



SEVERE ACUTE RESPIRATORY SYNDROME

NOTICE

Since 2004, there have not been any known cases of SARS reported anywhere in the world. The content in this PDF was developed for the 2003 SARS epidemic. But, some guidelines are still being used. Any new SARS updates will be posted on this Web site.



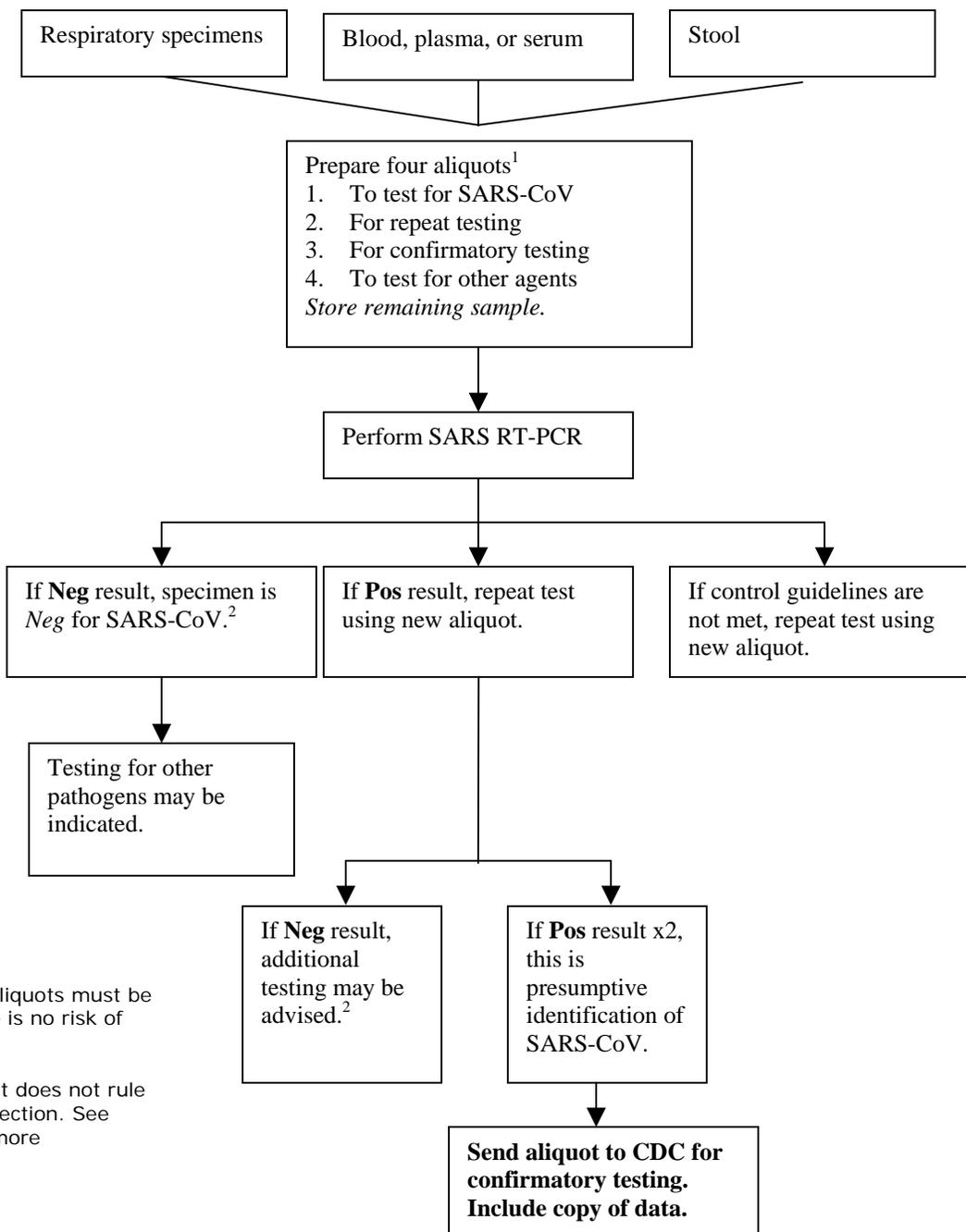
SEVERE ACUTE RESPIRATORY SYNDROME

Public Health Guidance for Community-Level Preparedness and Response to Severe Acute Respiratory Syndrome (SARS) Version 2

