MAYO CLINIC LABORATORIES

# Test Definition: STLPC

St. Louis Encephalitis Antibody Panel, IgG and IgM, Spinal Fluid

**Reporting Title:** St. Louis Enceph Ab Panel, CSF
**Performing Location:** Rochester

## Ordering Guidance:

This assay detects only St. Louis virus. For a complete arbovirus panel, order ABOPC / Arbovirus Antibody Panel, IgG and IgM, Spinal Fluid.

**New York State Clients:** This test is not available for specimens originating in New York.

## Specimen Requirements:

**Container/Tube:** Sterile vial
**Preferred:** Vial number 1
**Acceptable:** Any vial
**Specimen Volume:** 0.8 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® |
|---|---|---|---|---|
| 26367 | St. Louis Enceph Ab, IgG, CSF | Alphanumeric | | 21509-5 |
| 26368 | St. Louis Enceph Ab, IgM, CSF | Alphanumeric | | 21510-3 |

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

## Supplemental Report:

No

## CPT Code Information:

86653 x 2

## Reference Values:

IgG: <1:1
IgM: <1:1
Reference values apply to all ages.