

**Reporting Title:** Coccidioides Ab, CompF/ImmDiff,S**Performing Location:** Rochester**Specimen Requirements:**

Only orderable as a reflex. For more information see COXIS / Coccidioides Antibody Screen with Reflex, Serum.

**Specimen Minimum Volume:**

1.2 mL

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

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
35942	Coccidioides Ab, CompF,S	Alphanumeric		33379-9
35943	Coccidioides, IgG, ImmDiff,S	Alphanumeric		46182-2
35944	Coccidioides, IgM, ImmDiff,S	Alphanumeric		46183-0

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

86635 x 3

**Reference Values:**

Only orderable as a reflex. For more information see COXIS / Coccidioides Antibody Screen with Reflex, Serum.

**COMPLEMENT FIXATION:**

Negative

If positive, results are titered.

**IMMUNODIFFUSION:**

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Negative

Results are reported as positive, negative, or equivocal.