

Reporting Title: NMO/AQP4 FACS, CSF**Performing Location:** Rochester**Necessary Information:**

Include relevant clinical information, name, phone number, mailing address, and e-mail address (if applicable) of ordering physician.

Specimen Requirements:

Collection Container/Tube: Sterile vial

Specimen Volume: 3 mL

Specimen Minimum Volume:

2 mL

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

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
38325	NMO/AQP4-IgG FACS, CSF	Alphanumeric		46718-3

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
NMOTC	NMO/AQP4 FACS Titer, CSF			No	No

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
NMOTC	64554	NMO/AQP4 FACS Titer, CSF	Alphanumeric	titer	In Process

Reference Values:

Negative