MAYO CLINIC LABORATORIES

Test Definition: COXIS

Coccidioides Antibody Screen with Reflex, Serum

Reporting Title: Coccidioides Ab Screen w/Reflex, S
Performing Location: Rochester

Specimen Requirements:

Collection Container/Tube:
Preferred: Serum gel
Acceptable: Red top
Submission Container/Tube: Plastic vial
Specimen Volume: 2 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®
COXQ2	Coccidioides Ab Screen, S	Alphanumeric		40712-2

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

Supplemental Report:

No

CPT Code Information:

86635
86635 X3 (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
RSCOC	Coccidioides Ab, CompF/ImmDiff,S	1	86635	No	Yes, (order SCOC)

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
RSCOC	35942	Coccidioides Ab, CompF,S	Alphanumeric		33379-9

RSCOC	35943	Coccidioides, IgG, ImmDiff,S	Alphanumeric		46182-2
RSCOC	35944	Coccidioides, IgM, ImmDiff,S	Alphanumeric		46183-0

Reference Values:

Negative

Reference value applies to all ages