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

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

<table>
<thead>
<tr>
<th>Urine</th>
<th>OR</th>
<th>NOT</th>
<th>Blood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptable</td>
<td>Acceptable</td>
<td>2 hours or more <em>after feeding</em></td>
<td>UNAcceptable</td>
</tr>
</tbody>
</table>

*Must use ORAcollect-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