
Reporting Title: Lyme Ab Modified 2-Tier w/Reflex, S
Performing Location: Rochester**Specimen Requirements:**

Supplies: Sarstedt Aliquot Tube, 5 mL (T914)
Collection Container/Tube:
Preferred: Serum gel
Acceptable: Red top
Submission Container/Tube: Plastic vial
Specimen Volume: 0.6 mL
Collection Instructions: Centrifuge and aliquot serum into a plastic vial.

Specimen Minimum Volume:

0.5 mL

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)	10 days	
	Frozen	30 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
SLYME	Lyme Ab Modified 2-Tier w/Reflex, S	Alphanumeric		83081-0

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

86618
86617 x2 (if appropriate)

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
TLYME	Lyme IgM/IgG, WCS, EIA, S			No	Yes

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
TLYME	LYMEM	Lyme Ab, IgM, S	Alphanumeric		40612-4
TLYME	LYMEG	Lyme Ab, IgG, S	Alphanumeric		16480-6
TLYME	LYMEI	Lyme Ab Interpretation	Alphanumeric		46248-1

Reference Values:

Negative

Reference values apply to all ages.