

Reporting Title: KLHL11 Ab CBA, CSF
Performing Location: Rochester

Specimen Requirements:

Container/Tube: Sterile vial
Specimen Volume: 2 mL

Forms:

If not ordering electronically, complete, print, and send a [Neurology Specialty Testing Client Test Request](#) (T732) with the specimen.

Specimen Type	Temperature	Time	Special Container
CSF	Refrigerated (preferred)	28 days	
	Frozen	28 days	
	Ambient	72 hours	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
610580	KLHL11 Ab CBA, CSF	Alphanumeric		99073-9

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

Supplemental Report:

No

CPT Code Information:

0432U

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
K11TC	KLHL11 Ab IFA Titer, CSF	1	86256	No	No

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
K11TC	610582	KLHL11 Ab IFA Titer, CSF	Alphanumeric	titer	99071-3

Reference Values:

Negative