

Reporting Title: Lyme Ab Modified 2-Tier w/Reflex, S
Performing Location: Rochester

Specimen Requirements:
Supplies: Sarstedt Aliquot Tube, 5 mL (T914)
Collection Container/Tube:
Preferred: Serum gel
Acceptable: Red top
Submission Container/Tube: Plastic vial
Specimen Volume: 0.6 mL
Collection Instructions: Centrifuge and aliquot serum into a 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)	10 days	
	Frozen	30 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
SLYME	Lyme Ab Modified 2-Tier w/Reflex, S	Alphanumeric		83081-0

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

Supplemental Report:
No

CPT Code Information:
86618
86617 x2 (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
TLYME	Lyme IgM/IgG, WCS, EIA, S	1	86617	No	Yes

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
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Test Definition: SLYME

Lyme Antibody Modified 2-Tier with Reflex,
Serum

TLYME	LYMEM	Lyme Ab, IgM, S	Alphanumeric		40612-4
TLYME	LYMEG	Lyme Ab, IgG, S	Alphanumeric		16480-6
TLYME	LYMEI	Lyme Ab Interpretation	Alphanumeric		46248-1

Reference Values:

Negative

Reference values apply to all ages.