

Reporting Title: Histoplasma Ab, CSF

Performing Location: Rochester

Specimen Requirements:

Container/Tube: Sterile vial

Specimen Volume: 1 mL

Collection Instructions: Submit specimen from collection vial 2.

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®
15118	Histoplasma Mycelial (CSF)	Alphanumeric		27220-3
15119	Histoplasma Yeast (CSF)	Alphanumeric		27209-6
15120	Histoplasma Immunodiffusion (CSF)	Alphanumeric		91682-5

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

Supplemental Report:

No

CPT Code Information:

86698 x 3

Reference Values:

MYCELIAL BY COMPLEMENT FIXATION (CF)

Negative (positives reported as titer)

YEAST BY CF

Negative (positives reported as titer)

ANTIBODY BY IMMUNODIFFUSION

Negative (positives reported as band present)