Supplement F: Laboratory Guidance

Appendix F2

SARS-CoV Specimen Testing Guidelines: RT-PCR Testing



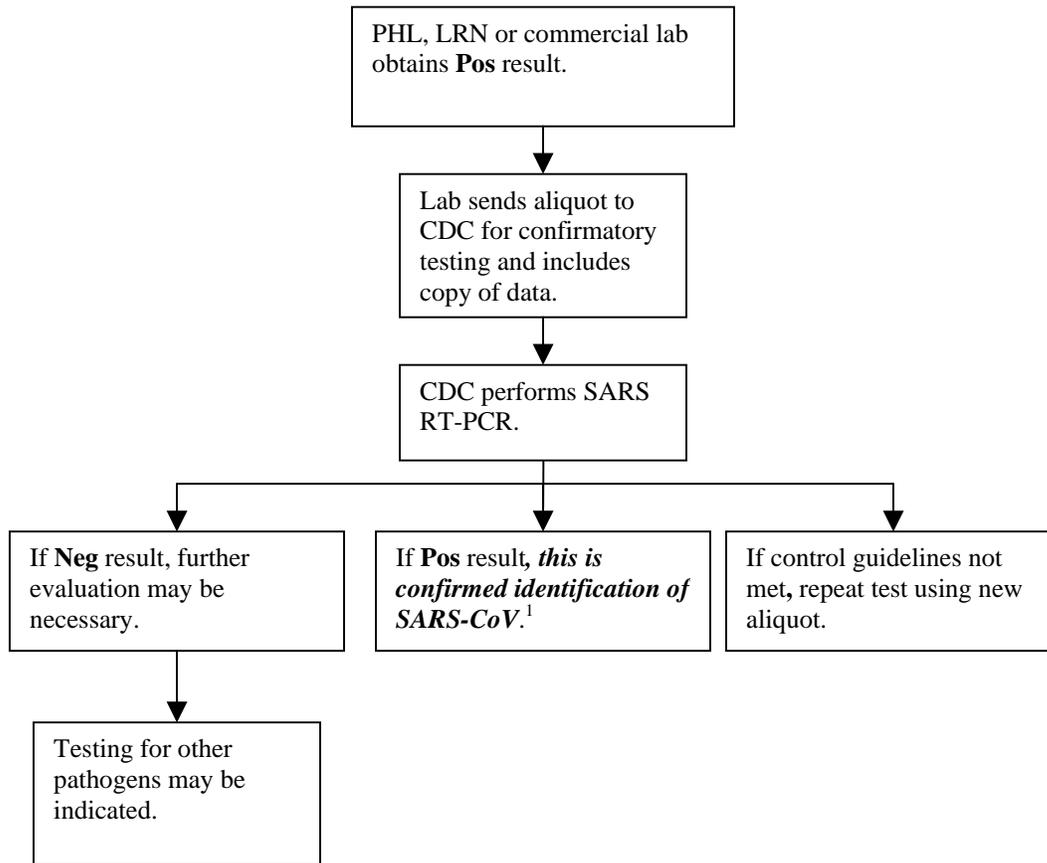
¹ Preparation of aliquots must be done where there is no risk of contamination.

² A negative result does not rule out SARS-CoV infection. See Appendix F7 for more information.

