

LAB Collection and Testing For
CONGENITAL
Cytomegalovirus

CMV

1. Receive an order requesting CMV lab testing on an infant.

2. Collect a sample **BEFORE the infant is 21 days old.**

Urine 	OR	Saliva* 	NOT	Blood 
Acceptable		Acceptable		UNacceptable

2 hours or more after feeding

***Must use ORAc collect-100 kit available from
ARUP supply #49295**

3. **CMV Detection by PCR** should be conducted.

CPT code **87496 (qualitative - preferred)** or CPT code 84797 (quantitative) with ICD-9 code 389.8 (neonatal hearing loss)

4. **Send results** to the requesting physician **and to:**

Utah Dept. of Health CMV Fax: 801-584-8492



If you have any questions, please call the Utah Dept. of Health at (801) 584-8215

Find Out More
Health.utah.gov/CMV