

Reporting Title: VDRL, CSF  
Performing Location: Rochester

Specimen Requirements:  
Collection Container/Tube: Sterile vial  
Submission Container/Tube: Plastic vial  
Specimen Volume: 0.5 mL  
Collection Instructions: Submit specimen collected in vial 2, if possible. If not, note which vial from which the aliquot was obtained.

Forms:

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

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
9028	VDRL, CSF	Alphanumeric		5290-2

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

Supplemental Report:  
No

CPT Code Information:  
86592

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
VDSFQ	VDRL Titer, CSF	1	86593	No	No

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
VDSFQ	65036	VDRL Titer, CSF	Alphanumeric		31146-4

Reference Values:  
Negative  
Reference values apply to all ages.

