MAYO CLINIC LABORATORIES

Test Definition: HICBL

Histoplasma/Blastomyces Panel, Spinal Fluid

Reporting Title: Histoplasma/Blastomyces Panel, CSF
Performing Location: Rochester

Specimen Requirements:

Container/Tube: Sterile vial
Specimen Volume: 1.5 mL
Collection Instructions: Submit specimen from collection vial 2.

Forms:

Specimen Type	Temperature	Time	Special Container
CSF	Refrigerated (preferred)	14 days	
	Frozen	14 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
15134	Blastomyces Immunodiffusion (CSF)	Alphanumeric		51741-7
15118	Histoplasma Mycelial (CSF)	Alphanumeric		27220-3
15119	Histoplasma Yeast (CSF)	Alphanumeric		27209-6
15120	Histoplasma Immunodiffusion (CSF)	Alphanumeric		91682-5

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

Components:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
CHIST	Histoplasma Ab, CSF	3	86698	Yes	Yes
CBL	Blastomyces Ab Immunodiffusion, CSF	1	86612	Yes	Yes

CPT Code Information:

86698 x3
86612

Reference Values:

HISTOPLASMA ANTIBODY
Mycelial by complement fixation: Negative
Yeast by complement fixation: Negative
Antibody by immunodiffusion: Negative

BLASTOMYCES ANTIBODY IMMUNODIFFUSION
Negative