

Reporting Title: Ovarian Ab Screen w/Reflex
Performing Location: Quest Diagnostics Nichols Institute

Specimen Requirements:
Draw blood in a plain red-top tube(s), serum gel tube(s) is acceptable. Spin down and send 1 mL of serum refrigerated in a plastic vial.

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	14 days	
	Frozen	30 days	
	Ambient	7 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
Z3669	Anti-Ovary Antibody	Alphanumeric		21436-1

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

Supplemental Report:
No

CPT Code Information:
86255
86256 (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
FOVAT	Anti-Ovary Ab Titer	1	86256	No	No

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
FOVAT	FOVAT	Anti-Ovary Ab Titer	Alphanumeric		25725-3

Reference Values:
Anti-Ovary Antibody: Negative
Anti-Ovary Ab Titer: <1:5