired acute and convalescent (i.e. 10-14 days later) serum samples. Acute sample will be stored and not tested until receipt of second sample</li> </ul>
	<i>Mycoplasma pneumonia</i>	<i>Mycoplasma pneumonia Serology</i> or <i>Atypical pneumonia Serology</i>	<ul style="list-style-type: none"> <li>Note that test code Atypical Pneumonia Serology will only have <i>Mycoplasma pneumoniae</i> serology performed. Other markers are required to be specifically</li> </ul>

Intended request: syndromes/pathogen groups	Specific pathogens	Test code(s) in ieMR	Notes
			requested
	<i>Streptococcus pneumoniae</i>	<i>Streptococcus pneumoniae Urinary Antigen</i>	<ul style="list-style-type: none"> <li>Do not request test code Pneumococcal Serology (test only performed for assessment of immunodeficiency)</li> </ul>
	<i>Haemophilus influenzae</i>	Nil specific tests	<ul style="list-style-type: none"> <li>Do not request test code Haemophilus influenzae Type B Serology IgG (test only performed for assessment of immunodeficiency)</li> </ul>
	<i>Bordetella pertussis</i>	<i>Bordetella pertussis Serology IgA</i>	<ul style="list-style-type: none"> <li>Test for recent pertussis infection [Not suitable for immune status or post-vaccination check]</li> </ul>
		<i>Bordetella pertussis PCR</i>	<ul style="list-style-type: none"> <li>Test for active pertussis infection. Test performed on nasopharyngeal swab or nasopharyngeal aspirate</li> </ul>
	Respiratory viruses	<i>Respiratory Virus PCR – Respiratory Syncytial Virus Direct Antigen Test performed here first on aspirates from patients &lt;5 years old</i>	<ul style="list-style-type: none"> <li>Test only performed on nasopharyngeal swab, nasopharyngeal aspirate, or bronchoscopically-collected respiratory tract specimens</li> </ul>
	<i>Cryptococcus neoformans</i>	<i>Cryptococcal Antigen</i>	<ul style="list-style-type: none"> <li>Test can be performed on serum or CSF</li> </ul>
	<i>Aspergillus</i> spp.	<i>Aspergillus Galactomannan Antigen</i>	<ul style="list-style-type: none"> <li>Test can be performed on serum or bronchoscopically-collected respiratory tract specimens. In general, not a routine test. Contact Clinical Microbiologist or Infectious Diseases Physician [requires authorisation]</li> <li>Do not request test code Aspergillus precipitins (test only performed for assessment of allergic bronchopulmonary aspergillosis)</li> </ul>
<b>Meningitis/encephalitis</b>	<i>Neisseria meningitidis</i>	<i>Neisseria meningitidis PCR or Meningococcal PCR</i>	<ul style="list-style-type: none"> <li>Test performed on CSF or EDTA blood</li> </ul>
	<i>Streptococcus pneumoniae</i>	<i>Streptococcus pneumoniae PCR</i>	<ul style="list-style-type: none"> <li>Test performed on CSF or EDTA blood</li> </ul>
	Herpes simplex viruses	<i>HSV Type 1 PCR and HSV Type 2 PCR</i>	<ul style="list-style-type: none"> <li>Do not request test codes HSV Type1 and Type 2 Serology IgG for suspected herpes meningoencephalitis</li> </ul>
	Enteroviruses	<i>Enterovirus PCR</i>	<ul style="list-style-type: none"> <li>Do not request test code Enterovirus Serology or Coxsackie virus Serology for suspected enteroviral meningitis</li> </ul>
	<i>Cryptococcus</i> spp.	<i>Cryptococcal Antigen</i>	<ul style="list-style-type: none"> <li>Test for direct detection of cryptococcal antigen in serum or CSF</li> </ul>

