

Reporting Title: Histoplasma Ab, S

Performing Location: Rochester

Specimen Requirements:

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 0.5 mL

Collection Instructions: Centrifuge and aliquot serum into plastic vial.

Forms:

If not ordering electronically, complete, print, and send [Infectious Disease Serology Test Request](#) (T916) with the specimen.

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

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
15121	Histoplasma Mycelial	Alphanumeric		20573-2
15122	Histoplasma Yeast	Alphanumeric		20574-0
15123	Histoplasma Immunodiffusion	Alphanumeric		90232-0

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

Supplemental Report:

No

CPT Code Information:

86698 x 3

Reference Values:

MYCELIAL BY COMPLEMENT FIXATION (CF):

Negative (positives reported as titer)

YEAST BY CF:

Negative (positives reported as titer)

ANTIBODY BY IMMUNODIFFUSION:

Negative (positives reported as band present)