

Reporting Title: Histoplasma Ab, S**Performing Location:** Rochester**Specimen Requirements:**

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 0.5 mL

Collection Instructions: Centrifuge and aliquot serum into plastic vial.

Specimen Minimum Volume:

See Specimen Required

Forms:

If not ordering electronically, complete, print, and send Infectious Disease Serology Test Request (T916) with the specimen.

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

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
15121	Histoplasma Mycelial	Alphanumeric		20573-2
15122	Histoplasma Yeast	Alphanumeric		20574-0
15123	Histoplasma Immunodiffusion	Alphanumeric		90232-0

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)