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		<i>India Ink Stain for Cryptococcus microscopy</i>	<ul style="list-style-type: none"> <li>Test for direct detection of cryptococcal cells in CSF</li> </ul>
<b>Viral exanthems</b>	Measles	<i>Measles Virus Serology IgG</i>	<ul style="list-style-type: none"> <li>Test for immunity from past measles infection or vaccination</li> </ul>
		<i>Measles Virus Serology IgM</i>	<ul style="list-style-type: none"> <li>Test for recent measles infection</li> </ul>
		<i>Measles Virus PCR</i>	<ul style="list-style-type: none"> <li>Test for active measles infection. Test performed on dry throat swab or urine. Contact with Infectious Diseases Physician, Clinical Microbiologist, or Public Health Physician required prior to request</li> </ul>
	Mumps	<i>Mumps Serology IgG</i>	<ul style="list-style-type: none"> <li>Test for immunity from past mumps infection or vaccination</li> </ul>
		<i>Mumps Serology IgM</i>	<ul style="list-style-type: none"> <li>Test for recent mumps infection</li> </ul>
		<i>Mumps PCR</i>	<ul style="list-style-type: none"> <li>Test for active mumps infection. Test performed on dry throat swab or urine.</li> </ul>
	Rubella	<i>Rubella Serology IgG</i>	<ul style="list-style-type: none"> <li>Test for immunity from past rubella infection or vaccination</li> </ul>
		<i>Rubella Serology IgM</i>	<ul style="list-style-type: none"> <li>Test for recent rubella infection</li> </ul>
		<i>Rubella Virus PCR</i>	<ul style="list-style-type: none"> <li>Test for active rubella infection. Test performed on serum.</li> </ul>
	Parvovirus	<i>Parvovirus B19 Serology IgG</i>	<ul style="list-style-type: none"> <li>Test for past parvovirus infection</li> </ul>
		<i>Parvovirus B19 Serology IgM</i>	<ul style="list-style-type: none"> <li>Test for recent parvovirus infection</li> </ul>
		<i>Parvovirus B19 PCR</i>	<ul style="list-style-type: none"> <li>Test for severe parvovirus infection. Test performed on blood, bone marrow tissue, other tissues etc</li> </ul>
<b>Arboviruses</b>	Ross River virus	<i>Ross River Virus IgM</i>	<ul style="list-style-type: none"> <li>Test for recent Ross River virus infection</li> </ul>
	Barmah Forest virus	<i>Barmah Forest Virus IgM</i>	<ul style="list-style-type: none"> <li>Test for recent Barmah Forest virus infection</li> </ul>
	Dengue virus	<i>Dengue NS1 antigen and Dengue Virus IgM and Dengue Virus IgG</i>	<ul style="list-style-type: none"> <li>Test for recent or past Dengue virus infection</li> </ul>
		<i>Dengue Virus PCR</i>	<ul style="list-style-type: none"> <li>Test in conjunction with Dengue NS1 antigen and Flavivirus Serology</li> <li>Test useful in early illness stage when serology may be negative</li> </ul>
	Multiple markers	<i>Flavivirus Group Serology</i>	<ul style="list-style-type: none"> <li>Test for flaviviruses (including both Dengue and encephalitic flaviviruses)</li> </ul>

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		<i>Flavivirus Group PCR</i>	<ul style="list-style-type: none"> <li>Test for flaviviruses (including both Dengue and encephalitic flaviviruses)</li> </ul>
<b>Zoonoses</b>	Q Fever	<i>Q Fever Serology</i>	<ul style="list-style-type: none"> <li>Test for recent or past Q Fever infection. Indicate if chronic Q Fever is clinically suspected</li> </ul>
		<i>Q Fever Pre-vaccination Screen</i>	<ul style="list-style-type: none"> <li>Test for pre-vaccination screening</li> </ul>
		<i>Q Fever PCR</i>	<ul style="list-style-type: none"> <li>Test should only be requested in early stage of severe Q Fever illness. Contact laboratory</li> </ul>
	Rickettsial diseases	<i>Rickettsia Serology</i>	<ul style="list-style-type: none"> <li>Tests for both spotted fever group (e.g. R. australis/Queensland tick typhus) and scrub typhus group (e.g. O. tsutsugamushi) rickettsial diseases</li> </ul>
		<i>Spotted Fever Serology</i>	<ul style="list-style-type: none"> <li>Tests for spotted fever group (e.g. R. australis/Queensland tick typhus) rickettsial disease</li> </ul>
		<i>Scrub Typhus Serology</i>	<ul style="list-style-type: none"> <li>Tests for scrub typhus group (e.g. O. tsutsugamushi) rickettsial diseases</li> </ul>
	Bartonellosis/Cat scratch disease	<i>Bartonella henselae Serology IgG or Cat Scratch Disease Serology</i>	<ul style="list-style-type: none"> <li>Test for recent or past infection with B. henselae</li> </ul>
		<i>Bartonella henselae PCR</i>	<ul style="list-style-type: none"> <li>Test performed on tissue or fluid</li> </ul>
	Brucellosis	<i>Brucella Serology IgG and IgM</i>	<ul style="list-style-type: none"> <li>Test for recent or past infection with Brucella spp.</li> </ul>
	Leptospirosis	<i>Leptospirosis Serology IgM</i>	<ul style="list-style-type: none"> <li>Test for recent infection with Leptospira interrogans sp</li> </ul>
		<i>Leptospirosis PCR</i>	<ul style="list-style-type: none"> <li>Test useful in early illness stage when serology may be negative</li> </ul>
		<i>Leptospirosis Culture</i>	<ul style="list-style-type: none"> <li>Test performed on blood. Contact laboratory</li> </ul>
	Lyme disease	<i>Lyme Serology- Provide Travel History</i>	<ul style="list-style-type: none"> <li>Test performed only with appropriate travel history</li> </ul>
	Toxoplasmosis	<i>Toxoplasma Serology IgG</i>	<ul style="list-style-type: none"> <li>Test for past infection with Toxoplasma gondii</li> </ul>
		<i>Toxoplasma Serology IgM</i>	<ul style="list-style-type: none"> <li>Test for recent (primary or recurrent) infection with Toxoplasma gondii</li> </ul>
<i>Toxoplasma Serology IgG and IgM</i>		<ul style="list-style-type: none"> <li>As above</li> </ul>	
<i>Toxoplasma PCR</i>		<ul style="list-style-type: none"> <li>Test for severe active (primary or recurrent central nervous system or tissue-invasive) toxoplasmosis Test performed on CSF, invasively-collected</li> </ul>	

