

Cronobacter Isolate

Revised: 1-31-2025

Test Description	Confirmatory identification of bacteria of public health significance, including <i>Cronobacter species</i> . <i>Cronobacter species</i> isolates are only required to be submitted for patients under the age of one year.
Test Use	Identification and characterization of <i>Cronobacter species</i> .
Test Department	Bacteriology Phone: (860) 920-6596 FAX: (860) 920-6721
Methodology	Bacterial culture on non-selective media, API, MALDI-TOF
Availability	Daily, Monday - Friday
Specimen Requirements	<ul style="list-style-type: none">• Pure culture of bacterial pathogen on agar slant (preferred for shipping) or plate.
Specimen Handling & Transport	<ul style="list-style-type: none">• Transport isolates to the laboratory at room temperature (15-25°C). Avoid temperature extremes. Follow all applicable federal packaging and shipping regulations.
Requisition Form	Clinical test requisition OL-9B
Required Information	<ul style="list-style-type: none">• Name and address of submitter. Two patient identifiers (ie. name, DOB, Acc.#, MRN), town of residence (city, state, zip). Specimen type or source, date collected, test requested, identity of the enteric pathogen to be confirmed• Ensure information on the requisition matches the specimen.
Unacceptable Conditions	<ul style="list-style-type: none">• Unlabeled specimens• Specimen with less than 2 unique identifiers (ie. name, DOB, Acc.#, MRN)• Specimens that leak or containers that have broken in transit• Non-viable isolates