

RRH Laboratories COVID-19 Testing Guidance for Ambulatory Settings (8/23/21; updated 12/15/21- new modifications in red font)

This guidance is based on currently understood test performance characteristics and community prevalence. All testing modalities have false negatives; a negative test result never "guarantees" that the individual is COVID-free; if clinical circumstances warrant, consider repeat testing (immediate or later) with the most sensitive modality available

Refer to Finger Lakes Reopening Schools Safely Task Force (FLRSSTF) Algorithm for most current pediatric testing guidelines (eg. 12/13/21 updated guidance for antigen testing)

	Symptomatic Adult	Symptomatic Child	Asymptomatic RRH Pre-Op Testing Generally 3-5 days prior to procedure; assumes no symptoms and no known exposure	Asymptomatic Exposure If high risk exposure warrants testing, recommend waiting until 5 days after exposure before testing	Asymptomatic Surveillance For example, a school or work based surveillance program
Rapid Antigen (Nasal) (Acceptable for return to school testing in some circumstances- see FLRSSTF algorithm) Lowest sensitivity and specificity (e.g. Binax NOW, Veritor).	Positive is positive For negative result, PCR confirmation warranted (NP swab)	Positive is positive For negative results: Sufficient for return to school in most circumstances (see FLRSSTF algorithm- home tests <u>not</u> accepted); PCR confirmatory testing required for exposure & strongly recommended for fever and/or loss of taste/smell		Positive is positive Consider confirmatory PCR testing for negative test result if high risk exposure; for return to school PCR testing required for exposure (see MCDPH algorithms)	Positive is positive Be aware of high false negative rate
Rapid Molecular (Nasal) (NAAT testing) Significantly better than an antigen test (eg. Abbott ID NOW). Performed in the community and offered in limited RRH locations	Positive is positive For negative result, PCR confirmation warranted (NP swab)	Positive is positive For negative results: Sufficient for return to school in most circumstances (see FLRSSTF algorithm- home tests <u>not</u> accepted); PCR confirmatory testing required for exposure & strongly recommended for fever and/or loss of taste/smell	RRH L & D Units RGH/Unity OR's- STAT cases	Positive is positive Consider confirmatory PCR testing for negative test result if high risk exposure; for return to school PCR testing required for exposure (see MCDPH algorithms)	Positive is positive Be aware of high false negative rate
Rapid PCR (Nasal) Best rapid option (eg. Cepheid, Liat). Performed in the community but not yet offered by RRH Labs	Positive is positive Negative result does <u>not</u> warrant confirmatory testing	Positive is positive Negative result does <u>not</u> warrant confirmatory testing		Positive is positive Negative result does <u>not</u> warrant confirmatory testing	Positive is positive Negative result does <u>not</u> warrant confirmatory testing
Lab PCR (Saliva)			Preferred sample type for ages 5 and above		
Lab PCR (Nasal)		NP swab preferred Nasal swab acceptable if NP swab not tolerated by child (or parent)	Alternate sample type when saliva collection not possible (or if saliva sample rejected or inconclusive/invalid saliva result)	NP swab preferred Nasal swab acceptable if NP swab not tolerated by patient	
Lab PCR (Nasopharyngeal)	Preferred	PCR confirmatory testing required for exposure & strongly recommended for fever and/or loss of taste/smell		Preferred	