Epstein-Barr Virus (EBV) Detection

Indication for Use: Active replication of EBV is present in 20 to 30 percent of transplant recipients who are receiving immunosuppressive drugs for maintenance therapy, and in more than 80% of those receiving antilymphocyte-antibody therapy. The post-transplant chemotherapy causes reactivation of latent EBV infection, and possibly loss of immune surveillance against EBV-immortalized B cells. The critical effect of EBV is its role in the pathogenesis of post-transplantation lymphoproliferative disease (PTLD). This disorder is usually a B-cell lymphoproliferative process ranging in severity from a benign polyclonal process that wanes with immunosuppressive therapy is decreased to a highly malignant monoclonal lymphoma that is resistant to all forms of treatment. PLD is often extranodal in presentation, with invasion of the brain, bone marrow, allograft, gastrointestinal tract, and liver. Other EBV associated neoplasms include Burkitt's Lymphoma, Hodgkins disease, AIDS-associated lymphoma, NK/T cell lymphoma and Nasopharyngeal carcinoma.

Testing Method: The Ventana's automated in situ hybridization (ISH) Epstein-Barr Virus (EBV) assay is designed for the detection of EBV early RNA transcripts EBER-1 and EBER-2 in paraffin-embedded tissue or cell samples.

Turnaround Time: 5-7 business days

Sample requirements:

- Paraffin-embedded tissue
- Tissue sections on charged glass slides

CPT Codes: 88342, 83896

Ship Specimens to:

Henry Ford Center for Precision Diagnostics
Henry Ford Hospital
Clinic Building, K6, Core Lab E-655
2799 W. Grand Blvd.
Detroit, MI 48202