SARS-CoV Specimen Testing Guidelines: RT-PCR Testing

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RT-PCR Confirmatory Testing

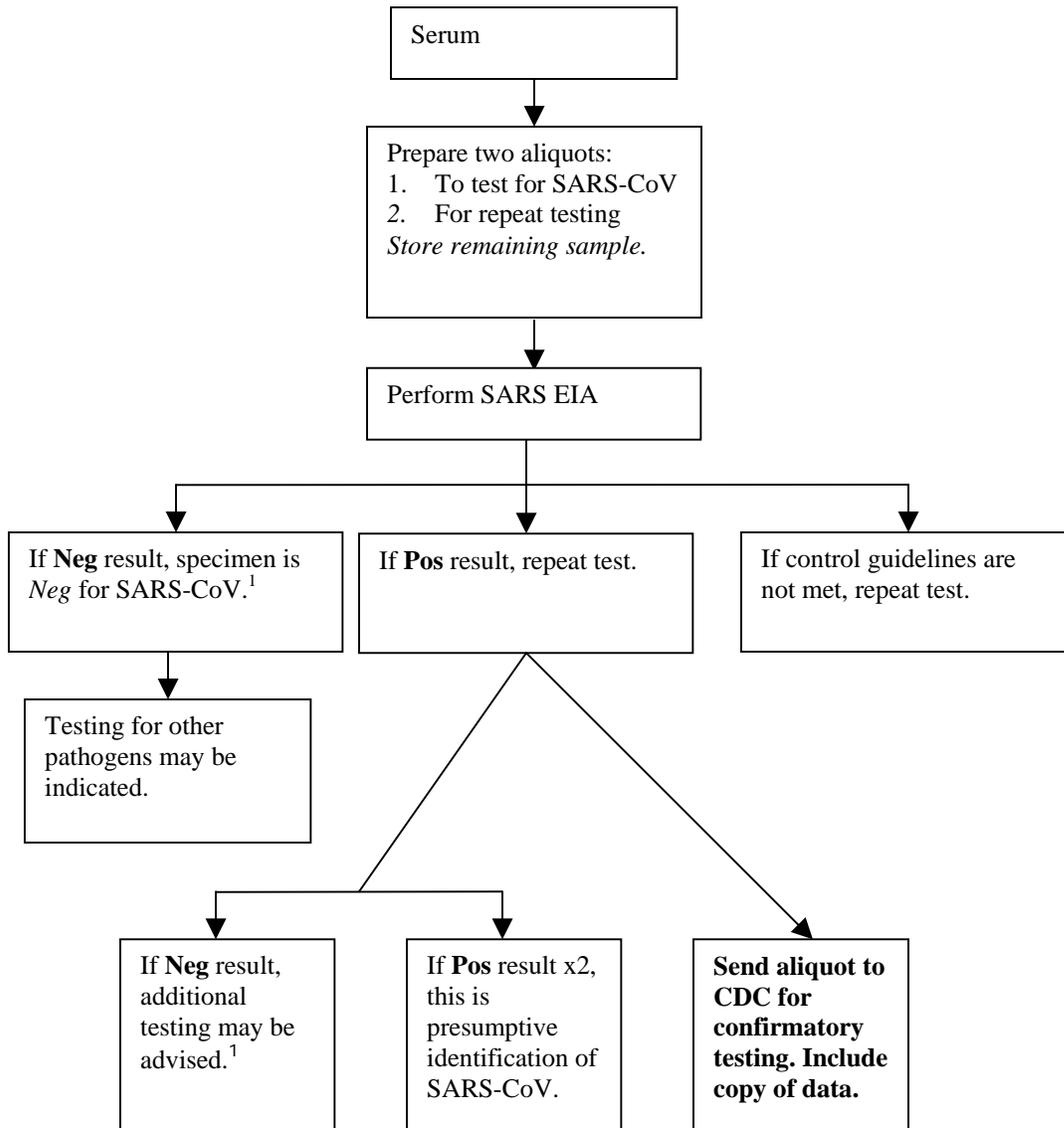


¹ Confirmed identification of SARS-CoV in a single clinical specimen is not equivalent to laboratory confirmation of SARS-CoV infection in a patient. To be confident that a PCR-positive specimen indicates infection in the patient, a second specimen should be confirmed positive. For more information on the criteria for diagnosing SARS-CoV infection, see Appendix F8.

