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**Reporting Title:** Ovarian Ab Screen w/Reflex  
**Performing Location:** Quest Diagnostics Nichols Institute**Specimen Requirements:**

Draw blood in a plain red-top tube(s), serum gel tube(s) is acceptable. Spin down and send 1 mL of serum refrigerated in a plastic vial.

**Specimen Minimum Volume:**

0.3 mL

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	14 days	
	Frozen	30 days	
	Ambient	7 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
Z3669	Anti-Ovary Antibody	Alphanumeric		21436-1

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

86255  
86256 (if appropriate)

**Reflex Tests:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
FOVAT	Anti-Ovary Ab Titer			No	No

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
FOVAT	FOVAT	Anti-Ovary Ab Titer	Alphanumeric		25725-3

Reference Values:

Anti-Ovary Antibody: Negative  
Anti-Ovary Ab Titer: <1:5