



COA indications for Karius testing



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Note on order

- *If your patient does not meet the below criteria, you may order the karius sample to be drawn and HELD (please select draw/hold) to then discuss with ID.*
- *Lab will not send samples without the diagnosis for testing or approval*
- *Consideration should be given for ID consult for all patients with a karius order (regardless of indication) – to determine utility of testing and interpretation of results*



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Approved indications for order:

Karius Spectrum Ref Lab

✓ Accept ✗ Cancel

Reference Links:

• [Lab Handbook](#)

Frequency:

Once

Once

STAT

AM draw

Daily

At

3/6/2026

Today

Tomorrow

1015

❗ Has Karius Spectrum been performed on this patient within the last two weeks?

Yes

No

Has Karius Spectrum been performed on this patient within the last two weeks?

Yes **No**

❗ Does the patient show evidence of invasive fungal disease (e.g., elevated fungal markers and/or abnormal imaging)?

Yes No

❗ Is the patient immunocompromised with negative workup with evidence of ongoing infection?

Yes No

❗ Is there concern for infection due to rare, atypical, or fastidious organism (e.g., culture negative endocarditis)?

Yes No

❗ Was the test recommended by the Infectious Disease service?

Yes No



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Hold orders (ID approval to release)

Hold for Karius

✓ Accept ✗ Cancel

Frequency:

Once

Tomorrow AM

Daily AM (default 3 days)

STAT

Once

Once timed

Add-On

At

12/15/2023

Today

Tomorrow

1504

Condition (fill out when using 'If Condition Met' frequency):

Pt. Portal result release timeframe

Auto Release Standard

Immediate

7 Days

Manual release only

Comments:

+ Add Comments

Process Instructions:

This order is for Collect and Hold for possible future KARIUS orders If Karius testing is needed you MUST place a KARIUS ord...

Resulting Agency:

! Next Required

Link Order

✓ Accept ✗ Cancel

Indications where Karius Spectrum is not approved (**ID consult required for each request**)

- Any patient who has not had routine, standard infectious workup, including blood/urine cultures, antigen testing, serology as appropriate.
- Fever of unknown origin (unless meet criteria above)
- Febrile neutropenia
- Pneumonia
- Serial monitoring in asymptomatic or clinically stable patients (use standard testing by cultures, PCR or serology)

