

Reporting Title: Myocarditis/Pericarditis Panel

Performing Location: Quest Diagnostics

Specimen Requirements:

Container/Tube: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 2 mL

Acceptable: SST

Collection Instructions: Draw blood in a plain red top tube(s), serum gel tube is acceptable. Spin down and send 2 mL of serum ambient in a plastic vial.

Specimen Type	Temperature	Time	Special Container
Serum	Ambient (preferred)	7 days	
	Frozen	30 days	
	Refrigerated	14 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
Z2309	Echovirus 4 Ab	Alphanumeric		5143-3
Z2310	Echovirus 7 Ab	Alphanumeric		6922-9
Z2311	Echovirus 9 Ab	Alphanumeric		5147-4
Z2313	Echovirus 11 Ab	Alphanumeric		6708-2
Z2314	Echovirus 30 Ab	Alphanumeric		6392-5
Z0364	Influenza A Ab	Alphanumeric		5229-0
Z0365	Influenza B Ab	Alphanumeric		5230-8
Z5241	C. pneumoniae IgG	Alphanumeric		6913-8
Z5242	C. pneumoniae IgA	Alphanumeric		6912-0
Z5243	C. pneumoniae IgM	Alphanumeric		6914-6
Z5244	Interpretation	Alphanumeric		50612-1

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
ECH_1	Echovirus Antibody Panel, Serum	5	86658	Yes	No
FINFL	Influenza Types A and B Ab, Serum	2	86710	Yes	No
FFCPA	Chlamydophila pneumoniae Ab	286632	86631	Yes	No

IgG/A/M					
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CPT Code Information:

- 86632
- 86631 x 2
- 86658 x 5
- 86710 x 2

Reference Values:

MYOCARDITIS-PERICARDITIS PANEL

ECHOVIRUS ANTIBODIES, SERUM

REFERENCE RANGE: <1:8

INTERPRETIVE CRITERIA:

- <1:8 Antibody Not Detected
- >or=1:8 Antibody Detected

Single titers >or=1:32 are indicative of recent infection. Titers of 1:8 and 1:16 may be indicative of either past or recent infection, since CF antibody levels persist for only a few months. A four-fold or greater increase in titer between acute and convalescent specimens confirms the diagnosis. There is considerable cross-reactivity among enteroviruses; however, the highest titer is usually associated with the infecting serotype.

INFLUENZA TYPE A AND B ANTIBODIES, SERUM

REFERENCE RANGE: <1:8

INTERPRETIVE CRITERIA:

- <1:8 Antibody Not Detected
- >or=1:8 Antibody Detected

Single titers of >or=1:64 are indicative of recent infection. Titers of 1:8 and 1:32 may be indicative of either past or recent infection, since CF antibody levels persist for only a few months. A four-fold or greater increase in titer between acute and convalescent specimens confirms the diagnosis.

CHLAMYDOPHILA PNEUMONIAE ANTIBODIES (IgG, IgA, IgM)

REFERENCE RANGE:

- IgG <1:64
- IgA <1:16
- IgM <1:10

The immunofluorescent detection of specific antibodies to Chlamydophila pneumoniae may be complicated by cross-reactive antibodies, non-specific antibody stimulation, or past exposure to similar organisms such as C. psittaci and Chlamydia trachomatis. IgM titers of 1:10 or greater usually indicate recent infection, and any IgG titer may indicate past exposure. IgA is typically present at low titers during primary infection but may be elevated in recurrent exposures or in chronic infection.

