

Reporting Title: Histoplasma/Blastomyces Panel, CSF**Performing Location:** Rochester**Specimen Requirements:**

Container/Tube: Sterile vial

Specimen Volume: 1.5 mL

Collection Instructions: Submit specimen from collection vial 2.

Specimen Minimum Volume:

1 mL

| 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) Also used by tests: CHIST | Alphanumeric | | 27220-3 |
| 15119 | Histoplasma Yeast (CSF) Also used by tests: CHIST | Alphanumeric | | 27209-6 |
| 15120 | Histoplasma Immunodiffusion (CSF) Also used by tests: CHIST | Alphanumeric | | 91682-5 |
| 15134 | Blastomyces Immunodiffusion (CSF) Also used by tests: CBL | Alphanumeric | | 51741-7 |

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

Components:

| Test ID | Reporting Name | CPT Units | CPT Code | Always Performed | Orderable Separately |
|---------|-------------------------------------|-----------|----------|------------------|----------------------|
| CHIST | Histoplasma Ab, CSF | | | Yes | Yes |
| CBL | Blastomyces Ab Immunodiffusion, CSF | | | Yes | Yes |

CPT Code Information:

86698 x3
86612

Reference Values:**HISTOPLASMA ANTIBODY**

Mycelial by complement fixation: Negative

Yeast by complement fixation: Negative

Antibody by immunodiffusion: Negative

BLASTOMYCES ANTIBODY IMMUNODIFFUSION

Negative