SARS-CoV Specimen Testing Guidelines: RT-PCR Testing

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SARS-CoV Specimen Testing Guidelines: Serologic Testing

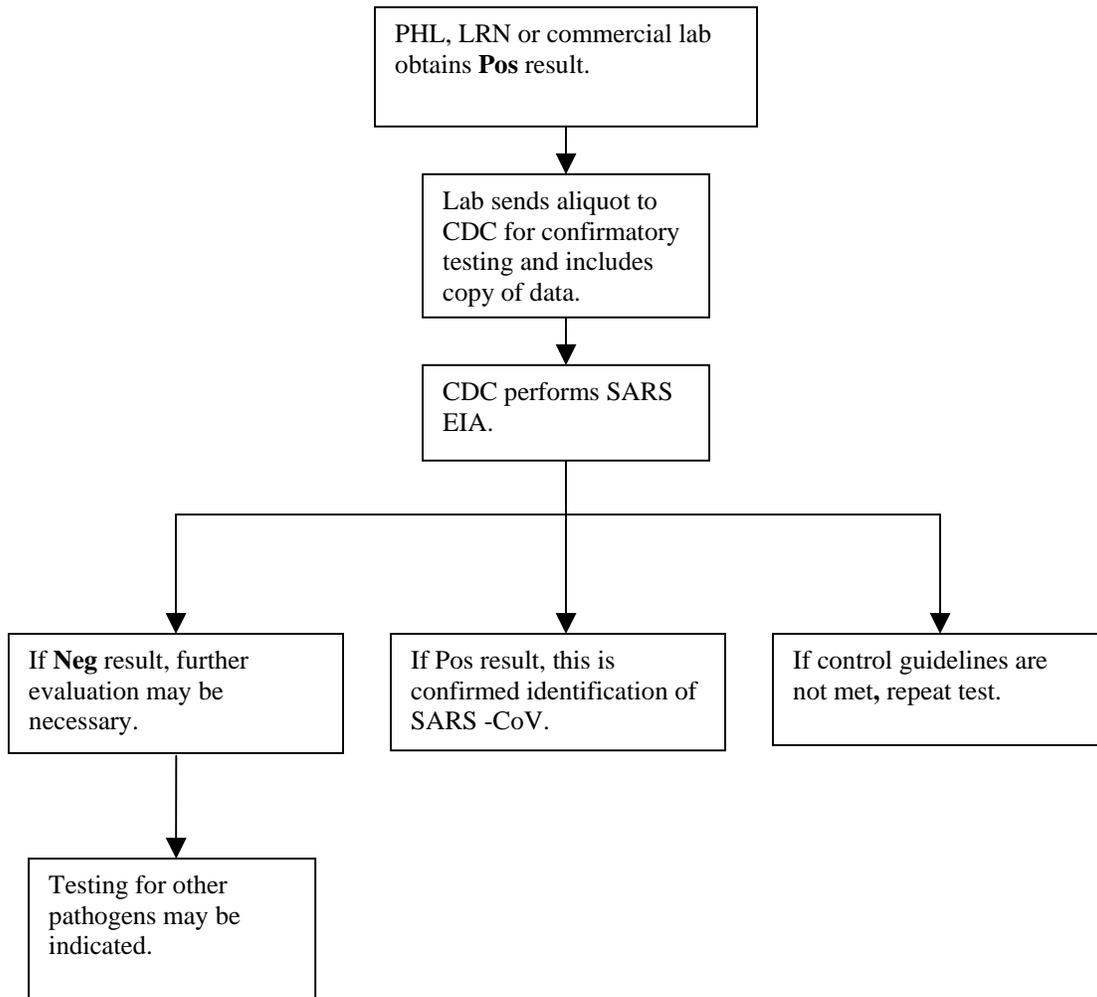


¹ A negative result does not rule out SARS-CoV infection. See Appendix F7 for more information.

SARS-CoV Specimen Testing Guidelines: RT-PCR Testing

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Serologic Confirmatory Testing



For more information, visit www.cdc.gov/ncidod/sars or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY)