

**Reporting Title:** RPR Screen w/ Reflex, S  
**Performing Location:** Rochester

**Specimen Requirements:**  
Only available as a reflex test. For more information see SYPHT / Syphilis Total Antibody with Reflex, Serum.

**Container/Tube:**  
**Preferred:** Serum gel  
**Acceptable:** Red top  
**Submission Container/Tube:** Plastic vial  
**Specimen Volume:** 0.5 mL  
**Collection Information:** Centrifuge and aliquot serum into plastic vial.

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

**Result Codes:**

| Result ID | Reporting Name          | Type         | Unit | LOINC®  |
|-----------|-------------------------|--------------|------|---------|
| RPRS      | RPR Screen w/ Reflex, S | Alphanumeric |      | 20507-0 |

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

**Supplemental Report:**  
No

**CPT Code Information:**  
86593-Rapid Plasma Reagin Titer (if appropriate)  
86780-Syphilis Antibody by TP-PA (if appropriate)

**Reference Values:**  
Only available as a reflex test. For more information see SYPHT / Syphilis Total Antibody with Reflex, Serum.

Nonreactive