Intended request: syndromes/pathogen groups	Specific pathogens	Test code(s) in ieMR	Notes
			eye specimens etc
	Hydatid disease	<i>Hydatid Serology or Echinococcus granulosus Serology</i>	<ul style="list-style-type: none"> <li>Test for recent or past hydatid infection</li> </ul>
	Amoebiasis	<i>Amoebiasis Serology or Entamoeba histolytica Serology</i>	<ul style="list-style-type: none"> <li>Test for recent amoebiasis</li> </ul>
	Strongyloidiasis	<i>Strongyloides Serology</i>	<ul style="list-style-type: none"> <li>Test for recent strongyloidiasis</li> <li>Faeces may be cultured for Strongyloides stercoralis: contact laboratory</li> </ul>
	Schistosomiasis	<i>Schistosomiasis Serology</i>	<ul style="list-style-type: none"> <li>Test for recent schistosomiasis</li> </ul>
<b>Exotic or travel-related infections</b>	Various pathogens	Various tests possible	<ul style="list-style-type: none"> <li>Contact Infectious Diseases Physician or Clinical Microbiologist for specific advice</li> </ul>
<b>Rheumatic Fever disease</b>	Group A streptococci	<i>Streptococcus Group A Serology Antistreptolysin O ASOT Anti Dnase B</i>	<ul style="list-style-type: none"> <li>Tests for both ASOT and anti-DNase B</li> </ul>
<b>Syphilis</b>	Syphilis screening	<i>Syphilis Serology</i>	<ul style="list-style-type: none"> <li>Tests initially for Syphilis EIA; if positive, TPPA and RPR performed</li> <li>Do not routinely request test codes Treponema pallidum Serology IgM or FTA</li> </ul>
	Syphilis treatment follow up or children under 1 year	<i>RPR</i>	<ul style="list-style-type: none"> <li>Test for treatment follow up or children under 1 year</li> </ul>
	Neurosyphilis	<i>CSF VDRL</i>	<ul style="list-style-type: none"> <li>Test performed only on CSF</li> </ul>
	Syphilitic chancre	<i>Treponema pallidum Syphilis PCR</i>	<ul style="list-style-type: none"> <li>Test performed only on dry swab of syphilitic chancre</li> </ul>
<b>HIV</b>	HIV screening	<i>HIV Serology Antibody/Antigen</i>	<ul style="list-style-type: none"> <li>Additional HIV tests should only be requested with expert advice</li> </ul>
<b>Occupational/needle stick exposures</b>	From source patient	<i>Needle stick injury – Source/Patient</i>	<ul style="list-style-type: none"> <li>Tests for Hepatitis B surface antigen, Hepatitis C antibody, and HIV antibody/antigen</li> </ul>
	From recipient/staff member: initial test	<i>Needle stick injury – Recipient/Staff Member</i>	<ul style="list-style-type: none"> <li>Tests for Hepatitis B surface antibody, Hepatitis C antibody, and HIV antibody/antigen</li> </ul>
	From recipient/staff member: follow up test	<i>Needle stick injury – Follow Up</i>	<ul style="list-style-type: none"> <li>Tests for Hepatitis C antibody and HIV antibody/antigen</li> </ul>



<b>Sexually Transmitted Infections</b>	<i>Chlamydia trachomatis</i>	<i>Chlamydia trachomatis PCR</i>	▪ Test performed on dry swab and/or first catch urine
	<i>Neisseria gonorrhoea</i>	<i>Neisseria gonorrhoea PCR</i>	▪ Test performed on dry swab and/or first catch urine
	<i>Trichomonas vaginalis</i>	<i>Trichomonas vaginalis</i>	▪ Test performed on dry swab and/or first catch urine