MAYO CLINIC LABORATORIES

Test Definition: LFACX

Cryptococcus Antigen with Reflex, Spinal Fluid

Reporting Title: Cryptococcus Ag w/Reflex, LFA, CSF
Performing Location: Rochester

Specimen Requirements:

Container/Tube: Sterile vial
Specimen Volume: 1 mL

Forms:

If not ordering electronically, complete, print, and send Infectious Disease Serology Test Request (T916) with the specimen.

Specimen Type	Temperature	Time	Special Container
CSF	Refrigerated (preferred)	14 days	
	Frozen	14 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
62074	Cryptococcus Ag Screen w/Titer, CSF	Alphanumeric		29896-8

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

Supplemental Report:

No

Components:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
CLFA	Cryptococcus Ag Screen w/Titer, CSF	1	87899	Yes	Yes

CPT Code Information:

87899-*Cryptococcus* Ag Screen w/Titer, CSF
87899-*Cryptococcus* Ag Titer, LFA, CSF (as appropriate)
87102-Fungal Culture, CSF (as appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
CLFAT	Cryptococcus Ag Titer, LFA, CSF	1	87899	No	Yes
FGENC	Fungal Culture, CSF	1	87102	No	Yes, (Order FGEN)

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®

CLFAT	62076	Cryptococcus Ag Titer, LFA, CSF	Alphanumeric		9817-8
FGENC	FGENC	Fungal Culture, CSF	Alphanumeric		569-4

Reference Values:

CRYPTOCOCCUS ANTIGEN SCREEN WITH TITER

Negative

Reference values apply to all ages.

CRYPTOCOCCUS ANTIGEN TITER, LFA

Negative

Reference values apply to all ages.

FUNGAL CULTURE

Negative

If positive, fungus will be identified.

Reference values apply to all ages.