

Reporting Title: NMO/AQP4 FACS, S**Performing Location:** Rochester**Specimen Requirements:**

Collection Container/Tube:

Preferred: Red top

Acceptable: Serum gel

Submission Container/Tube: Plastic vial

Specimen Volume: 3 mL

Collection Instructions: Centrifuge and aliquot serum into a plastic vial.

Specimen Minimum Volume:

2 mL

Forms:

If not ordering electronically, complete, print, and send Neurology Specialty Testing Client Test Request (T732) with the specimen.

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	28 days	
	Frozen	28 days	
	Ambient	72 hours	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
38324	NMO/AQP4 FACS, S	Alphanumeric		43638-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

86053

86053-titer (if appropriate)

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
NMOTS	NMO/AQP4 FACS Titer, S			No	No

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
NMOTS	64557	NMO/AQP4 FACS Titer, S	Alphanumeric	titer	86241-7

Reference Values:

Negative